

**AN EXAMINATION OF THE PERCEPTIONS OF AN ALL-FEMALE
PROBLEM GAMBLING COUNSELLING TREATMENT**

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Dedication

To my parents,

Carla and Wayne Norman

Abstract

This study explores clients' perceptions of women-only group counselling for problem gambling. The clients surveyed participated in a women-only treatment group through the Alberta Alcohol and Drug Commission (AADAC). The group was a pilot project for AADAC, in that it was the first gambling treatment group for women only; previously, only mixed (male and female) groups had been run. Therefore, this is the first known group of its kind to be conducted in Alberta or Western Canada. A qualitative, thematic analysis using the constant comparison method was conducted using in-depth interviews with a focus group of five women. Themes emerged from this analysis, providing insights into counselling practices for women problem gamblers. The results demonstrated that the women who participated in the group found women-only groups to be helpful. Additionally, the participants reported that, if they had to participate in group treatment for problem gambling, they would prefer women-only treatment in the future. Therefore, further research and exploration of women-only treatment are recommended in order to improve problem gambling treatment for women.

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Chapter 1: Introduction

Introduction to Study

As a graduate student in Counselling Psychology at the University of Lethbridge, I worked as a research assistant helping to conduct qualitative a study with a group of women in Saskatchewan who were receiving group counselling for problem gambling. The study was a pilot project that examined effective counselling practices for women problem gamblers. Being involved in this project allowed me to see that the women in the group greatly benefited from women-centered group counselling for problem gambling. The experience of assisting in the analyses of these women's experiences motivated me to work towards replicating this study with another group of women, to see if such profound and positive experiences were happening for women in Alberta. Hence, I began investigating whether such groups were being conducted elsewhere in Alberta and, if so, what were other women's experiences of these groups.

After researching various agencies throughout Alberta, I could find no similar groups to study. As results began to emerge from the Saskatchewan study, conversations began with the Alberta Alcohol and Drug Commission (AADAC) office in Calgary, which runs EGRIP (Evening Gambling Recovery Intensive Program) sessions. EGRIP is an eight-week group counselling program for problem gamblers. I learned that AADAC runs EGRIP mixed (men and women) groups for problem gamblers; however, it provides no all-female group treatment for problem gambling. Consequently, the Alberta Alcohol and Drug Commission (AADAC) coordinated a pilot of an all-female EGRIP group, on which I conducted my research.

Background to the Problem

Fifteen million North Americans have experienced a gambling problem (Ciarrocchi, 2002). [An estimated](#) 18.9 million Canadians have participated in gambling activities (Statistics Canada, 2002). These gambling activities include racetrack and off-track betting, casino games, gaming machines, cards, lotteries, bingo, non-casino gaming machines, and Internet gambling. Problem gambling refers to a pattern of gambling behavior that an individual perceives is negatively affecting his or her life (Volberg, 2001). Of the 18.9 million Canadians who gambled, 1.2 million developed a gambling problem (Statistics Canada, 2002). Hence, current estimates suggest that approximately 6.3% of Canadians are directly affected by a gambling problem. In Alberta, recent estimates suggest that over 2.2% of adult Albertans are problem gamblers (Cox, Yu, Afifi, & Ladouceur, 2005). Problem gambling has been [shown](#) to negatively impact individuals, their families, and their communities. Problem gamblers are at risk for experiencing emotional, financial and vocational disruptions, participating in illegal activities, and having increased suicidal ideation (Ciarrocchi, 2002).

Research from the United States indicates that men and women are equally at risk of developing a gambling problem (Hraba & Lee, 1996; National Opinion Research Center, 1999). In [contrast](#), [Canadian](#) statistics demonstrate that men are more likely than women to develop a gambling problem (National Council of Welfare, 1996). However, when problem gambling rates were investigated specifically for Alberta, women and men were found to be equally at risk for developing a gambling problem (National Council of Welfare, 1996). [Therefore, in regards to risk of developing a gambling problem, statistics](#)

[for Alberta are congruent with findings on American populations rather than the findings for overall risk in Canada.](#)

Crisp et al. (2000) found that women are the predominant users of general counselling services. However, women are less likely than men to access counselling services specific to problem gambling (Ciarrocchi & Richardson, 1989; Copeland, 1997; Crisp et al.; Lesieur & Blume, 1991; Volberg, 1994). Clearly problem gambling is a health issue affecting many women in Alberta; therefore, [an exploration into the efficacy of](#) counselling services for women experiencing a gambling problem could potentially benefit these women, their families, and their communities.

Significance and Purpose of the Study

Previous research documents the differences between male and female problem gamblers; however, [research is lacking in regards to what these differences mean for treatment](#) (Grant & Kim, 2004). To date, no known studies have explored mixed versus women-only treatment in problem gambling, although this comparison has been addressed in regards to substance abuse. Hence findings from the field of substance abuse will be extrapolated to relate to problem gambling. Greenfield et al. (2006) conducted a meta analysis on mixed versus women-only group treatment for substance abuse; they concluded that, in terms of mixed-gender versus women-only treatments, we are at a “very early stage of our knowledge base of valid and reliable information.” (p. 15) For some women some of the time, mixed-gender groups can be as beneficial as women-only groups; however, for some women some of the time, women-only groups are more beneficial. In problem gambling research, some evidence supports women's preference for women-only groups (Boughton & Brewster, 2002; Piquette-Tomei, 2005). This study

continues the exploration of women's experiences of women-only treatment for problem gambling.

[The investigation of gender-specific treatment for problem gambling is in its infancy in Canada](#). Piquette-Tomei, Corbin-Dwyer, Norman, McCaslin, and Burnett (2005) completed the first Canadian study on the perceived effectiveness of women-only group counselling for Canadian women with gambling problems. Although the differences between the two genders have been well documented, as these authors note, "Relatively few large treatment studies of pathological gambling have been performed that would permit direct examination of gender related differences" (p. 106). They explored women's experiences in a women-only counselling group for problem gambling in Saskatchewan, performing a qualitative analysis that documented the women's experiences of the group over a six-month period. Fourteen women participated in the study, and data were collected through journals and in-depth interviews.

To date, no known studies have explored all-female group counselling for women with a self-identified gambling addiction in Alberta. According to the National Council of Welfare (1996), females in Alberta are equally at risk as males for developing a gambling problem. In order for counsellors, psychologists, and other health professionals to assist and collaborate effectively with female problem gamblers, it is crucial to explore gender-specific treatment modalities that could potentially be a key means of service delivery for these women.

The purpose of this research is to explore the experiences and perceptions of women who are undergoing treatment for problem gambling in Alberta. Exploring women's experiences of female group counselling will increase our understanding of

effective treatment for female problem gamblers in Alberta. The specific purpose of this study is to explore whether women who participate in EGRIP counselling groups for problem gambling perceive women-only group counselling as beneficial in their recovery process from a gambling addiction. The following questions are addressed in this study:

1. What are the women's perceptions of women-only group counselling treatment for problem gambling?
2. Do the women participants perceive gender-specific counselling services as beneficial?
3. What aspects of the counselling group do the women participants find beneficial?
4. Would the women participants be willing to engage in the same counselling process within a mixed gender group? Why or why not?
5. If the women participants have already participated in a mixed-gender group, what were their experiences?

The [thesis is organized into five chapters](#). Chapter 2 establishes the [background to this study](#) through a [review](#) of the relevant literature, exploring [the differences between male and female problem gamblers and](#) reviewing [the pioneering studies on gender-specific needs](#) related to [the treatment of women experiencing problem gambling and addiction](#). Chapter 3 describes [the methods used to conduct this research](#). Chapter 4 outlines [the themes which were found in this study](#). Chapter 5 provides [a discussion of the themes that were found](#), relating [them to the five proposed questions proposed and](#) to [other research in the field](#), and includes suggestions for [future research](#) and discuss limitations of this study.

Chapter 2: Literature Review

Scope and Prevalence of the Problem

According to Statistics Canada (2003), gambling is one of the fastest growing industries in Canada. Between 1992 and 2002, profits from gambling activities rose 45 percent. In 1992, total annual profits were \$2.0 billion (Canadian dollars); in 2002 annual profits rose to \$6.0 billion. During that same period of time, employment rose in the sector from 12,000 employees to 47, 000. In 2002, the average adult Canadian spent \$447 on gambling activities (Statistics Canada, 2003). According to the (2005) Canadian Problem Index Survey, approximately two percent of Canadians are experiencing a gambling problem (Cox, Yu, Afifi, & Ladouceur, 2005).

In Alberta, the average individual spending on gambling activities was the highest in the country at approximately \$604 per Albertan in 2002, much higher than the 1992 figure of \$120 per Albertan. Spending on gambling activities is increasing faster than the rate of inflation. In Alberta, 82 percent of adults participate in gambling activities. It is estimated that, in 2005, 2.2 percent of Albertans experienced problem gambling (Cox et al., 2005).

Characteristics of Problem Gambling

In this thesis the term “problem gambling” will be used to describe a pattern of gambling behavior that an individual feels is negatively affecting his or her life (Volberg, 2001). The American Psychiatric Association’s *Diagnostic and Statistical Manual of Mental Disorders (DSM-IV-TR)* began characterizing pathological gambling in the 1980s. According to the *DSM-IV-TR* pathological gambling is a “persistent and recurrent maladaptive gambling behavior that disrupts personal, family or vocational pursuits”

(p.671). Although such diagnosis exists, it will not be used to describe the women in this study who have sought group treatment, as they did not require formal diagnosis to participate in this group. The criterion for participation in this group was willingness to participate and to explore negative behavior patterns associated with gambling. As Volberg (2001) points out, “It is not necessary for an individual to achieve the full blown psychiatric disorder of pathological gambling to experience the problematic impact of their gambling” (p. 10).

Although not used for selection of group members in this study, the criteria for a *DSM-IV-TR* diagnosis of pathological gambling do provide a thorough outline of the behaviors, feelings and thoughts that can accompany problem gambling. The *DSM-IV-TR* defines pathological gambling as a disorder of impulse control. It outlines ten symptoms that can signify pathological gambling; identification with at least five of these symptoms is needed for formal diagnosis. The formal diagnostic criteria are outlined in 312.31 Pathological Gambling in *DSM-IV-TR*. The following summarizes the ten criteria:

1. The person constantly thinks about gambling activities.
2. The person develops a tolerance and begins gambling more and more.
3. The person experiences withdrawal when unable to participate in gambling activities or when attempting to reduce gambling activities. Withdrawal can be experienced as an increased restlessness or irritability.
4. The person escapes through gambling and can experience relief from negative psychological states (i.e., feeling depressed or anxious).
5. The person becomes obsessive about winning back past losses.
6. The person lies to people in his or her life to hide the gambling behavior.

7. The person is unable to stop gambling and unsuccessfully tries to stop or reduce gambling activities.
8. The person participates in illegal acts to gain money to gamble.
9. The person puts relationships at risk, continuing to gamble despite the negative affects that this behaviour has on relationships.
10. The person is bailed out by others when money has been lost. (DSM-IV-TR, 2000, p. 674)

Female Problem Gambling

Female problem gamblers have been found to have many different attributes than male problem gamblers (Brown & Coventry, 1997). To begin with, female problem gamblers report very different concerns than do male problem gamblers. They are also significantly more likely to struggle with problems of low self-esteem than are male problem gamblers (Ciarrocchi, 2002). Female problem gamblers report internal concerns regarding their physical and interpersonal functioning, whereas their male counterparts report external concerns regarding employment, finances and legal issues (Crisp et al., 2000).

Demographic Characteristics of Female Problem Gamblers

In terms of demographic characteristics, researchers have found many differences between male and female problem gamblers. Female problem gamblers are likely to be older than their male counterparts (Crisp et al., 2000; Grant & Kim, 2004; Ladd & Petry, 2002). They are also found to have significantly lower incomes than male problem gamblers (Ladd & Petry, 2002). Female problem gamblers are more likely than males to

be married and to have dependent children; they are also more likely to be living with family than are their male counterparts (Crisp et al.).

Crisp et al. (2000) explored the needs of problem gamblers accessing an Australian gambling helpline between 1995 and 2000, collecting data from 1520 problem gamblers by telephone. Several demographic differences were found between male and female problem gamblers. In regards to family, the female problem gamblers were more likely than the male problem gamblers to be married (42.8% vs. 30.2%) and to have dependent children (48.4% vs. 35.7%). Female problem gamblers were likely to be older than males (39.1 years of age vs. 36.1 years for males). They were also more likely to be living with family (78.9%) than were their male counterparts (61.5%).

Ladd and Petry (2002) found demographic differences between 115 male and female pathological gamblers pursuing treatment. All participants were 18 years of age and met *DSM-IV-TR* criteria for pathological gambling, as determined by clinical interview. Of the 115 participants, 70 were male and 45 were female. Data for this study were collected using the Addiction Severity Index (ASI), a standard clinical interview tool that measures for dysfunction in seven domains: medical status, employment status, legal status, family/social status, psychological status, leisure status, and substance use history. Additionally, data were collected using the South Oaks Gambling Screen, which measures lifetime gambling participation. Ladd and Petry completed a multivariate analysis of covariance, with ASI scores as a dependent variable controlling for age and income. From this analysis significant gender differences emerged; for example, the women were significantly older than the men (48.1 years vs. 43.8 years) and had significantly lower incomes than the men (\$32,695 vs. \$44,907).

Games Played and Onset of Addiction

Not only are the characteristics of female gamblers different from those of male problem gamblers, but the way in which female problem gamblers gamble also differs significantly from the way in which male problem gamblers gamble. Numerous studies demonstrate that female problem gamblers are more likely to have a problem with gaming machines (Boughton & Brewster, 2002; Crisp et al., 2000; Hing & Breen, 2001; Ladd & Petry, 2002; Mark & Lesieur 1992). Additionally, female problem gamblers are more likely to gamble together in games that do not have skill-based elements, as opposed to male problem gamblers, who are more likely to play individually in skill-based games (Boughton & Brewster, 2002; Wiebe, Single, & Falkowski-Ham, 2001).

Emotional States

Female problem gamblers experience different emotional states that lead to their gaming activities. They report that they are more likely to gamble because of feelings that bother them, such as boredom, personal pressures, loneliness, anxiety and depression (Crisp et al., 2000; Delfabbro, 2000; Potenza et al., 2001). Therefore, it is important to explore the differences between female and male problem gamblers in regards to emotional well-being.

In his classic study of female pathological gamblers, Lesieur (1989) conducted intensive interviews with 50 female members of Gamblers Anonymous. He questioned the women about their life histories, including their gambling history, and about the intersection of gambling with family, work and finances in their lives. Lesieur found that female pathological gamblers were significantly more likely to have an alcoholic parent and family histories of mental illness, sexual abuse and physical abuse. Many of the

women reported that their marriages had been a way to escape their family of origin. Of the women in this study, 62% had married men who were pathological gamblers. The women reported having husbands who were not around and feelings of chronic loneliness, and 29% of the women reported physically abusive husbands. They also reported compulsive eating and sexual behavior, as well as gambling. Lesieur found that female problem gamblers often experience gambling as a “hypnotic anesthetic” which allows many gamblers to experience dissociative states (i.e., blackouts, trances, and out-of-body experiences) to escape their troubled lives.

Thomas and Moore (2003) surveyed 83 female and 72 male problem gamblers, measuring levels of loneliness, boredom, depression, anxiety and stress, and avoidance as a coping strategy. They performed a regression analysis and found that women’s levels of loneliness, boredom, depression, anxiety and stress were predictors of using avoidance (i.e., behaviors such as problem gambling) as a way to deal or cope with situations. For women, problem gambling was positively correlated with depression, loneliness, boredom, and avoidance as a coping strategy; for men, problem gambling was positively correlated with loneliness and stress. They also reported using gambling as a way to cope with these feelings and to gain a sense of escape or relief.

Porter, Ungar, Frisch, and Chopra (2004) conducted a study with 829 in-treatment Canadian university students, 270 males and 559 females. Each participant completed the South Oaks Gambling Screen (SOGS), a 20-item questionnaire designed to aid in the assessment of pathological gambling. The Social and Emotional Loneliness Scale for Adults (SELSA), a scale designed to measure different aspects of loneliness, and the Satisfaction with Life Scale (SLS), a five-item scale designed to measure overall life

satisfaction, were also used. In terms of gambling behaviours, the SOGS rated 29 (3.5%) of the 829 participants as possible pathological gamblers and 43 (5.05%) as possible problem gamblers. The problem gambling group consisted of a total of 72 individuals, of whom 48 were males and 24 were females. The students who were identified as potential and problem gamblers were found to be significantly less satisfied with their lives than the other students surveyed. Furthermore, the women in this group were significantly lonelier in relationships (i.e., lack of friends or access to friends) and significantly lonelier in romantic relationships (i.e., lack of attachment to romantic partners) than the men. In regards to the male participants, no significant differences were found in relation to loneliness or life satisfaction. These findings support previous research indicating that female problem gamblers and at-risk gamblers experience significant negative emotional states. However, Porter et al. (2004) caution that these findings may be influenced by the fact that the majority of female participants were young college women, who might also be experiencing loneliness in their romantic relationships.

Boughton and Brewster (2002) surveyed 363 women in Ontario who were concerned about their gambling but not in treatment at the time of study. Participants were recruited through advertisements in local newspapers and flyers. The questionnaire used in the survey consisted of 12 sections. Participants were aged 19 to 76, with an average age of 45. The women in this study reported experiences of addiction and mental illness in their families of origin. They reported higher rates of abuse (physical, emotional, and sexual) during childhood than the general population; 39% also reported high rates of domestic violence in their current intimate relationships. The women reported concerns regarding smoking (48%), binge eating (27%), and compulsive

shopping (24%), but a low rate of drug and alcohol problems. High rates of concurrent psychiatric disorder were reported, including depression (63%) and anxiety (53%). Of the women in this study, 70.5% reported that they gambled in order to win and have fun. They cited mood management as one of the primary triggers for gambling activities; for example, they reported gambling to cheer themselves up (61%), to cope with boredom (52%), to feel less depressed (44%), to feel hope (51%), to soothe themselves (40%), to gain stress relief (53%), to gain a break from reality (45%), and to escape problems (48%). The findings of this study support previous studies that suggest that gambling is for some women a way to cope with and escape from negative affective states.

Substance Use

Prior research indicates that male and female problem gamblers use and abuse substances differently. Female problem gamblers are significantly more likely to use psychiatric medications and to abuse these medications (Toneatto & Skinner, 2000). However, fewer female than male problem gamblers have drinking or drug problems (Potenza et al., 2001; Toneatto & Skinner, 2000).

Toneatto and Skinner (2000) explored the relationships between problem gambling and substance use and psychiatric medications. From their investigation, many differences emerged. Participants were recruited from mental health centers, community health centers, credit counselling centers, and through newspapers. Problem gambling was diagnosed using the *DSM-IV-TR* criteria for pathological gambling, and the South Oaks Gambling Screen was administered. Additionally, participants were surveyed regarding their lifetime substance use history and treatment history. Of the participants, 74.9% were male and 24.9% female. In terms of demographics, the participants reported

on average being 45-60 years of age and of middle-class economic backgrounds. The results showed that the women were more likely than the men to use psychiatric medications, including antidepressants (62% vs. 22%), anxiolytics (50% vs. 22%), and sedatives (28% vs. 13%). However, the men were more likely than the women to use alcohol before (64.3% vs. 26%) and after treatment (59.7% vs. 24.2%). Although the men reported more alcohol use during treatment for a gambling problem, lifetime rates of alcohol problems for men and women in this sample were not significantly different. Women were significantly more likely than men to abuse psychiatric medications (24% vs. 7.3%). The increase in psychopharmacological interventions for women before and after treatment suggests that female problem gamblers are more likely to need treatment that addresses gambling addiction and mental health issues.

Life Experiences

The experiences of women problem gamblers within their families and within their intimate relationships as children and as adults are often plagued with violence and abuse at significantly higher rates than male problem gamblers (Lesieur & Blume, 1991; Specker, Carlson, Edmonson, Johnson, & Marcotte, 1996). Historically, research supports this pattern of abuse. For example, Ciarrocchi and Richardson (1989) found that hospitalized female problem gamblers had experienced a significantly greater incidence of childhood physical and sexual abuse.

Different life experiences predict gambling problems among females than among males. These significant predictors include education level, childhood exposure to gambling, number of marriages, frequent changes of residence, and alcohol consumption (Hraba & Lee, 1996). Females who are affected by a gaming addiction are at greater risk

than their male counterparts of engaging in risky sexual behaviour and are also more likely to be affected by an eating disorder (Volberg, 2000).

The Need for Female-Specific Treatments

Female problem gamblers report gambling as a means of escaping the problems in their lives, as opposed to male problem gamblers, who often report gambling for the thrill of the game (Potenza et al., 2001). Furthermore, women perceive gambling as a means of coping with negative affective states and negative life experiences (Boughton & Brewster, 2002; Jacobs 1993; Lesieur 1989; Porter et al. 2004; Thomas & Moore 2003).

With all of these differences between male and female problem gamblers, it is not surprising that programs designed to help both male and female problem gamblers may not be adequately meeting the needs of some gamblers. To support this point further, research demonstrates that males are more likely than females to utilize current treatment programs (Crisp et al., 2000). In North America, males utilize Gamblers Anonymous at a much higher rate than females (Johnson, Nora & Bustos, 1992). Additionally, in a survey of problem gamblers in five American states, Volberg (1994) found that over 85% of the participants in treatment for a gaming addiction were male.

Researchers have found that many programs designed to help individuals with a gambling addiction do not meet the unique needs of women. According to Ciarrocchi (2002), women problem gamblers have specific concerns regarding social stigma, traditional treatment models for addiction, as well as economic and childcare concerns surrounding treatment. Research exploring the opinions of women in treatment for addictions has demonstrated that their treatment needs to include counselling about domestic violence, conflict resolution, and skills training for assertiveness and parenting

(Copeland, 1997). In addition, women in group counselling benefit from having the freedom to discuss female specific experiences, such as premenstrual syndrome, pregnancy, menopause, and body image (Addiction Research Foundation, 1996). According to Boughton and Brewster (2002), women who are attempting to recover from a gambling addiction often have limited social support and experience isolation; consequently, women's support groups represent an important aspect of treatment. Women's groups are important because they address women's specific needs (Mark & Lesieur, 1992). Furthermore, women-only treatment groups are highly successful, with high attendance and retention rates (Copeland & Hall, 1992; Copeland, Hall & Didcott, 1993). In mixed-group environments, women report experiencing many barriers to treatment, including lack of acceptance, lack of understanding, lack of air time, previous negative experiences with males, and sexual advances by male group members (Boughton & Brewster, 2002; Wilke, 1994).

Female-Specific Treatments for Addiction

The clinical efficacy of gender-specific treatments in treatment for substance abuse is well researched. Treatments designed to meet the unique needs of men and women are found to lead to better outcomes (Boughton & Brewster, 2002; Copeland, Hall & Didcott, 1993; Health Canada, 2001; United Nations Office on Drugs and Crime, 2004). It is also well documented in substance abuse research that gender specific treatment is more than just separating clients by gender; it involves providing separate safe spaces where men or women can meet and collaborate on issues that are unique to their experience as persons. An exemplar of this is women speaking about addiction in the context of emotions and menopause, a uniquely female experience. Susan Harrison

(1996) of the Addiction Research Foundation speaks to the unique needs of women; she explains how, as service providers, it is our role to meet these challenges in a caring way, with empathy: “Men and women have very different realities, very different experiences of the world. They develop differently, think differently, develop different kinds of moral reasoning, and have different experiences of intimacy and sexuality” (p. 238). Harrison points out [that a gender-specific space](#) not only separates men and women, but also provides a safe space in which women can learn to be validated, experience negative emotions, and meet their own needs instead of others. Access to such a space can be a key element in many women’s recovery from substance dependency.

Little research has explored [the](#) need for gender-specific treatments for problem gambling. However, the research concerning gender-specific treatments for substance abuse can serve as a guide, although there are critical differences between substance dependence and problem gambling (Steinmann & Davies, 2005). These differences include the possibility of overdose in substance abuse or dependence, whereas no such direct threat exists for problem gambling. A second difference is that problem gamblers experience more suicidal ideation than do those who are substance dependent. Third, substance abusers show visible physical signs of their dependence (i.e., physical intoxication), whereas problem gamblers have no visible symptoms of their addiction. Although these differences between the two conditions are important, Steinmann and Davies also note important similarities. Problem gamblers and substance dependent individuals experience high rates of co-dependency, high rates of relapse, and many negative impacts on their lives (i.e., work, family, relationships). Both groups chase the first highs and use gambling or a substance to numb their feelings. Both problem

gambling and substance abuse result in increases in lying, illegal activities, feelings of low self esteem, tolerance, denial, concurrent disorders and dual addictions.

Although little research has been done on gender-specific treatments for gambling addictions and women, many researchers have explored substance abuse and its treatment among women. The guidelines for practitioners provided by Health Canada (2001) and the United Nations (2004) suggest that women's needs are best addressed in gender-sensitive or gender-specific treatment; both agencies point out clearly that women have unique cultural, social, health and gender characteristics. The United Nations Office on Drugs and Crime defined women-responsive treatment practices as including "a safe, supportive, women nurturing environment that encourages trust bonding and connection" (p. 58). In addition, women-responsive treatments provide a space for women to learn skills and access to female role models, and they discuss health issues that are specific to women (i.e., pregnancy, menopause).

In *Best Practices: Treatment and Rehabilitation for Women with Substance Use Problems*, Health Canada (2001) highlights a meta-analysis of 20 studies of coed group treatment. The results indicate that women show decreased levels of discussion and participation in treatment when with men. No such best practice guide exists for gamblers, or more specifically for female problem gamblers. With a record number of women reporting gambling addictions and more and more gaming facilities being built throughout Canada, clearly treatment protocols need to be developed for women who develop gambling addictions. There is sufficient research to demonstrate the benefit of gender-responsive treatment strategies for women with substance addiction (Health Canada, 2001; United Nations, 2004).

Support for Gender-Responsive Treatments for Problem Gambling

In gender-specific treatment, the unique needs of women or men can be met in environments that are tailored to their needs. As discussed earlier, the first Canadian study on the perceived effectiveness of all-female group counselling for problem gambling, a qualitative study, covered journals, in-depth interviews and group reflections (Piquette-Tomei et al., 2005). In total, 14 women participated in the study over a six-month period. Based on group member reports from different data sources, common themes were analyzed using grounded theory analysis. The researchers found that the group provided an open forum in which participants felt that they were heard and supported, gained education, and experienced a feeling of being normalized. [The theory that arose from this investigation was that women felt safer and more clearly heard in an all-female environment, and that they were able to discuss their problem gambling in the context of their female experience as mothers, daughters, sisters, wives and partners, and workers.](#)

In an Australian study (Surgey & Seibert, 2000), four focus groups of women discussed women's gambling (video gaming machines) in terms of their health and well-being. The women in these groups highlighted their desire to participate in gender-responsive groups for women addicted to electronic gaming machines. Noting that gender-specific women's support groups for problem gambling are emerging on the Internet, McGowan (2003) conducted a qualitative analysis on the narratives of women participating in an online support group. On the basis of data posted on the Internet from mid 1999 to December 2002, McGowan found that women affected by problem gambling suggested and wrote about female-specific treatments in this online forum. The

women described their recovery process from a gambling addiction. McGowan's narrative analysis provided direct evidence for the support of gender-specific spaces for female problem gamblers. The women in her study reported feeling validated and accepted in the gender-specific online space. According to McGowan, the women's postings illustrated their feelings of being dominated by men in mixed-gender recovery spaces. Furthermore, they mentioned feeling that their needs were more safely met in gender-responsive spaces. For example, when women posted online they described women-only GA groups in very positive terms. McGowan argues that gender-specific spaces provide women with a forum in which to feel "understood, valued, and accepted in this context where they are validated and accepted" (p. 128), free of male domination.

According to Boughton and Brewster (2002), women who are attempting to recover from a gambling addiction often have limited social support and experience isolation; consequently, women's support groups are an important aspect of treatment. Boughton and Brewster surveyed women with a gambling addiction in terms of their needs and wants if they were to access a treatment/recovery process [in the future](#). They advertised their study through local flyers and newspapers. Participants who volunteered to participate were mailed the Voices of Women who Gamble in Ontario Questionnaire. Of 472 questionnaires sent out, 399 were completed and returned, an 85% rate of return, [a high rate of return for a questionnaire](#). [Extrinsic motivation for completing the survey may have been the](#) \$40 food gift certificate that was offered for participating. Because of missing pieces of data, only 365 questionnaires were used in the data analysis. The women reported a strong inclination for women-only group counselling, with 59% reporting that their first preference was for women-only group counselling over mixed

groups. Additionally, 64% indicated that they would benefit from one-to-one counselling.

The women in this study also reported a strong preference (61%) for women-only

Gamblers Anonymous meetings. [The women in this study](#) indicated that [gender-responsive services that meet women's needs](#) are [an important component of treatment](#).

Boughton and Brewster noted [the importance of](#) offering [these groups a menu of treatment options in the future](#).

Practitioners' Knowledge of Treatments for Problem Gambling

Drebing et al. (2001) explored the training, experience and competence of psychologists who were working in veterans' hospitals in the United States and providing treatments for problem gambling. Most (62%) had no formal training in problem gambling, and no psychologists in this study reported having taken a formal course in problem gambling. Furthermore, those surveyed reported feeling that they did not have adequate skills to treat problem gamblers; many also felt that they had no colleagues to whom they might refer these clients who were skilled to treat them. Drebing et al. recommended that additional specialized training should be offered to psychologists within the veterans' hospitals to improve such services. The authors also hypothesized that newer graduates would have more formal training in the treatment of problem gambling; however, they found no statistical significance for this, and psychologists in this survey did not report significant improvements in training in problem gambling.

Christensen, Patsdaughter, and Babington (2001) surveyed registered nurses, advance practice nurses, physicians, social workers and allied health practitioners concerning their awareness of problem gambling and the amount of treatment available for problem gamblers. Of the 180 health care providers surveyed, 96% percent reported

having some knowledge of problem gambling. However, the main source of their knowledge about problem gambling was the popular media (85%). Christensen et al. note that the topic of problem gambling is rarely formally taught in schools and suggest increased education in this area.

Practitioners' Knowledge of Gender-Responsive Treatments for Problem Gambling

Boughton and Brewster (2002) surveyed the views of Ontario service providers to determine the needs of women who receive treatment for problem gambling. A questionnaire was mailed to 137 service providers and achieved a 69% response rate. The service providers indicated that there is a need for gender specific services for female problem gamblers in Ontario, including women-specific assessment and referral, day treatment, inpatient programs, and gambling therapy groups. The recommended gender-specific services include female counsellors and counsellors specifically trained to work with female problem gamblers. The study also identified complementary needs to facilitate treatment, such as childcare while women participate in treatment, and help with transportation, food and shelter. Service providers also identified that women seeking treatment for problem gambling also face many barriers that prevent recovery, such as their own perceptions of treatment, and feelings of shame, guilt and minimization.

[This literature review regarding women, addiction and problem gambling provides a profile of the gender differences between male and female problem gamblers. One key point regarding the differences between the two genders is that female problem gamblers are more likely to gamble because of their emotional state \(Boughton & Brewster, 2002; Crisp et al., 2000; Delfabbro, 2000; Porter et al., 2004; Potenza et al., 2001; Thomas & Moore, 2003\). Another key difference, as numerous studies](#)

demonstrate, is that female problem gamblers are more likely to have a problem with gaming machines and are more likely to gamble with others (Boughton & Brewster, 2002; Crisp et al., 2000; Hing & Breen, 2001; Ladd & Petry, 2002; Mark & Lesieur 1992). In addition, female problem gamblers are likely to be older than their male counterparts (Crisp et al. 2000; Grant & Kim, 2004; Ladd & Petry, 2002).

The literature review also highlighted broader addiction research regarding substance abuse, providing detailed support for gender-responsive and specific treatments for women (Health Canada, 2001; United Nations, 2004). In terms of gender-responsive treatment and women who are experiencing problem gambling, little research has been conducted in Canada. One study surveyed women problem gamblers in Ontario who were not currently in treatment, concerning their perceived treatment needs for their problem gambling (Boughton & Brewster, 2002). The only known study in Canada to survey women's experiences of gender-specific treatment was undertaken in Saskatchewan by Piquette-Tomei et al. (2005). The study's qualitative grounded theory results supported the need for gender-specific treatment for women problem gamblers and for further research on the topic.

Overall, Canadian information regarding women's gender-specific treatment needs for problem gambling is limited. More specifically, little is known about the gender-specific treatment needs of female problem gamblers in Alberta. It is unknown whether women in Alberta would find gender-specific treatment for problem gambling beneficial, and if they did find it helpful, what factors of the treatment would be helpful. Conducting a qualitative analysis comparing the themes that arise in different women's experiences of a women's group for problem gambling in Alberta would be a vital step

[forward in the exploration](#) of how [best to meet women's needs](#). The [results of](#) such a study [could provide](#) useful [research-based insights](#) for those providing treatment for problem gambling.

Chapter 3 [reviews the methodology used in this exploration of women's experience of group counselling for problem gambling](#). It [provides a comprehensive overview of the study location, participants and recruitment procedures, sample size, and the group demographics](#). The [interview design and procedures](#) are described, as well as the approach used for [data analysis](#).

Chapter 3: Methodology

Introduction

The purpose of this research is to explore and to add to the knowledge base of information on gender-specific group treatments for [female](#) problem gamblers.

Qualitative analysis is used in this study, specifically, a thematic analysis using the constant comparison method. Data sources included individual in-depth interviews with the women conducted by the researcher, as well as a follow-up focus group involving the researcher, group facilitator and group participants. From the data, themes were derived in relation to gender-specific group treatment for female problem gamblers.

This study was designed to explore the experiences of women who participated in women-only group counselling for problem gambling. Research on women's experiences of this type of treatment is in its infancy. Only one previous study ([Piquette-Tomei et al., 2006](#)) examined women's experiences of women-only group counselling. [This study replicates Piquette-Tomei's earlier work, but with a different population of women.](#) As so little is known about this topic, a qualitative thematic analysis lent itself well to this purpose. Strauss and Corbin (1998) state that qualitative exploration is a valid means of exploring experiences and phenomena of which little is known. Furthermore, this method enables the researcher to explore intricate details such as the thoughts and feelings of participants. The [aspect of the](#) grounded theory approach [that was](#) used in this study [was a constant comparison of](#) emerging themes; from [this a theory was built regarding the](#) women's experiences. Throughout the analysis of the data, the researcher related concepts in order to create theory.

Project Set Up and Implementation

The researcher first contacted organizations that might potentially be running women-only group counselling for problem gambling. In spring 2005, after the researcher contacted over 20 such agencies in British Columbia and Alberta, it became apparent that no agency was running such a program. After discussions with the Clinical Supervisor at the Calgary AADAC office regarding the study, AADAC offered to run a pilot group of women in its gambling group treatment, which is usually offered in a mixed-gender format. The pilot group was slated for November 2005. This pilot began with a small group of women, but because of Christmas holidays and weather, only one participant remained. An interview was conducted with this woman in January 2006. However, AADAC reported to the researcher that they felt there were benefits to this project and invited the researcher to conduct a second pilot trial, starting in February 2006 and ending in April 2006. This pilot group finished successfully. Interviews were conducted via telephone and then followed up with a focus group.

Research Site

The research site was the Calgary AADAC office which serves people dealing with alcohol, drug or gambling problems. This office provides assessment, treatment, referrals and counselling. This office is located in downtown Calgary.

Participants

Participant Recruitment Methods

Participants for this study were recruited from a pilot project of the Women's EGRIP (Evening Gambling Recovery Intensive Program) group at AADAC. All

participants volunteered to participate; none were offered any reward for participation. On the first evening of the group, the researcher met with the women and described the intended purpose of the study, which was to explore women's experiences of the group. The potential participants were given an informed consent form; the researcher reviewed the form and encouraged the women to think about whether or not they were interested in participating. It was also stressed to the potential participants that they were under no obligation to participate in the study. The potential participants were told that, at the end of the group, the researcher would contact the facilitator, who would take names and numbers of women who were interested in participating. The potential participants were also given the opportunity of signing up for study that evening if they wished.

Sample Size

AADAC encourages clients to try a group, with the intention of finding a best fit for their own recovery process; sometimes clients try multiple options to find their best fit. For this reason, it is common to have many clients arrive at the initial session, exploring for a group that fits their needs. Clients may or may not stay for the entire treatment session.

On the first night of the group, nine women arrived with tentative interest in attending. Some came for only half the evening and then left because they were interested in other groups or because they had come to the wrong group. Therefore, it is not possible to identify the exact number of people who began. Once the group was established, a group of five women completed. Of these, four agreed to participate in one-on-one interviews, and all five agreed to participate in the focus group. This pilot group finished

successfully. Interviews were conducted by telephone and then followed up with a face-to-face focus group.

Description of Participants and Group

EGRIP is an eight-week group involving people who have identified that their gambling has a negative impact on their lives. AADAC research regulations prevent the provision of individual client profiles, which could provide useful background for the reader into the viewpoints of each participant. Instead a general overview of all participants is included to provide context about the participants. All participants lived in Alberta at the time of the study, were adult females, and reported being unhappy with their gambling. All of the participants who completed one-on-one interviews were Caucasian Canadians and ranged in age from their 30s to their 50s. All reported having experience in the work force. The group met once a week for three hours per session. Topics covered included the following: problem gambling and its characteristics, the gambling continuum, the cycle of addiction, substance abuse and mental health, signs of substance abuse, signs of depression, relapse prevention, lifestyle choices, the self-awareness wheel, identification of needs, boundaries, communication styles, relationships, self talk, cognitions, thinking traps, rational vs. irrational thoughts, loss, self esteem, community resources, and recovery planning.

Interviews

Interview Design

Interview questions were selected by which to examine the women's experience of the group. The questions for the interview were copied with permission from a study by Piquette-Tomei et al. (2005) of women-only group treatment for problem gambling.

The questions used by Piquette-Tomei et al. evolved from a six-month research project, a pilot study for the Alberta Gambling Research Institute in which 14 women were interviewed three times. Piquette-Tomei et al. utilized the grounded theory approach. Initially open/semi-structured questions were used to dialogue with participants. Throughout the study, the information sources were constantly compared and themes/theory began to emerge. Certain questions arose over and over again and were addressed by each participant.

The current study is a partial replication of this larger pilot project. In comparison to the study by Piquette-Tomei et al. (2005), which utilized the complete grounded theory method, this smaller study utilizes a portion of that method, that is, thematic analysis using constant comparison. This study is smaller in terms of timeframe and scale, due to constraints of time and money. The questions that were chosen from Piquette-Tomei et al. were those that had yielded the richest data, in order to maximize available resources.

The experiences and perceived benefits of all-female group counselling were explored in a semi-structured, open-ended interview format. This format gave participants an opportunity to voice their opinions regarding all-female group counselling and its implications for their lives, for example, in terms of their relationships, employment, mental and physical health. Open-ended questions were designed to explore the women's perceptions of the group: whether or not they perceived it as beneficial, what they considered effective about all-female group counselling, and what they considered its benefits (see Appendix A). The interview also gave the women an opportunity to add any additional comments they wanted to voice. Appendix A includes the additional prompts used in the interviews.

Interview Implementation

In-depth interviews were the primary source of data for this project. Interviews were conducted over a two-week period. Interviews were conducted by telephone, using a standardized open-question interview format. [As Fink and Kosecoff \(1998\)](#) explain, a key [advantage of phone and in-person interviews](#) is [that answers can be discussed with participants](#). [Non-verbal information](#) expressed through, for example, [body language or facial expression can be gained in a face-to-face interview](#) but not in a phone interview. Other [disadvantages of telephone interviews](#) include the need [to ensure](#) that [respondents are home](#), the need to schedule interviews [in advance, telephone charges](#), and so on.

[The disadvantages of in-person interviews](#) include the need to find on-[site space](#) in which [to conduct interviews, the cost of travel for participants and researcher](#), and others. [Because the researcher](#) would need to [travel](#) some [distance to conduct interviews](#), [and](#) because [some participants](#) would also have to travel [a distance to get to](#) the [treatment center, the researcher weighed the advantages and disadvantage of telephone and in-person interviews and made the decision to conduct](#) one-on-one [interviews](#) by [telephone and then](#) to [conduct an in-person focus group with](#) the [entire group on site](#). With [limited resources, this was the only way the researcher could conduct the study](#).

The wording and order of interview questions were predetermined, to minimize the possibility of interviewer biases (Gall, Gall & Borg, 2003). This method is a rich means of data collection because it allows for a higher level of participant engagement, as opposed to a questionnaire format. A telephone interview enabled the researcher to clarify any [verbal](#) miscommunications and to probe further (Arsenault & Anderson, 2001). Telephone interviews proved a quick and economical way of interviewing. The

researcher conducted interviews by telephone from Vancouver to Calgary. Hence, data was collected from various geographic locations with a fast rate of data return.

Telephone interviews were conducted using a pre-contact protocol. The researcher attended the group's first meeting in order to introduce the study to group members, to review and gain informed consent (see Appendix B), and to answer any questions regarding members' participation in the study. Participants then signed up for the study, and telephone interviews were arranged for each participant, with the assistance of the group facilitator. The researcher called participants at the prearranged time for telephone interview and again reviewed informed consent, before proceeding with the interview. During the interviews, the researcher took notes/memos on each question and later reflected on these notes. The interviews were conducted over two weeks. After conducting all the interviews, the researcher analyzed the notes and listened to recorded interviews in order to identify themes.

Once themes had been identified based on the phone interview data, a focus group was conducted involving the researcher, group facilitator, and the participants. Informed consent was again obtained from each participant in the focus group. The focus group was conducted at the last week of the group a week after all interviews were conducted. Emergent themes were presented to the women, and the women were provided an opportunity to confirm or disagree with what was found and to elaborate in more detail. This focus group was taped and transcribed, then reviewed by the researcher for further themes.

Analysis of Data

The purpose of this study was to explore women's experiences of all-female group counselling for problem gambling and to discover themes that emerged from the women's experience. Qualitative analysis was used. The data were analyzed using thematic analysis by the constant comparison of data to develop themes. According to Braun and Clarke (2006), "Thematic analysis is a method for exploring, identifying analysis and reporting themes within data" (p. 79). The constant comparison method is a part of grounded theory analysis, where the researcher constantly compares pieces of data in order to develop themes (Babbie, 2004). In this study the data were collected from self-identified female problem gamblers who participated in group counselling for female problem gamblers. Data were obtained through interviews conducted with participants. During the interviews the researcher jotted notes on ideas and potential themes. Transcription was completed entirely by the researcher, who became very familiar with the data. The researcher transcribed each interview, in order to maximize the security of the information. To further protect the security of information, any names used in the interviews were not transcribed. Then the researcher subjected each transcript to in-depth review and edited the transcripts for mispronunciation.

Following this process, themes were developed and categorized from the data, after which each transcript was again reviewed in depth, and themes were highlighted and coded. The researcher coded the data manually by cutting segments out of each document and then copying into a category filer. Themes were coded by exploring common words in all of the women's answers to each of the questions. The researcher did this by using the "Control Find" function of the computer to search the text of the document for

common themes, words such as “understanding,” “women,” “men,” “acceptance,” “share,” “support,” “stereotypes,” “future research,” and “barriers.” On the basis of this word search, common quotations were arranged and the themes emerged. To enhance the credibility of the themes, the researcher then shared the themes with the women, who offered clarification, insight and support for the identified themes.

The researcher then created mind-maps of themes in order to explore connections. Thematic mind-maps enable the researcher to visualize how different codes relate to each other and fit into themes (Braun & Clarke, 2006). The researcher reviewed the mind-maps with participants in a focus group, giving them an opportunity to confirm or dispute the themes and to learn outcomes. A conceptual metaphor was developed to explain the interwoven themes. The researcher then completed write-ups of the themes, including direct evidence in the form of quotes from the interviews, paired with analysis and narrative describing the themes. Chapter 4 describes and discusses [the themes that arose from the constant comparison of content](#) yielded by [the interviews and focus groups](#).

Chapter 4: Results

Introduction

This chapter describes the themes that emerged from one-to-one individual interviews with the group members and a follow-up focus group to address the initial results of the study. First, the findings from the interviews are presented and organized in terms of themes that arose from the transcripts. Next, excerpts from the transcripts of individual interviews and the focus group are included to illustrate and support the themes that emerged from this study.

The following [questions were asked in](#) one-on-one [interviews](#):

1. [What are the women's perceptions of women-only group counselling treatment for problem gambling?](#)
2. [Do the women find women-only group counselling beneficial?](#)
3. [What aspects of the counselling group do the women participants find beneficial?](#)
4. [Would the women participants be willing to engage in the same counselling process within a mixed gender group? Why or why not?](#)
5. [If the women participants have already participated in a mixed-gender group, what were their experiences?](#)

A constant comparison analysis of the [answers to these questions](#) provided insights into effective counselling practices for women problem gamblers. The results demonstrated that these women found women-only groups to be helpful.

Perceptions of Gender-Specific Group Counselling

[From the answers to questions 1 and 3, themes began to emerge.](#) First, the women perceived their experience of gender-specific group counselling to be beneficial. They attributed the beneficial nature of this type of group counselling to three [factors](#): (a) relationships, (b) learning, and (c) facilitation.

Group members elaborated on relationships in terms of feeling comfort, safety, connectedness and validation in the group process; this was the theme to which the women in this study referred most often. The theme of learning emerged in terms of psychoeducation and self-awareness. The importance of facilitation became apparent as an adjunct to these processes. The themes seemed to be interwoven to create a therapeutic and beneficial environment. Each theme influenced the other themes. For example, relationships and the safety created enhanced learning and facilitation. Facilitation helped to build positive relationships and to create a positive learning environment. Learning occurred as a result of group members' sharing their lived experiences and stories; in turn this fostered relationship building and counsellor-facilitated discussion.

As mentioned previously, relationships among the group members and with the counsellor were the most cited beneficial factor. According to Duncan, Miller and Sparks (2004), relationship, and more specifically positive relationship as perceived by clients, is a core component in positive counselling outcomes. Relationship sets the stage for safety, understanding and validation, where clients can learn and grow. The women in this study reported that they perceived their relationships with each other and with the counsellor to be positive and supportive, the foundation for their healing. The women also commented on the counsellor's skill in creating and fostering a positive environment. Because each

theme influenced the other themes, they are described as an interwoven process.

Quotations to support this are lengthy; consequently, they are included in Appendix D.

The recurrence of these ideas throughout the individual interviews and the focus group discussions suggests commonality among different individuals.

The two questions on women's openness to participating in a mixed-gender group and other insights also elicited data that will be discussed later in this chapter.

The first three questions asked how the women perceived gender-specific group counselling, if they found the group to be beneficial, and what they found to be beneficial. All participants answered that they did find it to be beneficial. Hence the data for question 1 (What are the women's perceptions of women-only group counselling treatment for problem gambling?) and the data for question 3 (What aspects of the counselling group do the women participants find beneficial?) overlapped. Since the data for these two questions became interwoven, the researcher coded these data together.

Beneficial Nature of Gender-Specific Group Counselling

The women were asked whether or not they perceive gender-specific counselling services for problem gambling to be beneficial. In the individual interviews, all participants reported that they perceived such services to be beneficial. The question was asked again in the focus group involving all women who completed the program; in this case, all five participants confirmed that they indeed found such services to be beneficial.

Beneficial Aspects of the Women-Only Group

The women were asked to discuss their perceptions and experiences of women-only counselling for problem gambling. The answers to this question were interwoven with the answers about what the women found beneficial about the group; therefore the

data are presented together. The women mentioned the relationships they were able to build with each other, and the comfort and safety they felt in the women-only space.

Relationships Theme: Interview Results

When discussing what was helpful regarding the women-only group, all participants described the relationships they developed with the other women in group counselling. The participants stated that these positive relationships provided them with a sense of feeling comfortable and safe, and having an opportunity to be heard. The following excerpts from the transcripts of face-to-face interviews with the women illustrate these points. The women reported feeling that their relationships in the group were validating, comfortable and safe. When the women were later given this feedback in the focus group, they reaffirmed this point and elaborated that the group also helped them to learn to be interdependent.

Validating:

Participant 3: I think that being a woman myself I can relate to some of the feelings that are brought up the same as I feel the other women in the group can relate to me. If I am talking to a man, because they are from a totally different planet than we are, they have totally different feelings and emotions in regards to certain things.

Participant 4: Knowing each other's experiences as far as why and how and how to deal with it, and all that kind of thing. It was just a really good relationship amongst the women.

Participant 1: I know a lot of women can't, and that sometimes is an issue when it comes to our treatment. You know monitoring the cycle or this or that, I feel it is a definite need in the community.

Comfortable and safe:

Participant 4: I would say it was more relaxed. We could relate more with each other.

Participant 1: I feel it is a definite need in the community, whether it be our community or someone else's community, [with] the all female group you just feel more comfortable. You do not have to put on any airs, there are no impressions, and there is no dominance, if you will. So yeah, I think it is very beneficial.

Participant 1: I found it to be very comfortable. I have actually quite enjoyed my last seven weeks in my sessions with just the women.

Participant 2: I think that it [a women-only group] is better. You can be open and honest with women because we all kind of think the same, you know, and we can express things that maybe if the other gender was there we would not be able to express.

Participant 3: Very safe, it being women only.

Participant 4: I have gone to a counsellor and stuff but this was, out of all the times I had gone to counselling, on a personal level this is probably the most comfortable I have ever felt.

Participant 1: Everyone felt pretty comfortable. We got into the secure mode quicker than I think [we would] if men are involved

Participant 2: I myself would feel more comfortable talking to women. There are things that women go through and maybe men are going through the same things, but we have the common ground of escaping, and the things we are escaping from, we have some things in common which a man would not be escaping from.

Participant 1: [In] an all-women's group, besides being more honest and open, I think there is more of a trust there.

Positive Experience:

Participant 3: I personally find the whole women's group a very positive experience and actually one that I am probably looking to go back into again.

Relationships Theme: Focus Group Results

The theme of relationships was reflected to the participants during the focus group. The women confirmed that relationships were a very helpful aspect of the treatment. The theme of relationships is highlighted in the following excerpts from the focus group transcripts. In the focus group the women agreed that validating, comfortable, safe positive relationships were not only their perception of the group but what made it work for them. Furthermore, the women elaborated that the group also enabled them to learn not only to depend on themselves but to reach out for the support of others, or interdependence.

Focus group member: Interdependence, support, and having relationships with people.

Focus group member: Well, in my own experiences, I know my comfort zone is right here, right now. And put me outside of the comfort zone and put me next door and I do not know, I am staying here. I am comfortable, I reveal the

relationship part of it, and I do not know if there was a man sitting next to me if he would [think], “Oh, you stupid idiot!” And that is the uncomfortable side of it.

Focus group member: I do not know, just sitting back and thinking about the whole theme of being understood, um, men may be able to understand the addiction as they have the same addiction as we do. But would they be able to understand how or why we became addicted?

Focus group member: I have got housework and kids, and yada, yada, yada, and I am an emotional wreck. And men are going, and men are going, “Well, that’s no big deal.”

Focus group member: I was going to say, when we are that independent, or that whatever word you want to use, doing everything on our own for myself, I question how much of that got me into this much trouble. Because I did not have the support, I was not depending on anyone, because I was trying to be independent by working and volunteering and doing all of this stuff and not having the support to lean on, or being so damned independent that I did not reach out for help. So much of that where I was got me down, Then people at the begin saying, “Oh, hey, you have got a problem.” Because you’re not talking, [you’re thinking] “I can do it all on my own, I can stop gambling, or I can do this or I can do that.” And then you are all of the sudden now [thinking], “I need help and I do not know where to go for it.”

Focus group member: If we had had a bad day or something, and because we had formed that relationship and we did not have any compunction about asking for that, or being probing or being supportive.

Focus group member: There are things you cannot do by yourself, so it [involves] realizing [that] sometimes you are leaning and sometimes you are supporting.

Focus group member: Sometimes you're the bug, and sometimes you're the windshield.

Focus group member: No, really that is what relationships are, the interdependence.

Learning Theme: Interview Results

The second theme that arose from the interview transcripts was learning, as illustrated in the following excerpts. First, the participants speak about learning relapse prevention skills. Relapse prevention skills help people develop an awareness of potentially triggering situations that may occur before a relapse. The development of these skills help people to develop safety plans if they encounter a situation where they may feel triggered and can empower people to make choices to keep themselves safe and prevent a relapse to gambling.

Participant 1: You know, those little specific [skills], when you feel like you want to use or if you are feeling upset, do this or all those things that were concrete. It was not a lot of abstract [suggestions], which for me was very helpful. I like when it is specific and not so much that I do not have to think, but I can grab this thing and if that does not work I can grab this thing. I felt there were a lot of those in this group, and I learned from the women themselves, um, things they are going through that I could learn from. Okay, I may not be having an issue with a child because I do not have children. In learning what they went through, maybe it might be a friend that treats them like that and how they dealt with it, and because

we talked about it in-group I am able to pull that experience if I ever run into that type of situation.

Participant 1: Um, I know our relapse prevention cards. [Interviewer: Oh, okay, you did those. They were really, really good.] Seeing the cycle of how you go from that conscious, like when you do something automatically, okay that was a really good topic, and I would often then say, “Am I doing this automatically or I am thinking about it?” Before, I would get frustrated and then I would go gamble.

Participant 3: She did another exercise that she calls “Minus 10 to plus 10”

[Interviewer: Can you tell me about that?] What it is, you sort of, she will ask each one of us where we are at on a scale of minus 10 to plus 10, in terms of wanting to go gamble. Plus 10 meaning that you are ready to jump up from your chair and take off and go gamble. Once you've given her our number on a scale, then what she does is basically you close your eyes and you envision yourself maybe at a machine playing, or whatever aspect of gambling. And you think of the positive towards it, what gets you all worked out and excited about going gambling, to try and raise that level, that number, up as high as you possibly can on a scale. And then she took us through the exercise on how to bring yourself back down and to put yourself on the negative side of the scale. So it is something that, if you're feeling anxious or old and you think, “I have to go gamble,” what can I do immediately? Not “OK, find out, plan to go to G.A. meeting or talk to a sponsor.” But what can I do for myself right now? And basically sit down and take a couple of deep breaths and go through the exercises, strictly mental

exercises and envisioning things and how you can bring yourself down, to get as far down on the negative side as you can. And it works.

Participant 2: Yes, especially the positive thing, and someday I would just remind myself to read the book [skills book from group] of everything I have gone through, just a reminder. [Interviewer: So it is kind of like a safety net to have at home to kind of sit and flip through and just kind of ground yourself on what you have been working for.] So it is not something that you tuck away Tuesday night and then pick up again when, so you look through it and thought, “I am really feeling like this.”

Participant 3: And through this program, this is what they are trying to help us with, developing different things. Set some short-term goals and see if we can meet these ones. And a use-and-abuse short-term goal is basically the coping mechanisms, so it has been, it is, an awesome experience.

In addition, the clients spoke about learning in terms of psycho education. The women discussed the benefits of learning about the process/development of addiction (i.e., development of problem gambling from recreational gambling). The women also discussed the importance of learning about addictive behaviours in general and links from gambling to substance abuse.

Participant 3: Went through all of the various types of gamblers that there are.

Um, I know for myself I could see myself in every one of the steps, into how you go from being a non or social gambler into [being a] problem or compulsive gambler. Gosh, I can see myself. I can see this progression, learning how you become addicted to the actual gambling, because for myself I never thought of it

as an addiction. I thought, "I am a smoker or addicted to smoking." That I understand. I understand being addicted to drugs and addicted to alcohol, but I never in one million years [thought] once [that I could be] addicted to gambling. And yes, I can definitely see it and I am understood.

Participant 3: Um, there was just the whole, yet awareness of the very good term. It makes you understand, get more understanding of how things progress, of the consequences, and hopefully how to try and overcome [it]. I guess it is much like an alcoholic, none us are ever going to be cured. There is no magic wand [or] anything, but through support, counselling, through the services AADAC is offering, it gives you some hope.

Participant 4: Yes, every session, I can honestly say every night I went to a session, we all covered a bit more. We covered emotions, addictions, it put a bit more understanding to it and why and how. You know, it clarified a lot for me. [So you really gained awareness, hey?] Yeah, totally, big time. I mean, you never want to admit that you have got a problem, but yeah, you know what, you see the light. I do not know how else to put it.

Participants also discussed learning from other women's stories. The women in the study discussed how hearing about other women's experiences provided them with more information to reflect on their own behaviours and their own recovery process. Hence the process of storytelling and sharing enriched the learning experiences of the women.

Participant 1: I learned from the women themselves, um, things they are going through that I could learn from. And I may not be having an issue with a child because I do not have children. In learning what they went through, maybe it

might be a friend that treats them like that and how they dealt with it, and because we talked about it in-group I am able to pull that experience if I ever run into that type of situation. [So learning from other people's stories and experiences was really rich. Okay, great!]

Learning Theme: Focus Group Results

The focus group leader shared with the group this finding about learning from each other's stories and asked for feedback. The following excerpts illustrate their responses.

Focus group member: That gave people much more room to work with and to know about self. And now that I have that information, I can look at my own life in a new way. Is this on par with people's experiences?

Several focus group members: Yes, yes, yes.

Focus group member: I think too, what I am hearing in this is that there are more choices and those different perspectives.

Focus group member: And at the top where it says other stories vs. psycho education vs. skills, that just speaks to the fact that people have different learning styles.

Focus group leader: So at the end, you may or may not remember, I asked was there anything that you would like to add and I found this to be one of the most interesting, and things that came out of it so I kind of wrote it up as suggestions for future practice. And now the first thing that people said, and now I was not in the group but I am aware that it was the section of the group that was more talk

therapy, support that people perceived that this was very effective (nodding) and I am aware that everyone is nodding this was helpful.

Facilitation Theme: Interview Results

From the comments of the women interviewed, it became clear that they found it important that a facilitator could simultaneously probe and be supportive, while maintaining an active, collaborative stance.

Participant 3: [The facilitator] is fabulous with getting people to open up. She has got just a tremendous, tremendous way about her. She seems to have the ability. She is soft spoken and what have you, and she does not judge. She is involved herself in that, after we have our break, we all have to with a couple of words describe how we are feeling. Not whether we are good, fine, hot, cold – those words, they're basically taboo – but, you know, sad, happy, content, this sort of thing. After we have gone through it, then she also gives us what she is feeling at that point. So she totally participates with us, so she is not just being a teacher, she is an active participant with us. [Interviewer: So a level, so everyone is participating and sharing.] Yes, and you do not feel like you are a bunch of little school children, you are there and teacher is doing this, this and this, because any one of us are allowed to just say, "Hey, I need some group time." And then you can open up and say what you want. I am really sad that the group only goes for eight weeks. You know, I would definitely like to see it go longer.

Participant 2: And the facilitator, she has been really easy to talk to. You think you can hide things from her but you cannot.

Participant 2: Good probing skills.

Participant 4: She would, you know, there might be something inside there and somehow she got it out, and that is good. That is what you needed. [Interviewer: So she was really able to open things up for you then?] Oh, for sure, for every one of us, at least I felt [that way] anyway.

Participant 1: It was hugely beneficial, and nice to finish. The information, it was really fabulous and really helpful. If I, say, were to relapse and come back in a year, I would want the women's only [counselling group].

Willingness to Engage in the Same Counselling Process in a Mixed-Gender Group

The women were asked in question 4 whether they would be willing to engage in the same counselling process within a mixed gender group, and to explain why or why not. The majority of the women reported that they would be open to participating in a mixed group. They explained that they would be willing to check it out because they were open to exploring anything that would be helpful to their recovery process.

Past Experience in a Mixed-Gender Group

Question 4 also asked participants, if they had already participated in a mixed-gender group, to describe their experiences. However, no one had experienced a mixed-gender counselling group.

Additional Insights Shared by Participants

Finally the women were asked whether they had any additional information they would like to share. The following themes arose from their responses to this question.

Need for Advertising, Information: Interview Results

First, each of the women mentioned the need for more advertising and/or public awareness, more information about problem gambling and treatment options:

Participant 1: So you know, it is kind of like, where do you draw the line? I do think that it does need to be more marketed, no “marketed” is not the word, more “out there,” and I know you do not really advertise this stuff. Can I get you to elaborate on that more? There is nowhere, whether it be in print, TV, media, anywhere, that says other than at the casinos, if you have a gambling problem call this number. That is all gamblers have, call this number. I mean, people in Alberta know to phone AADAC, do not get me wrong, but a lot of people... Because it is “alcohol and drug abuse” something, and now it is now changed to be “addictions,” but people do not know that, so now people... So I think when you are not in the casino, if there could be something somewhere to say “Hey, we offer this”... I know credit counselling has little spots on TV. How good would that be for gambling or any other addiction? There is nothing out there to make people see. I know when I was in the throes of mine, I did not have anywhere to go and I could not call a number. Then they would know. You know, it was just awkward for me to think about phoning someone, so I think if I had another option... And I know it is getting more out there in the media, but just again I do not feel that there is a lot of awareness there about us and what is available for us. When I knew I needed help, I took a chance and I called AADAC, and I said “I do not know if you can help me.” And then that is when they told me about Aventa, the treatment center I was in, and I never thought in a million years that they would be able to help me, I thought maybe they would go “phone this number” or “do this,” whatever. I did not know AADAC could give me stuff on gambling because I did not know that is what they covered.

Participant 2: I guess [to make people] more aware of programs. You always see those AADAC things in the washrooms at the casinos and that, but uh, things like self exclusion from casinos like in Calgary, I never knew about that until I went to AADAC. So the advertising in the washrooms at the casinos is helpful, but almost there could be more of it. You know there is the “If you have problem gambling call the 1-800 number,” but did you know the facts, that you can self exclude? You know, if I had known that a year ago would I have done that? Okay, so having the facts with the advertisement and things that you can do for yourself within the advertisement, yes, very much okay. Well, here in Alberta if you do not go into the casinos you can always go to the bar, but for people that only go to the casinos, you know, a way to help people before it gets really, really bad. And it was funny when I went to the Alberta Gaming and Liquor Commission, I went and saw a girl there, and she was really nice. And she says, “Wow, there was another person that came in this afternoon for self exclusion,” and I said, “Oh really?” And she said, “Yeah, that is two in one day,” and that usually they are lucky if they have one a month. Wow, all these people in the casino, and it is like people can’t know about this stuff. (Oh wow, I did not know that.) Yeah, you can go to the casino and get self excluded.

Participant 3: You know, the gambling thing is relatively new. It doesn't go back as far as alcohol. [It is] fortunate that I don't have either one of those addictions. However, I think that because gambling is so new, maybe it is so... maybe on a trial basis. I think there needs to be more access -- more access, more programming.

Participant 3: I would like to see more women's programming. When this all came to light for myself, it was a month before I could get into this particular EGRIP program. The month was very long, very hard, very difficult. I felt at the time that I needed something. I guess I would like to see ongoing groups available.

Participant 4: Yeah, you know, I understand it is not the easiest thing to go around and advertise for. I mean, you see your posters in establishments and stuff like that, um, but you know, I did not know if it is commercial or... I do not know, but making it more aware that this is being offered. You know you are not alone. There are other women out there.

Need for Advertising, Information: Focus Group Results

When this theme was brought up in the focus group, members confirmed that they would like better advertising and more public awareness of the availability of counseling for problem gambling.

Focus group leader: So the next piece that came out of this research, and it was not the purpose of this research, was advertising.

Focus group members: Yeah.

Focus group leader: So I will elaborate a little bit on this. A lot of the feedback was on where it is and what it says. So people were saying, "I went to the casinos." People were saying they were aware of it in casinos, but if they were at bars gambling, they were exposed to it as much. The other aspect was that there is not enough info on posters, so things like how it affects people and how it is would be really normalizing for people. Another piece was to advertise in more

then one medium. One suggestion was to have an ad on TV about where the programming is. And other people said that, at first, I did not make the connection to AADAC and problem gambling, but now that I have, I am really glad that I did because it was so beneficial for me.

Focus group member: Yeah, that AADAC is Alcohol and Drug and...

Focus group leader: That is in everyone's consciousness.

Focus group member: I did not know where else to turn when I phoned, and I was like "Oh, you do that too?" Because all you get is that one number, "If you or anyone you know has a problem with gambling, phone this number." That is it, anywhere you go there is nothing. Whereas we are inundated with cocaine and drinking and all the drugs and all this other stuff, and nothing for gambling.

Focus group member: And it's only in those rooms.

Focus group member: And part of this is the perception that it is a one-point entry. And that is not what is happening?

Focus group member: But you know the twenty questions that are in the back of the book? Why aren't they in the ladies' washroom and the men's washroom so that, when you standing there in the ladies' washroom, you see this and you go, "Holy crap!"?

Focus group member: Same thing on those machines.

Focus group member: For the amount of time I have spent on those machines, I could not give you the number.

Focus group member: I ended up at AADAC for problem gambling through my company. I phoned the EAP.

Focus group member: I went through the phone book to get help.

Focus group leader: So what I am hearing from everyone is that it was not an automatic connect (calling AADAC), like “I can go here for help”?

Importance of Scheduling: Interview Results

In the open-ended section of the interviews, many participants mentioned that the timing of the group could have been different to better meet their needs in recovery:

Participant 3: WERIP, I would be quite happy if it was twice a week.

Participant 1: The other thing is, I really do not like the once a week [scheduling].

There is too much in between, and if you are just newly sober and starting to get recovery, I do not think that is enough. I would like to see it twice a week for four weeks, instead of once per week for eight weeks. That is what I think would be beneficial, because I went on Tuesday and now I have got to go on Thursday. It keeps that stuff in your brain, as opposed to, it has been a weekend, you are three days away from the weekend and I do not know if that is feasible. But it is like anything. Sometimes people have to search out their own help, and I do not know if that is part of why they do not do as much with the time, I do not know.

Participant 2: Twice a week would have been good. We always had homework and stuff to read, and you know, you try to, but life keeps going.

Importance of Scheduling, Frequency: Focus Group Results

Focus group leader: So at the end, you may or may not remember, I asked was there anything that you would like to add. I found this to be one of the most interesting, and the things that came out of it, so I kind of wrote it up as suggestions for future practice. And now, the first things that people said -- I was

not in the group but I am aware that it was the section of the group that was more talk therapy -- support that people perceived that this was very effective

(nodding). I am aware that everyone is nodding, this was helpful. The other thing that people said was that holding the group two nights a week would be helpful.

Focus group member (f): You know, historically, we did that and um the feedback you got was doing it once a week. (Laughing)

Focus group member: Well, there is plus and minus to both. One is that it is hard getting counsellors to do it twice a week. And for some people it was a barrier to service. You know, I have a job or I have a (inaudible).

Focus group leader: Just for this group, because I noticed people nodding their heads, people are wanting it twice a week.

Focus group member: I know I would.

Focus group member: Also.

Focus group member: Also.

Desire for Follow-Up Meetings

Another point that came up in the open-ended section of the interview was that most participants wanted follow-up meetings and for the work of the group to continue:

Focus group leader: Another thing people said was [that they wanted] follow up and that they wanted to meet again but were not sure if Tim Horton's was the right place.

Focus group member (f): I personally do not mind the idea of everyone checking in on the telephone with everyone.

Focus group member: I personally prefer the in-person [meeting] because then you have got the eye contact, you are getting the body language, facial expressions, so preference-wise [I would prefer meeting] in person, but if it can't work or won't work, then [by] telephone.

Focus group member (f): What about a follow-up group that is not just us?

Focus group member: That would be interesting.

Focus group member: I think probably what would end up happening would be cliques, each in their own group. You know, because nobody wants to air his or her dirty laundry.

Summary

All [participants stated that](#) they felt [group gender-specific](#) counselling [services were beneficial](#). Analysis of the data gained through interviews and focus group sessions yielded several themes. First, a [theory began to develop that three components worked together to be beneficial](#) in this women-only counselling group for problem gambling. These [three components were validating, safe, comfortable, positive relationships; learning; and facilitation](#). The women in this study indicated their [willingness to engage in the same](#) counselling [process within a mixed-gender group](#). Finally, group members provided [additional insights](#), suggesting [a need for more advertising regarding treatment options](#) for problem gambling. They discussed [possible options for timing of the group](#) and suggested that there be [follow-up](#) meetings [after the end of the eight-week group](#). [Chapter 5 will provide a further synthesis of this data into the themes, relate these themes to current research, and discuss areas](#) for future [exploration](#).

Chapter 5: Discussion

Introduction

In 2002, Statistics Canada calculated that problem gambling impacts an estimated 1.2 million Canadians. More specifically, in Alberta recent studies demonstrate that over 2.2% of Albertans experience problem gambling (Cox et al., 2005). Problem gambling affects individuals and families emotionally, financially and physically. Numerous studies describe the differences between female and male problem gamblers related to their motivations for gambling, the types of games played, the onset and development of gambling problem, concurrent disorders, and life experiences (Boughton & Brewster, 2002; Brown & Coventry, 1997; Ciarrocchi, 2002; Crisp et al., 2000; Delfabbro, 2000; Hing & Breen, 2001; Ladd & Petry, 2002; Mark & Lesieur 1992; Potenza et al., 2001; Thomas & Moore, 2003). This data suggests that treatment designed to meet the needs of women experiencing problem gambling may be beneficial; however, little research exists on the experiences of women in gender-specific spaces during treatment to address their issues with problem gambling (Piquette-Tomei, 2005). Hence, this study explored clients' perceptions of a pilot project of women-only EGRIP group counselling for problem gambling. In particular, this study investigated five questions:

1. What are the women's perceptions of women-only group counselling treatment for problem gambling?
2. Do the women participants perceive gender-specific counselling services as beneficial?
3. What aspects of the counselling group do the women participants find beneficial?

4. Would the women participants be willing to engage in the same counselling process within a mixed gender group? Why or why not?
5. If the women participants have already participated in a mixed gender group, what were their experiences?

The group studied was a pilot program of AADAC's EGRIP group for problem gambling. EGRIP is an eight-week program for self-identified problem gamblers. The group meets for three hours once per week, with the first 90 minutes devoted to psychoeducation and learning, and the second 90 minutes devoted to an open group process. Prior to this research, the group has been conducted as a mixed group with both male and female clients. The learning material was not changed from that used with the mixed group, and the format stayed the same. The group facilitator was a female counsellor. The second 90 minutes was devoted to group process. The women reported that this was a time when they could freely and openly discuss topics related to their unique life experiences (i.e., relationships, motherhood, family) and their gambling.

The women participating in the group began calling the group WEGRIP, an acronym for Women's Evening Gambling Recovery Intensive Program. As this is what the women called their group, it is referred to as WEGRIP from this point on.

Various themes arose from the exploration of these women's experience in this pilot project. This chapter explores how these themes or findings validate previous work in the field of therapy. The findings are related to Irving Yalom's work on group therapy (Yalom & Leszcz, 2005) and to Relational Connection Theory (RCT) (Hartling, Baker Miller, Jordan, & Walker, 2003). In addition, the limitations of this study will be

addressed and suggestions made for future research and for counsellors working with problem gamblers.

Findings

The women who participated in this study all reported that they benefited from gender-specific counselling group for problem gambling and that they would choose to participate in women-only group counselling if they were to take the group again. This finding is congruent with past research regarding women's experiences of gender-specific treatment approaches for women addressing their problem gambling (Boughton & Brewster, 2002; Government of Victoria, 2000; McGowan, 2003; Piquette-Tomei, 2005). This point is further supported by a needs assessment of women actively engaged in problem gambling in Ontario (Boughton & Brewster, 2002). When surveyed, 59% (n=356) of these female problem gamblers reported feeling that women-only groups would be helpful compared to 33% of women who believed that mixed-gender groups would be helpful. Furthermore, when counselors and social workers were surveyed who specifically work with female problem gamblers, 89% indicated that they viewed women-only groups as an important aspect of treatment. Only 11% of the clinicians surveyed believed that an adequate number of these groups exist. In past research, women have reported being satisfied with treatment when they experienced an understanding female facilitator, and a feeling of security in-group with others with whom they shared similar life experiences (Piquette-Tomei, 2004). Gender-specific groups that are responsive to women and address women's issues in the context of their addiction have been demonstrated to be effective in the areas of substance abuse research (Addiction Research Foundation, 1996; Health Canada, 2001; United Nations, 2004).

The women in this study were open to participating in future mixed groups, despite having all reported that the gender-specific counselling group for problem gambling was beneficial. Furthermore, the women reported that they would choose to participate in women-only group counselling if they were to take the group again. Therefore, these women were more open in their attitudes to mixed groups than those who participated in the study by Piquette-Tomei et al. (2005), which inspired this study. In the former, many of the women reported that they would not be willing to participate in a mixed group for problem gambling. This difference could possibly be attributed to the differences in setup of the two groups. The study by Piquette-Tomei et al. (2005) was open ended and ongoing; however, the women in this study were told that this was the only gender-specific group and that, although they were welcome to participate in future groups related to, for example, relapse prevention, they would be mixed-gender groups.

Three core themes emerged in terms of what was helpful in this form of group counselling: (a) relationships, (b) learning, and (c) facilitation. Group members elaborated on the helpfulness of relationships in terms of comfort, safety, connectedness and validation in the group process. The theme of learning also emerged in terms of psychoeducation, relapse prevention, and self-awareness. The importance of facilitation became apparent as an adjunct to these processes. The themes seemed to be interwoven to create a beneficial therapeutic environment. The recurrence of these ideas throughout individual interviews and the focus group discussions suggests commonality among different individuals. Metaphorically, these core themes can be visualized as a tripod, with each core theme representing one leg of the tripod to make it stand securely. In this

study relationships, learning, and facilitation all work together to create an effective women-centered group for the treatment of problem gambling.

The metaphor of the tripod, which arose from this study, is reflective of the theory developed by Duncan et al. (2004) regarding effective elements of counselling. The meta-model they propose suggests that alliance and clients' theory of change can be metaphorically represented as a three-legged stool:

One leg represents the counselor and client's agreement about goals, meaning or purpose of the counselling; another symbolizes the client's view of the relationship and the therapist's role; and the final leg signifies the agreement about the means or method used. (p. 72)

Duncan et al. believe that, if any of the legs are unbalanced, this could negatively impact alliance. The results from this study regarding group counselling fit nicely into this model, although it was originally applied to one-to-one counselling. Duncan et al. highlight the need for future research involving this model as it might apply to group counselling. The three elements that created change in this study were relationships, learning and facilitation, or the tripod metaphor. One can place these into Duncan et al.'s (2004) stool metaphor, with one leg representing relationships (client's view of the relationship and the therapist's role), another representing learning (agreement about the means or method used), and the final leg signifying facilitation/abstinence from gambling (meaning or purpose of the counselling).

Relationships

The meta-model described above (Duncan et al., 2004) considers the client's view of the therapeutic relationship to be a core aspect of change in the therapeutic process.

Relationship is a critical element of the therapeutic process, as has been described and validated throughout the research of the therapeutic process. A review by Bachelor and Horvath (1999) of over 1000 studies demonstrated that the client-counsellor alliance is a factor of change.

Duncan et al. (2004) used an outcome study, Project Match, to illustrate the impact of therapeutic relationship with clients experiencing alcohol addiction. Project Match involved over 1700 participants. Its purpose was to explore three methods and their impact on outcome, as measured by participation in program, use during treatment and follow-up use levels one year post treatment. The three methods compared were cognitive behavioral therapy, 12 step programming, and motivational interviewing. The results showed that, in terms of the outcome variables, the three methods were equally effective. Furthermore, the factor that predicted positive outcome (participant retention, reduction in use/sobriety) was the participants' rating of the relationship with their key care provider. The Project Match data support the notion that the relationship is one of the most healing parts of treatment for clients. According to Duncan et al., "Good relationships mobilize people's inherent resources and resiliencies. Don't underestimate the power for change that resides in your relationships. Human relationships are there for a reason. People need people" (p. 63).

The results of this study validate the research findings reported in the literature. As indicated, the participants in this study reported that relationships were a core factor in their treatment. The theme most cited by the women in individual interviews and in the focus group was the importance of relationships within the group. Throughout the interviews, the women described feeling supported, heard, validated, connected and

normalized by the other group members and the facilitator. The women often mentioned “comfort” as a factor that made this process work for them and built trust. Some participants questioned whether this trust could have developed as quickly if a man had been in the group. This factor was also reported in an Australian study of women’s experiences of women-only support groups for problem gambling (Government of Victoria, 2000). McGowan (2003) found similarly in an analysis of online posts that women found female-only GA meetings very supportive.

The concept of relationships among the group members as a curative factor supports the work of Yalom (Yalom & Leszcz, 2005), who refers to this group dynamic as cohesiveness: “Cohesiveness is the group therapy analogue to the relationship in individual therapy” (p. 53). Yalom defines cohesiveness as warmth, comfort and a sense of belongingness, a feeling of being mutually valued and supported (p. 55). Yalom argues that, as there are more players in group therapy, research on these relationships becomes more complicated to conduct and there is less support for group cohesion than for individual therapeutic alliance; however, there is ample evidence that cohesion is an important curative factor in therapeutic change in group work. Yalom’s findings on cohesiveness are echoed in the findings of this study: comfortable, supportive and caring relationships existed among the women and were their most frequently cited beneficial factor.

Research on the therapeutic relationship and group cohesiveness demonstrates the importance of relationship in the therapeutic setting. Relationships can be directly linked to Relational Connection Theory (RCT), which focuses on relationships as a core factor in healthy coping. According to Hartling et al. (2003), “Growth fostering relationships

are a central human necessity throughout our lives and ... chronic disconnections are the source of psychological problems” (p. 3). Hence the goal of therapeutic work is to learn how to meet one’s own needs while acknowledging the needs of others and to learn to develop empathy for oneself and others, thus creating connection in one’s life (Jordan, 1991). RCT differs from other theories of development in that it does not conclude that growth is equal to the separation from others and does not assert that healthy coping focuses on being independent and not needing the support of others (Baker, 1991). Hence, healthy coping is a state of interdependence.

The emphasis by the women in this study on relationship and mutual support is a direct example of RCT. One participant captured her perception of the benefits of the group in a metaphor that illustrates RCT. During the focus group after the interviews were conducted, she stated that she learned from the group that “Sometimes you are the bug and sometimes you are the windshield.” She explained that sometimes she saw herself as a bug on a windshield who needed to be supported (metaphorically held up by the windshield) and that sometimes in the group she was the windshield and had learned how to provide support to other members. The group experience had provided her with an opportunity to learn how to give and accept support, which is the goal of therapeutic work in the relational connection theory.

During the follow-up group, this metaphor was well received by the others, who all agreed that it was also true for them. They emphasized that, through the relationships that had been built in the group, they were able to develop the skills to be open to receiving and giving support. In further discussion, the group members focused on the importance of allowing themselves to give support, and they expressed how difficult that

was for them before they came to the group. Together the women uncovered the pattern in their lives of growing up from childhood (being dependent) and growing into adulthood (being independent). They discussed the many roles they feel pressured to fulfill as independent women -- wife, mother, daughter, sister, caregiver, career woman, and bill payer -- and how these create an environment of pressure from which often they want some relief or escape. The women described trying to be and do everything on their own, which the developers of RCT argue would be described as growth in traditional theories of psychological development. However, the women stated that this was not working for them. Some used the term “superwoman” to describe their role and expectation of themselves. Yet this “superwoman” role contributed to their gambling. They discussed how, through the safety in their relationships in the group, they were able to give and receive support. The participants described the group as a space of interdependence, in which they reported feeling able to move forward in their recovery from problem gambling. The relationships and safety they experienced in this group process enabled these women to move from a place of independence to one of interdependence. The women were able to develop connections and relationships, and they perceived this as a core factor in their healing, which is the purpose of the therapeutic process according to RCT.

Learning

The second theme that arose is that the women found learning to be an important part of their recovery. They described learning in various ways; for example, they discussed learning concrete skills for relapse prevention, including self-soothing strategies to use when triggering feelings to gamble arise. They also discussed safety

planning and relapse prevention skills, which are critical aspects of recovery. Boughton and Brewster (2002) found, in a survey of female problem gamblers, that 71% of the women believed that it would be helpful to learn new skills for dealing with urges.

This point about the importance of learning echoes findings in the Saskatchewan study (Piquette-Tomei et al., 2005), where women stated that they had learned tools for relapse prevention from other group members and their facilitator. Learning is a curative factor in the group therapeutic process, according to Yalom (2005), who refers to “imparting information” as one of the 11 factors of change in group therapy. Here Yalom refers to information and instruction about the nature of clients’ distress and new ways to cope and manage.

Group members also reported that learning about the types of gamblers and the progress of problem gambling in regards to their stage of change was effective. They also indicated that learning about other women’s experiences in regards to gambling, family and relationships helped them to learn about their own lives.

Facilitation

A third theme emerged from the study, that the women found the presence of a facilitator important to the therapeutic process. A female therapist was selected by AADAC to run this group. The women noted the importance of the facilitator’s role in creating a supportive environment that fostered safety while simultaneously helping clients to explore areas related to their addiction. The women reported that the facilitator’s ability and skills in participating as an active, engaged collaborator in the therapeutic process were helpful. As supported in the literature, women group members find a female group facilitator to be beneficial. The findings in regards to the facilitator or

counsellor are congruent with those in the study by Piquette-Tomei et al. (2005), of which this study is a partial replication. In both studies, the women stated that the facilitator and their relationships with the facilitator were key factors for positive change. In Piquette-Tomei et al. (2005), the women stated that the counsellor's empathy, support and knowledge of the area were important to their change process.

When clinicians were surveyed regarding the importance of female clinicians with gender-specific training in Ontario, over 90% reported that this is very helpful (Boughton & Brewster, 2002). Support for female counsellors who have the skills to address the specific needs of women is also a dominant theme in substance abuse research. Nelson-Zlupko, Kauffman and Dore (1995) suggest that treatment professionals working with chemically dependent workers interact with clients in a supportive nonjudgmental approach rather than an confrontation approach. Furthermore, a study by the United Nations Office on Drugs and Crime (2004) endorses the importance of supportive female staff, and the importance of clients' having the option to contact these staff when in treatment for substance abuse.

Additional Issues

The women were asked at the end of the interviews if they wanted to add any further information. A variety of issues were raised, and some were common among the women. The majority of the women mentioned the issue of advertising, suggesting that there is not enough advertising about where, when and how to get help and that, although there are posters in washrooms of casinos and bars, the information they provide is limited. A number of participants suggested that the posters should have more normalizing information about problem gambling, and examples of where to go for help.

The women also mentioned that coming to AADAC for help was often an indirect process through an EAP counsellor or other treatment center. The women explained that they had understood that AADAC helped individuals with substance use problems, because of its title and because of the advertising for AADAC that they had seen. The suggestion of increased awareness and advertising of problem gambling and services is supported by Brewster and Boughton (2002). In a survey of Ontario clinicians, 90% felt that more awareness and information were needed on the topic of women and problem gambling. At the time of survey, only 25% of these service providers rated the amount of information available to the public as adequate

Another issue that arose was follow-up to the group counselling process. Many of the group members reported that they would like to see the group continue in some way and that they felt an alumni WEGRIP meeting of some sort would be helpful. Lastly, the majority of the group members brought up the issue of timing, reporting that they would find it beneficial to attend WEGRIP twice a week rather than once.

Limitations and Suggestions for Future Study

Based on the exploratory nature of this study and the fact that the group involved represents the first pilot group of its kind in Alberta, the results are not based on large amounts of data. Therefore, it would be premature to make global statements regarding future treatment practices. However, this study serves as a starting point of exploration into women-only group counselling in Alberta.

It is also critical to note limitations in regards to theoretical saturation. Theoretical saturation occurs when interviews are no longer yielding new data (Strauss & Corbin, 1998). In this study common themes arose from interview to interview; each interview

added to the knowledge base. When the information was shared with the participants in a follow-up focus group, the participants confirmed the themes. However, the return of new information began to diminish. Given the small number of available participants, the sample size prevented full theoretical saturation from occurring. Strauss and Corbin describe this as a circumstance where available participants limit a theoretical scheme from reaching full density and variation. In addition to the limitation of small sample size, a further limitation of this study was the lack of different perspectives. For example, the one-on-one interviews were all conducted with Caucasian women, so the perspectives of women from different ethnic backgrounds were not gained. This study explored a group for whom abstinence from gambling was the goal; this limited the representation of women using harm reduction strategies while trying to cut back on gambling. Another point to highlight is that the questions of this study had a focused intent to explore women's experience and potential benefits, thus limiting the women's open dialogue regarding their experience.

The results suggest that, for some women at some points in their recovery, gender-specific counselling for problem gambling is helpful. The continuation of such research is recommended, with a focus on the promotion of gender-specific treatment for female problem gamblers. Because this type of study has only been conducted in Saskatchewan and Alberta, it is recommended that it be replicated in other Canadian provinces so that further comparisons can be made and future insights gained into potential best practices for women experiencing problem gambling.

Second, it is highly recommended that research be conducted that goes beyond qualitative investigation into quantitative investigation. Future research is needed to

compare the impact of women-only treatment versus mixed-gender treatment for female problem gamblers. Exploration is also recommended, within the context of this work, into the benefits of relationships, learning materials and facilitation that are gender specific in the treatment of problem gambling.

In addition to further research concerning women-specific groups for problem gambling, it may be beneficial to explore the impact of gender-specific day programming treatment and of residential treatment for women who experience problem gambling.

Further research is needed to investigate whether treatment for problem gambling can be tailored to meet the unique needs of women in terms of women's roles, stress reduction, and life experiences. The women in this study also mentioned their many life roles in relation to their problem gambling (i.e. the role of mother, sister, wife). It was clear in the transcripts that their gambling affects not only the women themselves but also their families. Therefore, future research is recommended to explore the impact of problem gambling, and also the impact of support groups, on families.

Researchers could also consider different age groups of women in terms of their experiences with gambling and gender-specific treatment. The experiences of young women with problem gambling should be studied, since they were not represented in this study. The women in this study discussed "the cycle" of menstruation and the impact of monitoring their cycles in terms of their gambling. Women in the study by Piquette-Tomei et al. (2005) discussed menopause in relation to their gambling; although those in the current study did not mention this topic, future research might explore the connections between the menstrual cycle and/or menopause and problem gambling. Researchers should also investigate the experiences of senior women with problem

gambling, especially in light of the expanding population of seniors. Another future area of research might involve exploration of different women's experiences of problem gambling based on their ethnic background or sexual orientation.

Finally, research is recommended into possible ways to increase public awareness of problem gambling among women in Alberta, and to inform them more effectively about the services available to those with gambling-related issues. If people with issues related to problem gambling, whether male or female, are to find the help they need to deal with their problem, they first need to know what services exist and how to access those services.

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Appendix A: Interview Questions

1. What are your perceptions of all-female group counselling treatment for problem gambling?
2. Do you perceive that gender specific counselling services are beneficial?
3. What aspects of the counselling group do you find beneficial?
4. Would you be willing to engage in the same counselling process within a mixed gender group? Why or why not?
5. If you have already participated in a mixed gender group, what were these experiences like?
6. Are there any additional insights you would like to share?

Additional Prompts

1. Now, that might be something you want to counsellors to know and other people to know who are experiencing problems with gambling. It can be really broad, anything we have not really talked about but that you would like to put out there?
2. I am wondering if you can speak to that?
3. Okay, so it can you tell me at little bit more about that?
4. So are there any other things that we have not talked about that were helpful?
5. Were there are other things that you found beneficial?

Appendix B: Informed Consent Letter for Participants

You are being invited to participate in a study entitled “An Examination of the Perceptions of All- Female Problem Gambling Counselling Treatment” that is being conducted by Erika Norman. As a graduate student, I am required to conduct research as part of the requirements for a Master’s of Education Degree with a Specialization in Counselling Psychology. It is being conducted under the supervision of Dr. Noella Piquette-Tomei. You may contact my supervisor at (403) 394-3954.

The purpose of this research project is to examine the perceptions of women-only group counselling for women experiencing a problem with gambling. In Canada, studies on the effectiveness of female specific treatments for women with gambling problems are currently in their infancy. This research attempts to explore the perceptions of women-only group counselling. It is hoped that from this research information will be gained that can aid in the development of future counselling programs for female problem gamblers.

You possess the experiences and insights to help further the development of treatments specifically for women in Canada. If you agree to voluntarily participate in this research, your participation will include completing a four-question interview regarding your experiences and perceptions of women-only treatment. It is anticipated that your participation will take approximately 30 minutes of your time. Your participation is completely voluntary and you are free to withdraw from the study at any time. Your participation is completely anonymous and confidential. Neither your name nor any names used in your interview will be used in data analysis, in order to protect your anonymity and confidentiality. The data will be kept in a secure file accessible only by myself. Data will not be kept longer than five years upon completion of the thesis.

Results of this study may be published and/or presented at conferences in order to aid in the future development of effective treatments for women who are experiencing a gambling problem.

Your participation in this study would be greatly appreciated and could benefit many other women. If you have any questions or would like any further information regarding the process or outcomes of this research, please feel free to contact me anytime by email at erika.norman@uleth.ca. You may verify the ethical approval of this study, or raise any concerns you might have, by contacting the Chair of the Faculty of Education Human Subjects Research Committee at the University of Lethbridge (403-329-2425).

Sincerely,

Erika Norman

Your signature below indicates that you understand the above conditions of participation in this study and that you have had the opportunity to have your questions answered by the researchers.

Name of Participant

Signature

Date

A copy of this consent will be left with you, and a copy will be taken by the researcher.

Appendix C: Letter Thanking Participants

University of Lethbridge
4401 University Drive
Lethbridge, Alberta, Canada
T1K 3M4

April 11, 2006

Dear Participant,

Thank you very much for your contribution of knowledge, experiences and insights for my thesis entitled “An Examination of the Perceived Benefits of All Female Group Counselling for the Treatment of Self-Identified Female Problem Gamblers.” It is hoped that your insights will aid in the further development of treatments for Canadian women who have or are experiencing a gaming addiction. Your participation in this study is greatly appreciated and it is hoped that you found it beneficial and that it will benefit many other women in the future.

At this time I would be happy to integrate any additional insights you may have into the final product. If you have any questions or would like any further information regarding the process or outcomes of this research, please feel free to contact me anytime by email at erika.norman@uleth.ca or at 1-778-227-3919. You may also contact the Chair of the Education Human Research Committee, Dr. Richard Mrazek at (403) 329-2452.

With many thanks,

Erika Norman

Graduate Student Researcher/ M.Ed. Candidate

Appendix D. Exemplars of Interwoven Themes of Relationships, Facilitation and Learning

In the following exemplar, the client discusses the benefit of being in a women-only group, where she feels she can discuss things that specifically affect women. In this case, she mentions the tools to guide learning about the issue of low self esteem. She questions if this learning could occur in a mixed-gender environment. When this participant was probed further about aspects of the group that were helpful, she elaborated on the relationships among the women, because they were normalizing and validating. As she brings up learning issues as beneficial, she then elaborates further on relationship. She explains her experience that relationships, new information, and learning, contributed to her healing process. She concludes by noting the importance of a good facilitator.

Participant: I think that you could pinpoint more things that would be specific to females rather than males. (How do you mean?) Things like self esteem, you know, the way that we all found that we all had that in common... low self esteem and the tools to guide that. Whereas I do not know if, being in a mixture [mixed group], if that had been more evident if you had the male gender there to talk about it.

Interviewer: What aspects were beneficial for you? That could be anything from things from the women-specific group, to topics you talked about, to even education pieces that happened in the group, or exercises or skills that you learned.

Participant: I would say that we could relate. You always think you're alone, right? You are the only woman that did do certain things (yeah). I think we are a more open group

and we have discovered that this person is doing it and you can relate because it is the exact same thing you were doing in your gambling.

At the end of this interview, the client elaborated on learning and facilitation. The following outlines how the two factors are connected.

Participant: Yes, especially the positive thing, and someday I would just remind myself to read the book of everything I have gone through just as a reminder.

Interviewer: So it is kind of like a safety net to have at home to kind of sit and flip through and just kind of ground yourself on what you have been working for?

Participant: So it is not something that you tuck away Tuesday night and then pick up again. So you look through it and think, "I am really feeling like this."

Interviewer: So you really used yours?

Participant: Oh yes, but I am a reader.

Interviewer: Oh yeah, okay.

Participant: Especially now I have way more time to read.

Interviewer: that sounds like a healthy coping skill.

Participant: Yeah, I am taking a course by correspondence.

Participant: And the facilitator, she has been really easy to talk to. You think you can hide things from her but you cannot.

Interviewer: Okay

Participant: Good probing skills

Interviewer: So a skilled facilitator helps too then.

In the following excerpt, the client outlines the importance of relationships and connection among the women. She then elaborates on learning and facilitation.

Participant: I think, I think it is a very positive thing. I think when it is just women together, they are more likely to open up more and not be afraid to display their emotions. You know, the crying aspects and because it is all about healing or dealing with a problem. I just feel for myself that I probably would not have been quite as open if it was a mixed group. So I personally find the whole women's group a very positive experience and actually one that I am probably looking to go back into again.

Interviewer: So this is something, this women's only group, that you would like to do again if it was offered. And it sounds like it felt very safe being in a women's only group.

Participant: Absolutely, very safe, it being women only.

Interviewer: So this is kind of a yes/no question. Do you perceive that gender-specific counselling services for problem gambling are beneficial?

Participant: Yes.

Interviewer: So if you can tell me more about it, what aspects of it being women only were helpful for you?

Participant: I think that being a woman myself I can relate to some of the feelings that are brought up, the same as I feel the other women in the group can relate to me. If I am talking to a man, because they are from a totally different planet than we are, they have totally different feelings and emotions in regards to certain things.

Interviewer: So it sounds like you really felt validated then in regards to the emotional process.

Participant: Yes.

Interviewer: Were there are other things that you found beneficial?

Participant: You mean in the fact that it was just women only?

Interviewer: Yes.

Participant: I think men will quite often have a tendency to dismiss various things, the self help things, possibly dismiss some of the emotions that may be shown where women relate.

Interviewer: So it sounds like you really felt connected there.

Participant: Absolutely, yes, I look forward to my Tuesday evenings.

Later in the interview, this participant connects learning skills for dealing with overwhelming urges and the facilitator's role as a beneficial part in this process. This participant further elaborates on learning about the process of addiction.

Participant: The facilitator has done a couple of exercises with us in terms of boundaries that were very good. She did another exercise that she calls minus 10 to plus 10. (Can you tell me about that?). What it is, she will ask each one of us where we are at on a scale of minus 10 to plus 10. In terms of wanting to gamble. Plus 10 means that you are ready to jump up from your chair and take off and go gamble. Once you've given her your number on a scale, then basically you close your eyes and you envision yourself maybe at a machine playing, or whatever aspects of gambling you took part in. And you think of the positive towards it, what gets you all worked up and excited about going gambling, to try and raise that level, that number, up as high as you possibly can on a scale. Then she took us through the exercise on how to bring yourself back down and to put yourself in the negative side at a scale. So you're feeling anxious or old, [you feel] I have to go gamble. What can I do immediately? Find out. Plan to go to a GA meeting or talk to a sponsor. But what can I do for myself right now? Basically sit down and take a couple of deep breaths and go through the exercises. Strictly mental exercises and envisioning

things and how you can bring yourself down, to get as far down on the negative side as you can. And it works.

Interviewer: So learning strategies for calming yourself or fighting yourself through a trigger, a craving, was really helpful then?

Participant: Yes, absolutely! And just the whole talking about it and we sat back and went through all of the various types of gamblers that there are. I know for myself I could see myself in every one of the steps into how you go from being a non or social gambler into [being a] problem or compulsive gambler. She walked us through the only -- gosh, I can see myself, I can see this progression -- learning how you become addicted to the actual gambling, because for myself I never thought of it as an addiction. If I am a smoker or addicted to smoking, that I understand. I understand being addicted to drugs or addicted to alcohol, but I never in one million years thought that I would be addicted to gambling. And yes, I can definitely see it and I am understood.

Interviewer: It felt like a great deal of understanding.

In the following comments one of the participants discusses how the group was beneficial in terms of relationships. She then discusses learning from materials on emotional responses and the process of addiction and its progression. She also emphasizes the importance of facilitation.

Interviewer: First off, from your experiences in the group, what are your perceptions of all-female group counseling, for the WE-GRIP group for problem gambling?

Participant: I found it to be very comfortable. I have actually quite enjoyed my last seven weeks in my sessions with just the women. I have never done anything like this before so I do not have experiences as far as a mixed group goes (okay). But I did have a choice

when I did originally sign up for mixed or women only, and I did choose women only. So personally, myself, I like it. I was more comfortable with it.

Interviewer: Okay, so it sounds like you felt really safe there.

Participant: Oh, for sure, yeah.

Interviewer: And if given the option to do a women's group again, would you?

Participant: Oh yeah.

Interviewer: So this next question, (it is yes or no) do you perceive that gender-specific counseling services (just for women) are beneficial?

Participant: Yes.

Interviewer: So I will get you to go more in-depth into that for this next question. Can you tell me what aspects of the group you found beneficial?

Participant: Um, as far as my experiences go in this group, um the comfort zone... I would say it was more relaxed (okay) and we could relate more with each other (okay). I was just totally comfortable the first night. No, it was a little uncomfortable because we did not know each other, but over the period of time we have gotten to know each other, knowing each other's experiences. As far as why and how and how to deal with it and all that kind of thing, it was just a really good relationship amongst the women.

Interviewer: So the relationships were really helpful to you to process some of the things that were going on. In terms of the counselling and experiences, were there things that stand out for you as that were really helpful?

Participant: Yes, every session, I can honestly say every night I went to a session, we all covered a bit more. We covered emotions, addictions... it put a bit more understanding to it and why and how. You know, it clarified a lot for me.

Interviewer: So you really gained awareness?

Participant: Yeah, totally, big time. I mean, you never want to admit that you have got a problem, but yeah, you know what? You see the light. I do not know how else to put it.

Interviewer: Okay, I think you put it really well. So the material was really helpful it sounds like, and then the relationship and feeling safe and not feeling uncomfortable (exactly) really made it work for you?

Participant: In fact, you know, we were talking last night, us girls, and we were trying to figure out how we are trying to stay in contact afterwards, because next Tuesday night is our last class. And, uh, we have developed that kind of a friendship (okay). Is it a friendship or is it an understanding? That we all relate to each other.

Interviewer: Well, it sounds like, you know, wanting to continue sounds like there is a benefit of support to continue those relationships, for sure.

Participant: And (the facilitator) has been fantastic. (The facilitator) was just wonderful.

Interviewer: So the skills of the facilitator [helped] then too?

Participant: She would, you know, there might be something inside there and somehow she got it out and that is good. That is what you needed, right?

Interviewer: So she was really able to open things up for you then, anyone dealing with gambling. So you would recommend it to others, other women too?

Participant: Oh sure, I was a private gambler is what I was. I never went out with friends and did it. I was always by myself, and you know, if I had a group of friends that I all went with, they would be all with me. I would drag them all with me. I just found that helpful.

Interviewer: So was it really connecting then, the group with other women having these experiences was, and it was kind of normalizing and validating.

Participant: Oh, for sure, for every one of us, at least I felt anyway.

Interviewer: Was there anything else for that was really beneficial?

Participant: Every Tuesday was beneficial. Unfortunately I got sick on the fifth night and I missed one, and you know, when I went back, I was updated and helped to make sure of what was going on and what it was all about. On our breaks (the facilitator) would pull me aside, and on my break time it would basically be “This is what we did and how we did it.” She would give me exercises on all that kind of stuff to take home and do. I can’t say enough, honestly. I have never thought I could come to counselling and be as comfortable as I was. I mean, I have taken personal counselling before. I have gone to a counsellor and stuff, but this was, out of all the times I had gone to counselling on a personal level, this is probably the most comfortable I have ever felt. (Great) Actually I would recommend it.

Participant: Yes, really connecting (okay, okay great).