A Guide to Core Competencies for Problem Gambling Prevention Professionals

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Overview of Core Competencies for Problem Gambling Prevention Professionals

PART I

Overview of Core Competencies for Problem Gambling Prevention Professionals

What Are Core Competencies?

The core competencies are a set of potential goals that problem gambling prevention professionals can work towards. Most domains include reference to being "able to" demonstrate a series of interrelated competencies. In reality, the expectation is that problem gambling prevention professionals are willing to learn and are "able to develop" competence in all domains of problem gambling prevention. It is important to view each competency as a continuum that requires ongoing development rather than an item on a "yes/no" checklist. It is also important to realize that all problem gambling prevention professionals are likely to be stronger in some areas than in others, and that different subsets of competencies may be required based on a professional's specific role within problem gambling prevention.

Core competencies represent agreement among advanced members of a field about the knowledge and skills needed to perform various professional tasks. [1] In this case, the professional tasks involve prevention of problem gambling and gambling disorders. The core competencies for problem gambling prevention professionals are organized around nine primary domains, most of which include subcategories, or subdomains. The primary domains include the following:

1) knowledge,
2) assessment,

Throughout this guide to the core competencies, the term "problem gambling" is used with the understanding that this includes prevention of underage gambling. Similarly, the wording of individual core competencies includes underage gambling under the broader category of problem gambling.

[1] McDowell, T., Christensen, J., & Košutić, I. (2020). Core competencies in problem gambling counseling: A modified Delphi Study. *Journal of Gambling Issues*, 45, 1-27.

3) capacity building,
4) planning,
5) implementation,
6) evaluation,
7) socioculturally attuned prevention,
8) communication and information dissemination, and
9) ethics and professional development.

Why Are They Important?

The goal of establishing core competencies is to improve the quality of services by problem gambling prevention professionals. They also define the parameters of the profession, broadly answering the question "what do problem gambling prevention professionals do?" By identifying relevant knowledge and skills, we can focus our own learning, as well as the training and evaluation of others, on what advanced members of the profession consider to be most important to the welfare of communities.

Why Take a Tiered Approach?

Those who work in the field of problem gambling prevention serve in a variety of capacities. Serving as a supervisor, program manager, or administrator requires different and additional competencies beyond what is expected of competent prevention professionals who are primarily involved with direct community prevention efforts. The competencies shared in this document serve as guidelines and goal posts for Level 1. Problem Gambling Prevention Professionals.

Level 1. Problem Gambling Prevention Professional (PGPP). Level 1 competencies apply to *Problem Gambling Prevention Professionals* who carry out day-to-day prevention tasks in organizations and communities. These professionals have a working knowledge of gambling and addiction processes; prevention theories and models; and contextual as well as interdisciplinary knowledge related to prevention. Responsibilities include

assessment, capacity building, planning, implementation, and evaluation. *Problem Gambling Prevention Professionals* are expected to effectively communicate and disseminate information, demonstrate sociocultural competence, engage in professional development, and maintain ethical prevention practices.

Level 2. Advanced Problem Gambling Prevention Professionals (APGPP). Advanced *Problem Gambling Prevention Professionals* hold positions that may include supervisory and/or program management responsibilities. These professionals have mastered the majority of Level 1 competencies and continue to perform and/or ensure Level 1 tasks are effectively executed. Additional responsibilities may include supervising and evaluating staff; managing project budgets; overseeing timelines and work plans; ensuring project goals are met; working with external evaluators; ensuring socioculturally attuned supervision and programming; and providing technical expertise.

Level 3. Problem Gambling Prevention Administrators (PGPA). *Problem Gambling Prevention Administrators* hold senior management positions. These professionals have mastered the majority competencies required for Level 1 and Level 2 and may oversee *Problem Gambling Prevention Professionals* and/or *Problem Gambling Program Managers and Supervisors* to ensure all prevention initiatives and tasks are effectively executed. Areas of competence at Level 3 emphasize leadership, organizational management, and fiscal responsibility. *Problem Gambling Prevention Administrators* may be responsible for overseeing major programs and organizational operations; securing and managing funding; developing an organization's mission, vision, and strategies; facilitating an inclusive and equitable organizational culture; and ensuring continuous organizational and program improvement.

The core competencies in this document apply to all levels of problem gambling prevention but are specifically designed to apply to Level 1 Problem Gambling Prevention Professionals. The core competencies

provide a comprehensive list that reflects skills and knowledge required to master each of nine problem gambling prevention practice domains. Level 1 Problem Gambling Prevention Professionals who are new to the field will have mastered some while working toward mastering most competencies. Experienced Level 1 Problem Gambling Prevention Professionals will have mastered most and be working toward mastering all of the core competencies that are related to their specific role in the field.

How Were the Core Competencies Developed?

Core competencies were developed by problem gambling professionals from across the United States with funding provided by the Oregon Health Authority Problem Gambling Services (PGS). In the summer of 2021, Oregon PGS assembled a work group of experienced prevention professionals to develop core competencies for problem gambling prevention. The motivation for this work was multifold. First, to guide self-directed learning and professional development efforts; second, to help supervisors and supervisees identify and evaluate areas of strength and growth; third, to serve as a baseline for gap analysis; fourth, to inform agency training initiatives; and finally, to help steer state and national workforce development.

Work group members held six web-based meetings, over the course of the summer and fall of 2021, during which they discussed the overall framework for core competencies and worked on wordsmithing individual competencies. Meetings were facilitated by two researchers from Partners in Social Research, with funding by Oregon PGS. Through this process, work group members collaboratively developed a list of 149 core competencies, grouped within nine domains and several subdomains, as discussed previously. Additionally, work group members identified colleagues who possessed the knowledge and skills to contribute to further development of these competencies.

Using a modified Delphi method to build consensus, researchers then conducted two rounds of surveys with workgroup experts and the problem gambling professionals they identified, asking them to rate each proposed core competency in terms of its importance to the work of competent problem gambling prevention professionals, and also to provide feedback and suggestions for edits and additions. Fifty-one panelists participated in the first round of ratings, and 34 participated in the second round. A total of 133 competencies were accepted by the panelists and constitute what is presented in this document as the core competencies for problem gambling professionals in the United States.

The term "problem gambling" is used to describe core competencies because it refers to a broad continuum of underage and adult gambling activities that have the potential to create harm. In contrast, the term "disordered gambling," recommended by the NCPG's Prevention Committee, reflects a narrower definition based on the DSM-5.

Background

The Prevention Committee of the National Council on Problem Gambling (NCPG) adopted a common understanding of prevention of gambling disorders. According to the Committee's statement:

> *"Prevention of gambling disorders" includes strategies and activities directed at the general population, communities, special identified populations, families and individuals. These strategies and activities are combined and developed for particular populations throughout the lifespan and across the continuum of care. This "weave" of strategies and populations creates a more optimum outcome than a single intervention.*
>
> *It is important to view prevention strategies as comprehensive; the understanding of prevention is often limited to strictly awareness and education efforts, and it is the Committee's recommendation that NCPG embraces a comprehensive approach to disordered gambling prevention.*

The Committee identified as applicable to disordered gambling prevention six SAMHSA prevention strategies, including information dissemination, education, alternative activities, environmental policies, community-based process, and problem identification and referral.

The work of the Prevention Committee of the National Council on problem gambling served as a springboard for developing the core competencies.

The SAMHSA prevention core competencies were carefully reviewed along with core competencies across the field of prevention for applicability to problem gambling prevention in the early stages of creating potential competencies.

It is important to note that the term "problem gambling" is used to describe core competencies rather than the Committee's recommendation of adopting the term "disordered gambling." The term "problem gambling" refers to a broader continuum of underage and adult gambling activities that have the potential to create harm versus a narrower definition based on the Diagnostic and Statistical Manual of Mental Disorders (DSM-5).

The Executive Director of the Oregon Council on Problem Gambling invited members of the NCPG Prevention Committee to participate. Additional experienced prevention specialists were invited to work along with the NCPG Prevention Committee members to develop domains and potential core competencies for problem gambling prevention professionals.

The workgroup began with a list of potentially relevant competencies that were prepared by project researchers and informed by 1) literature on problem gambling prevention, 2) expertise in the field of problem gambling, and 3) the content and organization of several other frameworks, including the SAMHSA Prevention Core Competencies, the Oregon Core Competencies for Problem Gambling Treatment Providers, and the Core Competencies for Public Health Professionals.

Who Were Work Group Members?

The problem gambling prevention core competencies work group consisted of twelve experts in problem gambling prevention and was facilitated by two researchers from Partners in Social Research. The work group was initiated by problem gambling prevention professionals in Oregon and included members from across the United States, including Oregon, Ohio, New York, Connecticut, Virginia, Delaware, and Kansas (Table 4.1, page 37). All members of the group had substantial experience in

prevention. Three had between 6-10 years, two had between 11-15 years and six had more than 15 years. Years in problem gambling specific prevention ranged from less than one year (1), to 1-2 years (1), 6-10 years (5), 11-15 years (3), and more than 15 years (1). Two of the twelve prevention experts in the work group also had clinical experience. Members of the group worked in a variety of settings, including government, community, academia, state and community non-profit agencies, and industry. Their roles included serving as directors, associate directors/managers, and prevention specialists/coordinators. One member was a professor. The percentage of workweek that workgroup members spent on problem gambling prevention ranged from 10-20% (2), to 41-50% (1), 51-60% (2), and over 70% (6). Lastly, it is interesting to note that five members of the workgroup self-identified as White/Caucasian, three as White/non-Hispanic, one as African American, and one as Hispanic/LatinX. One workgroup member did not specify their ethnic background, and one did not complete the demographic survey.

Who Decided on the Items?

Panelists who rated the initial list of core competencies included 51 problem gambling prevention professionals who were identified by work group members for their knowledge and skills related to problem gambling prevention, and more broadly, public health and prevention. Criteria for inclusion on the panel included 1) current work in problem gambling prevention for at least 10 hours per week, along with at least three years' experience in prevention *or* 2) previous work in problem gambling prevention for at least three years. Notably, all twelve work group members were invited to participate on the panel, and ten of them accepted the invitation.

As a group, panelists represented all major regions in the United States, including Alaska, but not including Hawaii. Especially high was representation from the Northeast (43%) and the West (31%), as Table 4.2. shows (page 38). Panelists worked in a variety of settings, including

community organizations (41%), government (33%), academia (8%), industry (2%), and other settings (31%). Their job roles were those of a director (12%), associate director/manager (12%), supervisor/team leader (10%), prevention professional/coordinator (39%), and educator (6%). Most had extensive experience in public health, with more than 60 percent reporting over 10 years' experience in prevention, and close to one-third reporting over 10 years' experience in problem gambling prevention. Furthermore, a large majority of panelists (> 85%) reported that they had received at least 50 hours of formal training in problem gambling prevention, and over one-third (35%) reported that they had at least 200 hours of formal training.

Regarding their demographic characteristics, over three-quarters (76%) of panelists self-identified as women, and just over one-fifth (22%) identified as men. More than half of panelists (53%) were 50 years of age or older; 12% were between 45 and 49 years old; 10% between 40 and 44; 18% were between 35 and 39; and 6% under 35 years old. Lastly, those who identified as White or European American were over-represented on the panel relative to the adult population in the United States in 2020 (82% vs. 63%). By contrast, those who identified as Hispanic or LatinX (2% vs. 17%), Black or African American (8% vs. 12%), Asian (2% vs. 6%), or American Indian or Alaska Native (0 vs. 1%) were underrepresented (National Kids Count, 2021). One panelist chose not to report their demographic background.

How Might Core Competencies Be Used?

There are a number of important uses for the core competencies, including informing workforce development, developing job descriptions, executing prevention activities, planning agency improvement, establishing policies and procedures, evaluating professional performance, and informing research and future competencies.

The core competencies for problem gambling prevention professionals can be used to guide self-directed learning and professional development

efforts; help supervisors and supervisees identify and evaluate areas of strength and growth; serve as a baseline for gap analysis; inform agency training initiatives; and help steer state/national workforce development. The core competencies could also be used in the future to provide a road map for professional certification preparation and examination, should the profession move in this direction.

Informing Workforce Development

The core competencies can help determine the focal points of problem gambling prevention professional training and professional workforce initiatives. This includes developing competency-based curricula for educational programs. The core competencies can be used to identify areas for continued professional education for new and experienced problem gambling prevention professionals. This includes providing direction for those experienced in prevention but new to problem gambling prevention. Agencies might also select items from among the competencies to inform staff evaluation and/or in-house training.

Developing Job Descriptions

Administrators can draw from the core competencies to determine a list of skills required for hiring problem gambling prevention professionals. This provides both employers and prospective employees with a clear understanding of the skills required for the position as well as a framework for reviewing entry level and advanced job performance.

Providing Input for Agency Executive Decisions, Policies, and Procedures

Agency administrators can use the competencies to determine policies and practices related to problem gambling prevention. This includes choices regarding the scope of prevention work to be included in funding proposals, identification of roles involved in prevention efforts, and determination of day-to-day prevention tasks.

Assessing Professional Skills and Setting Professional Goals

The core competencies can be used informally for self-assessment and professional goal setting. Prevention professionals can use the competency list to gauge areas in which they want to seek out additional training. Collective evaluation of these competencies can point to gaps in preparation and help trainers pinpoint areas for professional development. Supervisors and agency administrators can use the core competencies to inform evaluations that result in ongoing prevention improvement via identifying areas of growth and setting/reaching professional goals. This in turn, can increase staff retention and job satisfaction.

Informing Research and Future Competencies

The core competencies can be used to inform future research as well as efforts to identify and describe the unique knowledge and skills required to effectively prevent problem gambling.

PART 2

Annotated Core Competencies for Problem Gambling Prevention Professionals

PART 2

Annotated Core Competencies for Problem Gambling Prevention Professionals

This section includes a brief description of the items in each domain followed by a list of core competencies. References can be found at the end of the guide along with resources that may be helpful in more fully exploring competencies.

Domain I: Knowledge

Problem gambling prevention is a unique field with its own body of professional knowledge. The knowledge in this domain serves as a baseline for understanding gambling, the gambling industry and responsible gambling initiatives, gambling problems, and the impact of gambling problems on individuals, families, and communities (Subdomain 1.1). [2,3] It also centers foundational knowledge in the field of prevention including prevention theories, models, and strategies (Subdomain 1.2). [4] Subdomain 1.3 identifies interdisciplinary knowledge required to better understand gambling problems, and to tailor prevention efforts accordingly. [5] Finally, Subdomain 1.4 focuses on knowledge of local, state, and national contexts in which underage and gambling problems occur and where professionals target their prevention interventions. That is, the knowledge of the community context(s) in which specific problem gambling prevention efforts are made. [6]

[2] Browne, M. (2020). Measuring harm from gambling and estimating its distribution in the population. In H. Bowden-Jones, C. Dickson, C. Dunand, & O. Simon (Eds.). *Harm Reduction for Gambling. 14-22.* London: Routledge.

[3] Livingstone, C. & Rintoul, A. (2020). Moving from responsible gambling: A new discourse is needed to prevent and minimise harm from gambling. *Public Health, 184,* 107-112.

[4] David, J., Thomas, S., Randle, M., & Daube, R., & Balandin, S. (2019). The role of public health advocacy in preventing and reducing gambling related harm: challenges, facilitators, and opportunities for change. *Addiction Research and Theory, 27*(3), 210-219.

[5] Conyne, R., Horne, A., & Raczynsky, K. (2013). *Prevention in Psychology.* Los Angeles: Sage Publications.

[6] Papineau, E., Robitaille, E., Samba, C.,B., Lemetayer, F., Kestens, Y., Raynault, M.-F. (2020). Spatial distribution of gambling exposure and vulnerability: An ecological tool to support health inequality reduction. *Public Health, 184*, 46-55.

Subdomain 1.1. Gambling and Problem Gambling Knowledge

Competent problem gambling prevention professionals have a working knowledge of:

1.1.1. Basic understanding of the gambling industry.

1.1.2. Emerging trends in gambling.

1.1.3. The relationship between problem gambling and other risky behaviors.

1.1.4. The relationship between problem gambling and other mental health concerns.

1.1.5. Biopsychosocial aspects of problem gambling—including social, emotional, and cognitive development—over the lifespan.

1.1.6. Problem gambling continuum of care.

1.1.7. Shared risk and protective factors for problem gambling across the lifespan.

1.1.8. Risks and consequences associated with problem gambling behavior across the lifespan.

1.1.9. The impact of another's problem gambling on individuals, families, and communities.

1.1.10. Differences and similarities between gaming and problem gambling.

1.1.11. Available resources for tertiary prevention (e.g., self-exclusion, websites, self-help groups, treatment programs, etc.).

Subdomain 1.2. Foundational Prevention Knowledge

Competent problem gambling prevention professionals have a working knowledge of:

1.2.1. Prevention theories, models, and strategies, including the Strategic Prevention Framework.

1.2.2. Public health conditions theories, models, and strategies.

1.2.3. Community and environmental change theories, models, and strategies.

1.2.4. Community readiness model.

Subdomain 1.3. Interdisciplinary Knowledge

Competent problem gambling prevention professionals have a working knowledge of:

1.3.1. Common theories and processes of addictions.

1.3.2. Potential impact of adverse childhood experiences (ACEs).

1.3.3. Trauma-informed care and prevention practices.

1.3.4. Suicide prevention.

Subdomain 1.4. Context Knowledge

Competent problem gambling prevention professionals have a working knowledge of:

1.4.1. Current local community demographics, economic conditions, and social context that may contribute to or reduce the impact of problem gambling.
1.4.2. Current community and state resources, including potential allies or barriers to problem gambling prevention efforts.
1.4.3. Community readiness to address problem gambling at the community/environmental level.
1.4.4. Current government structures, processes, and intergovernmental relations at tribal, state, local, and federal levels.

Domain II: Assessment

Assessment is a key component for prevention of problem gambling. Rather than a single event, assessment is an ongoing process that focuses on identifying and defining the problem (Subdomain 2.1), gathering and analyzing data (Subdomain 2.2), and evaluating and interpreting findings (Subdomain 2.3). This includes anticipating problems that result from changing circumstances, expanded gambling opportunities, [7,8] and using a variety of public health assessment strategies. [9]

Subdomain 2.1. Identify and Define the Problem

Competent problem gambling prevention professionals are able to:

2.1.1. Anticipate and recognize the existence of problems related to gambling within a broader context.
2.1.2. Anticipate and quickly identify potential problems related to gambling within local communities, as well as the broader social context.
2.1.3. Identify contributing factors and characteristics of population-based gambling problems.
2.1.4. Identify potentially high need communities related to gambling problems.
2.1.5. Describe and prioritize gambling problems by accessing research and evidence.
2.1.6. Use various assessment tools and strategies to understand and articulate gambling problems.
2.1.7. Use community assessment tools to identify awareness of and readiness to address gambling problems.

[7] Abbott, M. (2020). The changing epidemiology of gambling disorder and gambling-related harm: public health implications. *Public Health, 184*, 41-45.

[8] Gordon, R. & Reith, G. (2019). Gambling as social practice: A complementary approach for reducing harm? *Harm Reduction Journal 16*(1), 1-11.

[9] Price, A., Hilbrecht, M., & Billi, R. (2020). Charting a path towards a public health approach for gambling harm prevention. *Journal of Public Health: From Theory to Practice, 29*, 37–53.

Subdomain 2.2. Gather and Analyze Data

Competent problem gambling prevention professionals are able to:

2.2.1. Identify gaps in available data pertaining to problem gambling.

2.2.2. Use information technology to access, collect, store and retrieve problem gambling prevention-related data.

2.2.3. Interpret trends and patterns in problem gambling related data and decide how to organize, classify, interrelate, compare, prioritize, and present them to diverse audiences.

2.2.4. Effectively provide and communicate problem gambling specific data to a variety of stakeholders for the purposes of education, increasing readiness, securing funding, etc.

2.2.5. Investigate successful problem gambling prevention interventions and strategies, using data driven methods (e.g., evidence-based practices when available and appropriate).

Domain III: Capacity Building

Capacity building requires long-term, continuous effort to gather and mobilize support for problem gambling prevention. Subdomains include identifying needs and resources (Subdomain 3.1), developing interdisciplinary partnerships (Subdomain 3.2), [5] and using relational skills (Subdomain 3.3). Prevention professionals must be able to understand, connect to, and engage with diverse community stakeholders. Locating and securing resources—along with the ability to recruit, collaborate, and build strong lasting relationships with prevention partners—is a key component of capacity building. [10,11]

[5] Conyne, R., Horne, A., & Raczynsky, K. (2013). *Prevention in Psychology.* Los Angeles: Sage Publications.

[10] Adams, P., Raeburn, J., & De Silva, K. (2009). A question of balance: Prioritizing public health responses to harm from gambling. *Addiction,104*(5) 688-691.

[11] Romano, J. L. & Hage, S. M. (2000). Prevention and counseling psychology: Revitalizing commitments for the 21st century. *The Counseling Psychologist, 28*(6), 733-763.

Subdomain 3.1. Identify Needs and Resources

Competent problem gambling prevention professionals are able to:

3.1.1. Identify community demographics, history, and norms related to problem gambling.
3.1.2. Understand the needs of a defined population, community, or geographic area.
3.1.3. Analyze available problem gambling prevention, treatment, and recovery resources to identify community resource gaps.
3.1.4. Gauge the level of community readiness and appropriate strategies for change related to gambling related problems.
3.1.5. Identify and report problem gambling prevention project funding needs.

Subdomain 3.2. Develop Interdisciplinary Partnerships

Competent problem gambling prevention professionals are able to:

3.2.1. Identify opportunities to build strategic relationships to help achieve goals specific to problem gambling prevention.
3.2.2. Network to create opportunities for organizations to work together to help prevent problem gambling.
3.2.3. Collaborate with diverse communities and constituencies in problem gambling prevention efforts.
3.2.4. Collaborate with problem gambling treatment professionals, as well as individuals and families in recovery to raise community awareness and create change.
3.2.5. Build leadership and decision-making structures within the community to reduce gambling related harms.
3.2.6. Increase partners' understanding and commitment to problem gambling prevention to promote and sustain buy-in.
3.2.7. Recognize community linkages and relationships among multiple factors affecting problem gambling prevention.
3.2.8. Use community connections and partnerships to identify, recruit and train coalition members and volunteers to engage in problem gambling prevention efforts.

Subdomain 3.3. Use Relational Skills

Competent problem gambling prevention professionals are able to:

3.3.1. Be considerate, empathetic, and encouraging of others.
3.3.2. Constructively manage discussions about values, roles, goals, and actions in ways that ensure full participation of all members.
3.3.3. Recognize different communication and interaction styles to work effectively in groups.
3.3.4. Work effectively with those who have different learning and work styles.
3.3.5. Interact sensitively, collaboratively, respectfully, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds.
3.3.6. Prepare and motivate others to promote common vision for a healthy community.
3.3.7. Address the stigma of problem gambling in prevention efforts.

Domain IV: Planning

Planning goes hand in hand with assessment and capacity building to prepare for problem gambling prevention interventions. Prevention plans include realistic, relevant, and measurable goals and objectives that are based on the assessment of needs and resources; strategies based on prevention theory and available evidence; [12,13] and knowledge of cultural and community contexts. Planning includes taking a systemic perspective, working collaboratively with partners, determining readiness; [14] and discerning best courses of action. [15]

Competent problem gambling prevention professionals are able to:

- 4.1. Consider local history and community demographics, as well as underlying cultural and political issues related to problem gambling.
- 4.2. Select interventions that align with the community's level of readiness.
- 4.3. Work with a variety of organizations, community groups, stakeholders, and experts in the field to develop mutually agreed upon problem gambling intervention goals and objectives.
- 4.4. Develop measurable problem gambling prevention goals and objectives in response to assessment of needs and capacity.
- 4.5. Identify strategies that are based on knowledge derived from theory, evidence, and practice.
- 4.6. Develop logic models that include realistic outcomes and relevant policies, practices, and programs.
- 4.7. Identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problem gambling.
- 4.8. Identify available resources (e.g., technical assistance providers, data analysts, contractors) for the collection and analysis of data.
- 4.9. Collect and analyze sufficient, valid, and reliable data that inform design, planning, and implementation activities and priorities to create practical and workable solutions for change.
- 4.10. Set goals, use strategic planning, and fit objectives within larger problem gambling prevention vision and goals.
- 4.11. Consider multiple strategies for collaboration with community partners.
- 4.12. Recognize, understand, and apply established and promising strategies, processes, policies, and practices that are culturally appropriate.
- 4.13. Nurture community relationships in order to develop effective and sustainable problem gambling prevention and health promotion strategies and partnerships.

[12] Costes, J-M. (2020). A logical framework for the evaluation of harm reduction policy for gambling. In H. Bowden-Jones, C. Dickson, C. Dunand, & O. Simon (Eds.). *Harm Reduction for Gambling. 143-152.* London: Routledge.

[13] Marotta, J. & Hynes, J. (2003, August). Problem Gambling Prevention Resource Guide for Prevention Professionals. Salem, OR. *Oregon Department of Human Services, Office of Mental Health & Addiction Services.*

[14] Jumper-Thurman, P., Plested, B., Edwards, R., Helm, H., & Oetting, E. (2001). Using the community readiness model in native communities. *Health Promotion and Substance Abuse Prevention Among American Indian and Alaska Native Communities: Issues in Cultural Competence,* 129-158.

[15] Johnstone, P. & Regan, M. (2020). Gambling harm is everybody's business: A public health approach and call to action. *Public Health 184*, 63-66.

Domain V: Implementation

Implementation requires the ability to collaboratively mobilize the community to effectively execute all components of prevention plans (Subdomain 5.1). This includes developing timelines, evaluating ongoing efforts, and completing prevention tasks in an ethical and socioculturally attuned manner. Implementation also requires the ability to manage change (Subdomain 5.2). Change management includes recognizing and supporting prevention efforts to maximize results; identifying and helping to overcome barriers to change; and adapting or altering strategies as needed. [16]

[16] Selin, J., Pietilä, E., & Kesänen, M. (2020). Barriers and facilitators for the implementation of the integrated public policy for alcohol, drug, tobacco, and gambling prevention: A qualitative study. *Drugs: Education, Prevention and Policy, 27*(2) 136-144.

Subdomain 5.1. Community Mobilization

Competent problem gambling prevention professionals are able to:

5.1.1. Develop and communicate a shared vision to promote health and wellness and to prevent problem gambling.

5.1.2. Use appropriate strategies (e.g., focus groups, listening sessions, or mobilizing through planning partnerships) to advance community involvement in implementing the work plan.

5.1.3. Identify barriers and facilitators to work plan implementation.

5.1.4. Engage community members, partners, and other stakeholders by informing them on progress throughout the implementation stage.

5.1.5. Include partnerships (e.g., skill sets, resources, networks) to implement problem gambling prevention programs, practices, policies, processes, and strategies.

5.1.6. Mobilize interpersonal, organizational, and financial resources to promote and sustain intended problem gambling prevention outcomes.

5.1.7. Offer guidance and technical assistance to stakeholders and community members in mobilizing for community change.

5.1.8. Prioritize and address individual, organizational, and community concerns and resources for problem gambling prevention efforts.

5.1.9. Ensure approaches and plans for change are culturally appropriate.

5.1.10. Manage fiscal resources related to problem gambling prevention projects.

Subdomain 5.2. Change Management

Competent problem gambling prevention professionals are able to:

5.2.1. Serve as a resource to community members and organizations regarding problem gambling prevention strategies and best practices.

5.2.2. Recognize how organizational and social influences—such as belief systems, attitudes, use of language, expectations, values, priorities, and management styles—affect or contribute to resistance to change.

5.2.3. Focus community and organizational resources and capacity to maximize results.

5.2.4. Recognize points of community and organizational resistance and know how to address the reasons for that resistance.

5.2.5. Sustain commitment through consultation with stakeholders.

5.2.6. Assess the impact of change and adapt approaches or take mitigating action, as necessary.

5.2.7. Provide support, technical assistance, and guidance to develop and implement strategic plans, build trust, and motivate and reinforce organizational performance.

Domain VI: Evaluation

Evaluation is an ongoing part of planning, implementing, and reviewing outcomes of prevention efforts. Problem gambling prevention professionals must have working knowledge of evaluation (Subdomain 6.1) and mastery of evaluation skills (Subdomain 6.2). This includes being able to determine the effectiveness, scope or reach, and impact of specific prevention strategies and overall prevention plans. Evaluations should inform future efforts within and across contexts, highlight both what has worked and areas for improvement, and enhance the sustainability of prevention efforts through dissemination of results. [17]

[17] Hage, S. & Romano, J. (2013). *Best Practices in Prevention*. Los Angeles: Sage Publications.

Subdomain 6.1. Use of Evaluation in Problem Gambling Prevention Efforts

Competent problem gambling prevention professionals are able to:

6.1.1. Develop clear and measurable outcomes for the implementation work plan.

6.1.2. Develop prevention evaluation strategies and mechanisms to determine the effectiveness and impact of strategic plans, programs, policies, processes, and practices.

6.1.3. Use evaluation results to analyze the effectiveness of prevention efforts.

6.1.4. Use continuous quality improvement to evaluate and improve prevention efforts.

6.1.5. Recognize strengths, limitations, and appropriate use of qualitative and quantitative evaluation methods

6.1.6. Present results of evaluation in a clear, concise, and meaningful manner, effectively conveying successes, challenges, and opportunities to a variety of audiences.

6.1.7. Use evaluation results to enhance sustainability by making improvements to maximize the impact of problem gambling prevention activities.

Subdomain 6.2. Evaluation Skills

Competent problem gambling prevention professionals are able to:

6.2.1. Identify the potential impact of a problem gambling prevention initiative.

6.2.2. Identify and hire compatible, competent and effective project evaluators, when appropriate.

6.2.3. Collaborate with evaluators to develop research goals and questions.

6.2.4. Select appropriate tools to collect data (e.g., community, school- based, and record surveys; interviews; program reviews; focus groups; observations).

6.2.5. Work with an evaluator to interpret and translate evaluation report information into performance improvement action steps.

6.2.6. Assess evaluation reports in relation to their quality, utility, and impact on problem gambling prevention.

6.2.7. Determine and promote sustainability using outcomes as measure of effectiveness.

Domain VII: Socioculturally Attuned Prevention

Sociocultural attunement refers to being aware and responsive to the impact of societal systems, culture, and power that result not only in cultural differences, but opportunities and constraints based on social class, race, gender, ethnicity, language, sexual orientation, nation of origin, age, abilities, and other socially located identities. [18] Subdomain 7.1 focuses on required knowledge of cultural and equity issues related to problem gambling and problem gambling prevention. This includes awareness of the systemic foundations of health disparities, the social determinants of health, the impact of discrimination and trauma, and dynamics impacting groups that are at higher risk for problem gambling. [17,19] Domain 7.2 focuses on competencies required to practice inclusive, culturally responsive, and equity-based prevention. [17,19]

[17] Hage, S. & Romano, J. (2013). *Best Practices in Prevention*. Los Angeles: Sage Publications.

[18] McDowell, T., Knudson-Martin, C., & Bermudez, J. M. (2018). *Socioculturally attuned family therapy: Guidelines for equitable theory and practice*. New York: Routledge.

[19] Vera, E. & Kenny, M. (2013). *Social Justice and Culturally Relevant Prevention*. Los Angeles: Sage Publications.

Subdomain 7.1. Knowledge of Cultural and Equity Issues Related to Problem Gambling and Problem Gambling Prevention

Competent problem gambling prevention professionals have a working knowledge of:

- 7.1.1. The impact of historical, social, political, economic and systemic foundations that create and maintain social inequity and health disparities (e.g., abilities, gender, race, social class and sexual orientation).
- 7.1.2. The relationship between social determinants of health and problem gambling.
- 7.1.3. The role that culture, social structure, and behavior play in the accessibility, availability, acceptability of gambling within all populations and communities.
- 7.1.4. How discrimination and inequities can play a role in the development and maintenance of problem gambling.
- 7.1.5. Institutional and systemic structures that create barriers for at risk, vulnerable, and/or marginalized groups to access problem gambling services and programs.
- 7.1.6. Linkages between the various types of trauma (e.g., ACEs, intergenerational legacies of trauma) and problem gambling.
- 7.1.7. Ways in which personal and professional values and practices may conflict with or accommodate the needs of diverse groups.
- 7.1.8. Agencies, persons, and helping networks that can be engaged to advocate for high need communities.
- 7.1.9. Specific at-risk populations (e.g., college-age people, veterans, and older adults).

Subdomain 7.2. Practicing Inclusive and Equity-Based Prevention

Competent problem gambling prevention professionals are able to:

7.2.1. Actively learn about culture in order to provide culturally appropriate and relevant gambling prevention processes, services, and programs. Sources may include clients, constituents, communities, organizations, and research literature.

7.2.2. Recognize inequities and assess the differential impacts of policies and actions.

7.2.3. Establish and maintain collaborative relationships with representatives and key stakeholders of diverse communities.

7.2.4. Ensure those whose voices may be marginalized and those in the target population are part of designing problem gambling prevention efforts.

7.2.5. Attune to cultural and social differences and needs in ways that lead to developing and adapting just and inclusive problem gambling prevention practices (e.g., language, values, traditions, behaviors, attitudes, practices, norms).

7.2.6. Practice ongoing self-reflection regarding how our own biases affect the practice of prevention.

7.2.7. Engage in leadership practices in problem gambling prevention to promote inclusive and equity-based practices.

Domain VIII: Communication and Information Dissemination

Communication and information dissemination is an integral component of all aspects and phases of prevention. [17] Problem gambling prevention professionals must be able to effectively express compelling reasons for prevention to a variety of stakeholders with divergent worldviews across diverse contexts. Verbal and written communication, including educational materials, need to be culturally relevant and accessible to all audiences across the life span.

[17] Hage, S. & Romano, J. (2013). *Best Practices in Prevention*. Los Angeles: Sage Publications.

Competent problem gambling prevention professionals are able to:

8.1. Communicate a clear, consistent, and compelling message about the importance of problem gambling prevention to a variety of stakeholders and audiences.

8.2. Engage audiences in the development of communication tools and materials.

8.3. Communicate in developmentally appropriate ways across the lifespan.

8.4. Articulate an achievable mission, set of core values, and vision for problem gambling prevention for the purpose of engaging stakeholders.

8.5. Develop effective presentations and training for both professional and nonprofessional audiences.

8.6. Gather and disseminate information to different audiences using multiple modalities (e.g., in person, information technologies, media channels).

8.7. Increase access to problem gambling information through the use of effective communication techniques and practices (e.g., plain language, culturally and developmentally appropriate content).

8.8. Communicate information in a culturally relevant and appropriate manner.

8.9. Demonstrate skills in gathering, compiling, and synthesizing information to develop problem gambling prevention initiatives and educational materials (e.g., handouts, brochures, fact sheets, etc.).

Domain IX: Ethics and Professional Development

Problem gambling prevention professionals must demonstrate knowledge and adherence to ethical standards in all aspects of their work. [17] This includes taking responsibility and being accountable for all decisions and actions, acting with honesty and integrity, and following legal and ethical guidelines for collection, maintenance, and dissemination of data. Problem gambling prevention professionals are also expected to engage in ongoing professional development, including keeping up to date with available research and evidence-informed, best practice standards for problem gambling prevention. [17]

[17] Hage, S. & Romano, J. (2013). *Best Practices in Prevention*. Los Angeles: Sage Publications.

Competent problem gambling prevention professionals engage in ethical practice by:

9.1. Demonstrate knowledge of ethical considerations in problem gambling prevention practice.
9.2. Recognize the limits of their own knowledge and scope of practice as problem gambling prevention professionals.
9.3. Take professional responsibility; be accountable for decisions and actions.
9.4. Follow basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of data.
9.5. Demonstrate high standards of conduct in all interactions; acting with honesty and integrity.
9.6. Maintain connections with the prevention community and develop an identity as a problem gambling prevention professional.
9.7. Engage in ongoing problem gambling prevention professional development.
9.8. Carry out problem gambling prevention work in accordance with current research regarding gambling related harm.
9.9. Serve as a resource to ensure accurate information and appropriate services are delivered in your community and work context.

PART 3

Web-Based Problem Gambling and Prevention Resources

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Web-Based Problem Gambling and Prevention Resources

ACORN Problem Gambling Free CEU On-line Training:
https://acorn.thinkific

Center for Addiction and Mental Health PSSP Knowledge Exchange:
https://learn.problemgambling.ca/

Core Competencies for Public Health Professionals:
http://www.phf.org/resourcestools/pages/core_public_health_competencies.aspx

International Gambling Studies Open Access:
https://www.tandfonline.com/loi/rigs20

Journal of Gambling Issues: https://jgi.camh.net/index.php/jgi

Journal of Gambling Studies Open Access:
https://link.springer.com/search?query=&search-within=Journal&facet-journal-id=10899&package=openaccessarticles

Journal of Prevention in the Community Open Access:
https://www.tandfonline.com/toc/wpic20/current

National Council on Problem Gambling Programs and Resources:
https://www.ncpgambling.org/programs-resources/resources/#Publications

Oregon Health Authority Problem Gambling Services Resources for Prevention Providers: https://www.oregon.gov/oha/HSD/Problem-Gambling/Pages/Prevention.aspx

Prevention Science Open Access: https://link.springer.com/journal/11121/volumes-and-issues

Research Snapshots Gambling Research Exchange Ontario: https://www.greo.ca/en/greo-resource/research-snapshots.aspx

SAMHSA Prevention Core Competencies: https://store.samhsa.gov/product/Prevention-Core-Competencies/PEP20-03-08-001

SAMHSA Concept of Trauma and Guidance for a Trauma-Informed Approach: https://store.samhsa.gov/system/files/sma14-4884.pdf

SAMHSA Gambling Problems: An Introduction for Behavioral Health Services Providers: http://www.ncpgambling.org/wp-content/uploads/2014/04/Gambling-Addiction-An-Introduction-for-Behavioral-Health-Providers-SAMHSA-2014.pdf

PART 4

Modified Delphi Study Methods and Findings

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Modified Delphi Study Methods and Findings

By way of assisting with the core competency initiative, researchers from Partners in Social Research conducted two surveys with problem gambling professionals from across the United States. The goal of these surveys was to validate the initial list of core competencies that was developed by the expert work group through a modified Delphi approach, a process that builds consensus among experts on a topic, in this case the skills and knowledge—core competencies—that problem gambling prevention professionals should possess, or work toward developing, in order to perform their professional roles.

As was discussed in the first part of this document, problem gambling prevention professionals who completed the surveys were identified by the expert work group. The work group was assembled by Oregon Problem Gambling Services (PGS) in the summer of 2021 to develop a framework for core competencies and to write an initial list of core competencies for problem gambling prevention professionals. The work group included experienced preventionists, a number of whom were members of the National Council on Problem Gambling (NCPG) Prevention Committee. Work group members' key professional characteristics are summarized in Table 4.1, below, and described in the first part of this document (page 7).

In the summer and fall of 2021, work group members held six web-based meetings, which were facilitated by the two researchers from Partners in Social Research. The first meeting was devoted to reviewing established public health and problem gambling frameworks and developing a framework for the core competencies for problem gambling prevention professionals. Subsequent meetings were devoted to word smithing

individual competencies. The result was a list of 149 core competencies, distributed across nine domains and several subdomains.

Building on the efforts of the work group, researchers used a modified Delphi method to validate and further develop the core competencies for problem gambling prevention professionals. The Delphi method employs a series of surveys, or rounds, to collect expert opinions on a particular topic. [20] After each round, responses are tabulated and the results are sent to participating experts—panelists—for review. Panelists are then asked to provide their opinions once more, while considering summary responses averaged across all those who participated in the previous round. The idea is that access to typical ratings may nudge individuals toward a collective view, while allowing them to voice dissenting opinions without undue pressure from others. [21] The process of providing ratings while considering average responses from the previous round is repeated until consensus has been reached.

[20] Dalkey, N. C., & Helmer, O. (1963). An experimental application of the Delphi method to the use of experts. *Management Science, 9*(3), 458-467.

[21] Dalkey, N. C. (1969). The Delphi method: An experimental study of group opinion. Santa Monica, CA: The Rand Corporation. https://www.rand.org/content/dam/rand/pubs/research_memoranda/2005/RM5888.pdf

In this project, two rounds of surveys were needed to achieve consensus on the core competencies for problem gambling prevention professionals. For the first round, researchers sent a web-based survey to 12 work group members and 171 problem gambling prevention professionals who had been identified by work group members. The survey included 149 core competencies and asked panelists to rate each competency on a scale from 1 (*Not at all Important*) to 6 (*Extremely Important),* or to mark it as "not applicable." Additionally, panelists were encouraged to provide their comments and suggestions for edits, additions, or deletions of individual competencies in open-end boxes, following each subset of competencies. Together, these tasks took an average of 40 minutes to complete.

A total of 71 professionals, including 10 work group members, responded to the first survey. Of those, 51 met the criteria for inclusion on the panel. These criteria, also listed in the first part of this document, are as follows: 1) current work in problem gambling prevention for at least 10 hours per week, along with at least three years' experience in prevention, *or* 2)

previous work in problem gambling prevention for at least three years. Panelists' professional and demographic background characteristics are summarized in Table 4.2, and described in detail in the first part of this document (page 8).

After round one data had been collected, researchers computed, separately for each competency, the minimum rating; the maximum rating; the average rating (mean); the most common rating (mode); the middle rating (median); the 25th percentile (q1); the 75th percentile (q3); the interquartile range (qrange); and the percentage of panelists who rated a competency as a 5 or a 6 (% endorse). Having reviewed these statistics, the researchers determined that there was consensus to accept 117 out of 149 competencies, with suggestions to edit 9 of them. Consensus to accept a competency was determined as endorsement (a rating of a 5 or 6) by at least 75% of panelists and an interquartile range (the difference between the 75th percentile and the 25th percentile) of 1 or less. [22,23]

Table 4.3 shows a list of 117 competencies accepted in round one, along with round one findings and suggested edits in bolded letters (i.e., competencies 1.1.5., 1.1.7., 1.1.8., 1.2.1, 1.4.2, 2.1.2., 2.2.5., 4.12., and 5.2.5.). Additionally, round one findings pointed to a need to remove 9 competencies (Table 4.4); submit 23 competencies to a second round of ratings (Table 4.5, Table 4.6); and add 5 competencies (Table 4.7). The list of agreed-upon competencies was shared with panelists via email, and the findings pertaining to the competencies for which there was no agreement were incorporated into a second survey.

For the second round of ratings, researchers sent a web-based survey to 51 panelists, asking them to rate 23 items for which there was no consensus during the first round; rate 5 additional items, which were written based on panelists' suggestions in response to the first survey; and vote on original versus edited wording of the nine items that had been accepted in round one but that included suggestions for relatively small edits in wording. These tasks took an average of 7 minutes to complete.

[22] Hsu, C.-C., & Sanford, B. A. (2007). The Delphi technique: Making sense of consensus. *Practical Assessment, Research & Evaluation, 12*(10), 1-8.

[23] von der Grach, H. A. (2012). Consensus measurement in Delphi studies: Review and implications for future quality assurance. *Technological Forecasting & Social Change, 79*(8), 1525-1536. https://doi.org/10.1016/j.techfore.2012.04.013

Having collected data from the second survey, researchers computed measures of central tendency and variability for each competency. The results are presented in Tables 4.5, 4.6, and 4.7. Of 23 items for which there was no consensus in round one, 12 were accepted (Table 4.5) and 11 were eliminated (Table 4.6) based on the findings from round two. Of the 5 additional items that were written based on panelists' suggestions in round one, four were accepted and one was eliminated. Lastly, at least two-thirds of panelists in round two favored edited as opposed to original wordings of the nine competencies that were accepted in round one, but for which panelists provided suggestions for improvement. Together, results from the two rounds of surveys yielded 133 core competencies for problem gambling professionals.

Table 4.1. *Problem Gambling Professional Core Competencies Work Group* (*n* = 11): *Professional and Demographic Characteristics*

Characteristics	n	%
United States Region		
West	3	27.3
Midwest	3	27.3
South	2	18.2
Northeast	3	27.3
Years of Experience in Prevention		
1-2 years	0	--
3-5 years	0	--
6-10 years	3	27.3
11-15 years	2	18.2
More than 15 years	6	54.5
Work Settings		
government	5	45.5
community non-profit	2	18.2
statewide non-profit	2	18.2
academia	1	9.3
industry	1	9.3
Time Spent on PG Prevention		
10-20% of workweek	2	18.2
21-30% of workweek	0	--
31-40% of workweek	0	--
41-50% of workweek	1	9.3
51-60% of workweek	2	18.2
61-70% of workweek	0	--
71% of workweek or more	6	54.5

Characteristics	n	%
Clinical Experience		
Yes	2	18.2
No	9	81.8
Years of Experience in PG Prevention		
1-2 years	2	18.2
3-5 years	0	--
6-10 years	5	45.5
11-15 years	3	27.3
More than 15 years	1	9.3
Job Role*		
director	4	36.4
associate director/manager	3	27.3
prevention specialist/coordinator	4	36.4
professor	1	9.3
Racial/Ethnic Background		
White/Caucasian	5	45.5
White Non-Hispanic	3	27.3
African American	1	9.3
Hispanic/LatinX	1	9.3
Not Specified	1	9.3

Legend: *Total exceeds the count of workgroup members because some occupy multiple job roles. PG = problem gambling. One member of the work group did not complete the demographic survey, and their data are not presented in Table 4.1 or included in the total count of work group members.

Table 4.2. *Problem Gambling Professional Core Competencies Panelists (n = 52): Professional and Demographic Characteristics*

Characteristics	n	%
United States Region*		
West	16	31.4
Midwest	9	17.6
South	6	11.8
Northeast	22	43.1
Work Setting*		
Government	17	33.3
Community organization	21	41.2
Academia	4	7.8
Industry	1	2.0
Other	16	31.4
Hours/Week in PG Prevention		
Less than 10 hours	14	27.4
10-16 hours	9	17.6
17-24 hours	5	9.8
25-32 hours	4	7.8
33-40 hours	12	23.5
More than 40 hours	2	3.9
Not working in PG prevention	5	9.8
Hours Training in PG Prevention		
Under 50 hours	6	11.7
50-99 hours	13	25.4
100-149 hours	10	19.6
150-199 hours	4	7.8
200-299 hours	5	9.8
300-399 hours	1	1.9
400-499 hours	3	5.8
500 hours or more	9	17.6
Years in PG Prevention		
1-2 years	6	11.7
3-5 years	18	35.2
6-10 years	12	23.5
11-15 years	9	17.6
16-20 years	4	7.8
More than 20 years	2	3.9

Characteristics	n	%
Job Role		
Director	6	11.8
Associate director/manager	6	11.8
Supervisor/team leader	5	9.8
Prevention professional/coordinator	20	39.2
Educator	3	5.9
Other	6	11.8
Not working in PG prevention	5	9.8
Racial/Ethnic Background		
White or European American	42	82.3
Black or African American	4	7.8
Hispanic or Latinx	1	1.9
Asian or Asian American	1	1.9
Multiracial	2	3.9
Prefer not to answer	1	1.9
Age Group		
34 or under	3	5.8
35-39	9	17.6
40-44	5	9.8
45-49	6	11.7
50-54	8	15.6
55-59	11	21.5
60 or older	8	15.6
Prefer not to answer	1	1.9
Gender		
Woman	39	76.4
Man	11	21.5
Prefer not to answer	1	1.9
Years in Prevention		
1-2 years	0	--
3-5 years	13	25.4
6-10 years	7	13.7
11-15 years	6	11.7
16-20 years	8	15.6
More than 20 years	17	33.3

Legend: *Total exceeds the count of panelists because some selected multiple response categories. PG = problem gambling; n = number of panelists.

Table 4.3. *Competencies Accepted in Round 1* (*k* = 117)

Note: Competencies were rated on a scale from 1 to 6, with higher ratings indicating higher levels of endorsement. Percentage of those who rated a competency a 5 or a 6 was used to measure panelists' endorsement of a competency. Interquartile range was used to measure panelists' agreements; it was calculated as a difference between the third quartile (75th percentile) and the first quartile (25th percentile). Interquartile range of 1 or below signified agreement.

Legend: *Competencies marked with an asterisk were edited based on panelists' suggestions in round 1; panelists voted on revised versus original wording in round 2. n = number of panelists; min = minimum rating; max = maximum rating; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = interquartile range, also known was the difference between the third quartile (q3) and the first quartile (q1); endorse = percentage of panelists who rated a competency a 5 or a 6.

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
SUBDOMAIN 1.1. Gambling and Problem Gambling Knowledge											
1.1.1.	Basic understanding of the gambling industry.	51	2	6	5	5	5	5	6	1	78.4%
1.1.2.	Emerging trends in gambling.	51	4	6	5.4	5	5	5	6	1	94.1%
1.1.3.	The relationship between problem gambling and other risky behaviors.	51	5	6	5.7	6	6	5	6	1	100.0%
1.1.4.	The relationship between problem gambling and other mental health concerns.	51	4	6	5.6	6	6	5	6	1	98.0%
1.1.5.*	Biopsychosocial aspects of problem gambling—including social, emotional, and cognitive development--over the lifespan.	51	3	6	5.2	6	5	5	6	1	76.5%
1.1.6.	Problem gambling continuum of care.	51	3	6	5.2	5	5	5	6	1	82.4%
1.1.7.*	Shared risk and protective factors for problem gambling across the lifespan.	51	3	6	5.5	6	6	5	6	1	98.0%
1.1.8.*	Risks and consequences associated with problem gambling behavior across the lifespan.	51	4	6	5.6	6	6	5	6	1	96.1%
1.1.9.	The impact of another's problem gambling on individuals, families, and communities.	51	2	6	5.5	6	6	5	6	1	88.2%
SUBDOMAIN 1.2. Foundational Prevention Knowledge											
1.2.1.*	Prevention theories, models, and strategies, including the Strategic Prevention Framework.	51	4	6	5.5	6	6	5	6	1	90.2%
1.2.3.	Community and environmental change theories, models, and strategies.	51	4	6	5.2	5	5	5	6	1	80.4%
1.2.4.	Community readiness model.	51	3	6	5.3	6	5	5	6	1	86.3%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
SUBDOMAIN 1.3. Interdisciplinary Knowledge											
1.3.2.	Potential impact of adverse childhood experiences (ACEs).	51	3	6	5.1	5	5	5	6	1	78.4%
1.3.3.	Trauma-informed care and prevention practices.	51	4	6	5.3	6	5	5	6	1	84.3%
1.3.4.	Suicide prevention.	51	4	6	5.3	6	5	5	6	1	82.4%
SUBDOMAIN 1.4. Context Knowledge											
1.4.1.	Current local community demographics, economic conditions, and social context that may contribute to or reduce the impact of problem gambling.	51	3	6	5.3	6	6	5	6	1	84.3%
1.4.2.*	Current community **and state** resources, including potential allies or barriers to problem gambling prevention efforts.	51	3	6	5.5	6	6	5	6	1	96.1%
1.4.3.	Community readiness to address problem gambling at the community/environmental level.	51	3	6	5.5	6	6	5	6	1	88.2%
1.4.4.	Current government structures, processes, and intergovernmental relations at tribal, state, local, and federal levels.	50	2	6	5	5	5	5	6	1	76.0%
SUBDOMAIN 2.1. Identify and Define the Problem											
2.1.1.	Anticipate and recognize the existence of problems related to gambling within a broader context.	50	3	6	5.1	5	5	5	5	0	84.0%
2.1.2.*	**Anticipate and quickly identify potential problems related to gambling within local communities, as well as the broader social context.**	47	3	6	4.8	5	5	4	5	1	74.5%
2.1.3.	Identify contributing factors and characteristics of population-based gambling problems.	51	3	6	5.1	5	5	5	6	1	84.3%
2.1.4.	Identify potentially high need communities related to gambling problems.	51	3	6	5.4	5	5	5	6	1	94.1%
2.1.5.	Describe and prioritize gambling problems by accessing research and evidence.	51	2	6	5.2	6	5	5	6	1	80.4%
2.1.6.	Use various assessment tools and strategies to understand and articulate gambling problems.	51	3	6	5.2	6	5	5	6	1	78.4%
2.1.7.	Use community assessment tools to identify awareness of and readiness to address gambling problems.	51	2	6	5.2	6	5	5	6	1	76.5%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
SUBDOMAIN 2.2. Gather and Analyze Data											
2.2.1.	Identify gaps in available data pertaining to problem gambling.	51	3	6	5	5	5	5	6	1	78.4%
2.2.3.	Interpret trends and patterns in problem gambling related data and decide how to organize, classify, interrelate, compare, prioritize, and present them to diverse audiences.	51	2	6	5.1	5	5	5	6	1	78.4%
2.2.4.	Effectively provide and communicate problem gambling specific data to a variety of stakeholders for the purposes of education, increasing readiness, securing funding, etc.	51	3	6	5.5	6	6	5	6	1	94.1%
2.2.5.*	Investigate successful problem gambling **prevention** interventions and strategies, using data driven methods (e.g., evidence-based practices when available and appropriate).	51	2	6	5	6	5	4	6	2	69.0%
SUBDOMAIN 3.1. Identify Needs and Resources											
3.1.1.	Identify community demographics, history, and norms related to problem gambling.	51	2	6	5.3	6	6	5	6	1	82.4%
3.1.2.	Understand the needs of a defined population, community, or geographic area.	51	2	6	5.4	6	6	5	6	1	90.2%
3.1.3.	Analyze available problem gambling prevention, treatment, and recovery resources to identify community resource gaps.	51	3	6	5.3	6	5	5	6	1	88.2%
3.1.4.	Gauge the level of community readiness and appropriate strategies for change related to gambling related problems.	50	2	6	5.2	6	5.5	5	6	1	84.0%
3.1.5.	Identify and report problem gambling prevention project funding needs.	51	3	6	5.3	6	6	5	6	1	84.3%
SUBDOMAIN 3.2. Develop Interdisciplinary Partnerships											
3.2.1.	Identify opportunities to build strategic relationships to help achieve goals specific to problem gambling prevention.	51	3	6	5.6	6	6	5	6	1	94.1%
3.2.2.	Network to create opportunities for organizations to work together to help prevent problem gambling.	51	3	6	5.6	6	6	5	6	1	94.1%
3.2.3.	Collaborate with diverse communities and constituencies in problem gambling prevention efforts.	51	3	6	5.7	6	6	5	6	1	96.1%
3.2.4.	Collaborate with problem gambling treatment professionals, as well as individuals and families in recovery to raise community awareness and create change.	51	3	6	5.3	6	6	5	6	1	80.4%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
3.2.5.	Build leadership and decision-making structures within the community to reduce gambling related harms.	51	1	6	5.2	6	6	5	6	1	82.4%
3.2.6.	Increase partners' understanding and commitment to problem gambling prevention to promote and sustain buy-in.	51	3	6	5.6	6	6	5	6	1	94.1%
3.2.7.	Recognize community linkages and relationships among multiple factors affecting problem gambling prevention.	50	3	6	5.4	6	6	5	6	1	90.0%
3.2.8.	Use community connections and partnerships to identify, recruit and train coalition members and volunteers to engage in problem gambling prevention efforts.	51	2	6	5.4	6	6	5	6	1	86.3%
SUBDOMAIN 3.3. Use Relational Skills											
3.3.1.	Be considerate, empathetic, and encouraging of others.	51	4	6	5.7	6	6	5	6	1	96.1%
3.3.2.	Constructively manage discussions about values, roles, goals, and actions in ways that ensure full participation of all members.	51	4	6	5.5	6	6	5	6	1	86.3%
3.3.3.	Recognize different communication and interaction styles to work effectively in groups.	51	4	6	5.6	6	6	5	6	1	96.1%
3.3.4.	Work effectively with those who have different learning and work styles.	50	4	6	5.6	6	6	5	6	1	94.0%
3.3.5.	Interact sensitively, collaboratively, respectfully, and professionally with persons from diverse cultural, socioeconomic, educational, and professional backgrounds.	51	4	6	5.7	6	6	5	6	1	96.1%
3.3.6.	Prepare and motivate others to promote common vision for a healthy community.	51	4	6	5.5	6	6	5	6	1	92.2%
DOMAIN 4. Planning											
4.1.	Consider local history and community demographics, as well as underlying cultural and political issues related to problem gambling.	51	2	6	5.1	5	5	5	6	1	80.4%
4.2.	Select interventions that align with the community's level of readiness.	51	3	6	5.5	6	6	5	6	1	90.2%
4.3.	Work with a variety of organizations, community groups, stakeholders, and experts in the field to develop mutually agreed upon problem gambling intervention goals and objectives.	51	2	6	5.4	6	6	5	6	1	86.3%
4.4.	Develop measurable problem gambling prevention goals and objectives in response to assessment of needs and capacity.	51	2	6	5.5	6	6	5	6	1	92.2%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
4.5.	Identify strategies that are based on knowledge derived from theory, evidence, and practice.	51	3	6	5.4	6	6	5	6	1	88.2%
4.6.	Develop logic models that include realistic outcomes and relevant policies, practices, and programs.	51	2	6	5.4	6	6	5	6	1	90.2%
4.8.	Identify available resources (e.g., technical assistance providers, data analysts, contractors) for the collection and analysis of data.	51	3	6	5.2	6	5	5	6	1	78.4%
4.10.	Set goals, use strategic planning, and fit objectives within larger problem gambling prevention vision and goals.	51	2	6	5.4	6	6	5	6	1	88.2%
4.11.	Consider multiple strategies for collaboration with community partners.	51	2	6	5.3	5	5	5	6	1	88.2%
4.12.*	Recognize, understand, and apply **established and promising** strategies, processes, policies, and practices that are culturally appropriate.	51	4	6	5.5	6	6	5	6	1	96.1%
4.13.	Nurture community relationships in order to develop effective and sustainable problem gambling prevention and health promotion strategies and partnerships.	51	2	6	5.5	6	6	5	6	1	94.1%
SUBDOMAIN 5.1. Community Mobilization											
5.1.1.	Develop and communicate a shared vision to promote health and wellness and to prevent problem gambling.	51	1	6	5.2	6	5	5	6	1	86.3%
5.1.2.	Use appropriate strategies (e.g., focus groups, listening sessions, or mobilizing through planning partnerships) to advance community involvement in implementing the work plan.	51	2	6	5.2	6	5	5	6	1	84.3%
5.1.3.	Identify barriers and facilitators to work plan implementation.	51	2	6	5.3	6	5	5	6	1	84.3%
5.1.4.	Engage community members, partners, and other stakeholders by informing them on progress throughout the implementation stage.	51	2	6	5.3	6	6	5	6	1	84.3%
5.1.5.	Include partnerships (e.g., skill sets, resources, networks) to implement problem gambling prevention programs, practices, policies, processes, and strategies.	51	3	6	5.4	5	5	5	6	1	94.1%
5.1.6.	Mobilize interpersonal, organizational, and financial resources to promote and sustain intended problem gambling prevention outcomes.	51	3	6	5.2	6	5	5	6	1	80.4%
5.1.7.	Offer guidance and technical assistance to stakeholders and community members in mobilizing for community change.	50	1	6	5.1	5	5	5	6	1	82.0%
5.1.8.	Prioritize and address individual, organizational, and community concerns and resources for problem gambling prevention efforts.	51	3	6	5.3	6	5	5	6	1	84.3%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
5.1.9.	Ensure approaches and plans for change are culturally appropriate.	51	4	6	5.6	6	6	5	6	1	96.1%
SUBDOMAIN 5.2. Change Management											
5.2.1.	Serve as a resource to community members and organizations regarding problem gambling prevention strategies and best practices.	51	4	6	5.6	6	6	5	6	1	92.2%
5.2.2.	Recognize how organizational and social influences—such as belief systems, attitudes, use of language, expectations, values, priorities, and management styles—affect or contribute to resistance to change.	51	4	6	5.4	6	6	5	6	1	90.2%
5.2.3.	Focus community and organizational resources and capacity to maximize results.	51	3	6	5.1	6	5	5	6	1	76.5%
5.2.4.	Recognize points of community and organizational resistance and know how to address the reasons for that resistance.	51	2	6	5.1	5	5	5	6	1	80.4%
5.2.5.*	Sustain commitment through consultation with stakeholders.	50	2	6	5	5	5	5	6	1	78.0%
5.2.6.	Assess the impact of change and adapt approaches or take mitigating action, as necessary.	51	3	6	5.1	5	5	5	6	1	84.3%
5.2.7.	Provide support, technical assistance, and guidance to develop and implement strategic plans, build trust, and motivate and reinforce organizational performance.	51	2	6	5.1	5	5	5	6	1	82.4%
SUBDOMAIN 6.1. Use of Evaluation in Problem Gambling Prevention Efforts											
6.1.1.	Develop clear and measurable outcomes for the implementation work plan.	51	3	6	5.4	6	5	5	6	1	88.2%
6.1.2.	Develop prevention evaluation strategies and mechanisms to determine the effectiveness and impact of strategic plans, programs, policies, processes, and practices.	50	3	6	5.1	5	5	5	6	1	78.0%
6.1.3.	Use evaluation results to analyze the effectiveness of prevention efforts.	51	2	6	5.2	6	5	5	6	1	78.4%
6.1.4.	Use continuous quality improvement to evaluate and improve prevention efforts.	50	2	6	5.2	6	5	5	6	1	78.0%
6.1.6.	Present results of evaluation in a clear, concise, and meaningful manner, effectively conveying successes, challenges, and opportunities to a variety of audiences.	50	4	6	5.3	6	5	5	6	1	88.0%
6.1.7.	Use evaluation results to enhance sustainability by making improvements to maximize the impact of problem gambling prevention activities.	51	4	6	5.4	6	5	5	6	1	86.3%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
SUBDOMAIN 6.2. Evaluation Skills											
6.2.1.	Identify the potential impact of a problem gambling prevention initiative.	51	4	6	5.3	5	5	5	6	1	88.2%
6.2.7.	Determine and promote sustainability using outcomes as measure of effectiveness.	51	3	6	5.1	5	5	5	6	1	78.4%
SUBDOMAIN 7.1. Knowledge of Cultural and Equity Issues Related to Problem Gambling and Prevention											
7.1.1.	The impact of historical, social, political, economic and systemic foundations that create and maintain social inequity and health disparities (e.g., abilities, gender, race, social class and sexual orientation).	51	2	6	5.2	6	5	5	6	1	80.4%
7.1.2.	The relationship between social determinants of health and problem gambling.	51	2	6	5.4	6	6	5	6	1	86.3%
7.1.3.	The role that culture, social structure, and behavior play in the accessibility, availability, acceptability of gambling within all populations and communities.	51	4	6	5.5	6	6	5	6	1	94.1%
7.1.4.	How discrimination and inequities can play a role in the development and maintenance of problem gambling.	51	2	6	5.4	6	6	5	6	1	88.2%
7.1.5.	Institutional and systemic structures that create barriers for at risk, vulnerable, and/or marginalized groups to access problem gambling services and programs.	51	2	6	5.4	6	6	5	6	1	86.3%
7.1.6.	Linkages between the various types of trauma (e.g., ACEs, intergenerational legacies of trauma) and problem gambling.	51	3	6	5.5	6	6	5	6	1	88.2%
7.1.7.	Ways in which personal and professional values and practices may conflict with or accommodate the needs of diverse groups.	51	2	6	5.4	6	6	5	6	1	90.2%
7.1.8.	Agencies, persons, and helping networks that can be engaged to advocate for high need communities.	51	3	6	5.5	6	6	5	6	1	92.2%
SUBDOMAIN 7.2. Practicing Inclusive and Equity-Based Prevention											
7.2.1.	Actively learn about culture in order to provide culturally appropriate and relevant gambling prevention processes, services, and programs. Sources may include clients, constituents, communities, organizations, and research literature.	51	3	6	5.4	6	6	5	6	1	88.2%
7.2.2.	Recognize inequities and assess the differential impacts of policies and actions.	50	2	6	5.3	6	6	5	6	1	82.0%
7.2.3.	Establish and maintain collaborative relationships with representatives and key stakeholders of diverse communities.	51	3	6	5.5	6	6	5	6	1	94.1%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
7.2.4.	Ensure those whose voices may be marginalized and those in the target population are part of designing problem gambling prevention efforts.	51	3	6	5.5	6	6	5	6	1	90.2%
7.2.5.	Attune to cultural and social differences and needs in ways that lead to developing and adapting just and inclusive problem gambling prevention practices (e.g., language, values, traditions, behaviors, attitudes, practices, norms).	51	3	6	5.4	6	6	5	6	1	88.2%
7.2.6.	Practice ongoing self-reflection regarding how our own biases affect the practice of prevention.	51	4	6	5.5	6	6	5	6	1	92.2%
7.2.7.	Engage in leadership practices in problem gambling prevention to promote inclusive and equity-based practices.	50	3	6	5.5	6	6	5	6	1	92.0%
DOMAIN 8. Communication and Information Dissemination											
8.1.	Communicate a clear, consistent, and compelling message about the importance of problem gambling prevention to a variety of stakeholders and audiences.	51	4	6	5.7	6	6	5	6	1	96.1%
8.2.	Engage audiences in the development of communication tools and materials.	50	4	6	5.5	6	6	5	6	1	96.0%
8.3.	Communicate in developmentally appropriate ways across the lifespan.	50	4	6	5.5	6	6	5	6	1	96.0%
8.4.	Articulate an achievable mission, set of core values, and vision for problem gambling prevention for the purpose of engaging stakeholders.	51	3	6	5.4	6	6	5	6	1	88.2%
8.5.	Develop effective presentations and training for both professional and nonprofessional audiences.	51	4	6	5.6	6	6	5	6	1	92.2%
8.6.	Gather and disseminate information to different audiences using multiple modalities (e.g., in person, information technologies, media channels).	51	3	6	5.6	6	6	5	6	1	88.2%
8.7.	Increase access to problem gambling information through the use of effective communication techniques and practices (e.g., plain language, culturally and developmentally appropriate content).	51	4	6	5.7	6	6	5	6	1	96.1%
8.8.	Communicate information in a culturally relevant and appropriate manner.	51	4	6	5.7	6	6	5	6	1	98.0%
8.9.	Demonstrate skills in gathering, compiling, and synthesizing information to develop problem gambling prevention initiatives and educational materials (e.g., handouts, brochures, fact sheets, etc.).	51	2	6	5.4	6	6	5	6	1	88.2%

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
DOMAIN 9. Ethics and Professional Development											
9.1.	Demonstrate knowledge of ethical considerations in problem gambling prevention practice.	51	4	6	5.7	6	6	5	6	1	96.1%
9.2.	Recognize the limits of their own knowledge and scope of practice as problem gambling prevention professionals.	51	4	6	5.7	6	6	5	6	1	96.1%
9.3.	Take professional responsibility; be accountable for decisions and actions.	51	4	6	5.7	6	6	5	6	1	98.0%
9.4.	Follow basic ethical and legal principles pertaining to the collection, maintenance, use, and dissemination of data.	51	4	6	5.8	6	6	6	6	0	98.0%
9.5.	Demonstrate high standards of conduct in all interactions; acting with honesty and integrity.	51	5	6	5.8	6	6	6	6	0	100.0%
9.6.	Maintain connections with the prevention community and develop an identity as a problem gambling prevention professional.	51	4	6	5.5	6	6	5	6	1	96.1%
9.7.	Engage in ongoing problem gambling prevention professional development.	51	3	6	5.6	6	6	5	6	1	96.1%
9.8.	Carry out problem gambling prevention work in accordance with current research regarding gambling related harm.	51	4	6	5.6	6	6	5	6	1	96.1%
9.9.	Serve as a resource to ensure accurate information and appropriate services are delivered in your community and work context.	51	3	6	5.6	6	6	5	6	1	96.1%

Legend: *Competencies marked with an asterisk were edited based on panelists' suggestions in round 1; panelists voted on revised versus original wording in round 2. n = number of panelists; min = minimum rating; max = maximum rating; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = interquartile range, also known was the difference between the third quartile (q3) and the first quartile (q1); endorse = percentage of panelists who rated a competency a 5 or a 6.

Table 4.4. *Competencies Eliminated in Round 1* (*k* = 9)

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
1.3.4.	Human development across the lifespan.	51	3	6	4.7	5	5	4	5	1	62.7%
2.1.8.	Form conclusions about gambling problems, including finding a relationship among seemingly unrelated events.	47	2	6	4.8	5	5	4	6	2	66.0%
2.2.1.	Locate, interpret and compile problem gambling public health information (e.g., data repositories, program records, journal literature, statutes, reference books, reports, and survey information).	51	2	6	4.8	5	5	4	6	2	70.6%
2.2.3.	Use a variety of appropriate methods and instruments for collecting valid and reliable quantitative and qualitative data to identify needs and resources related to gambling problems.	51	2	6	4.7	5	5	4	5	1	64.7%
2.3.1.	Interpret the quality and relevance of problem gambling research.	51	1	6	4.7	5	5	4	6	2	60.8%
2.3.2.	Evaluate statistical methodologies and interpret what results mean.	51	1	6	4.2	4	4	4	5	1	37.3%
2.3.3.	Recognize the reliability, validity, comparability, and transferability of data.	51	2	6	4.6	4	5	4	5	1	52.9%
2.3.4.	Extract important ideas from written words as well as graphs/tables and identify problems in data.	49	2	6	4.8	5	5	4	6	2	65.3%
2.3.5.	Summarize technical papers and translate for nontechnical audiences.	51	2	6	4.6	4	5	4	6	2	52.9%

Legend: Original subdomain numbering is shown. n = number of panelists; min = minimum rating on a scale from 1 to 6; max = maximum rating on a scale from 1 to 6; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = interquartile range, also known was the difference between the third quartile (q3) and the first quartile (q1); endorse = percentage of panelists who rated a competency a 5 or a 6.

Table 4.5. *Competencies Accepted in Round 2* (*k* = 12), *Following Lack of Agreement or Endorsement in Round 1*

DOMAIN	LABEL	Round	n	min	max	mean	mode	median	q1	q3	qrange	endorse
1.2.2.	Public health conditions theories, models, and strategies.	Round 1	51	4	6	5.1	5	5	4	6	2	72.5%
		Round 2	34	4	6	5.1	5	5	5	5	0	88.2%
1.3.1.	Common theories and processes of addictions.	Round 1	51	3	6	4.9	5	5	4	6	2	72.5%
		Round 2	34	2	6	4.8	5	5	5	5	0	76.5%
2.2.2.	Use information technology to access, collect, store and retrieve problem gambling prevention-related data.	Round 1	50	2	6	4.9	5	5	4	6	2	74.0%
		Round 2	34	4	6	5.1	5	5	5	6	1	85.3%
4.7.	Identify the strengths and weaknesses of alternative solutions, conclusions, or approaches to problem gambling.	Round 1	51	4	6	5.2	6	5	4	6	2	74.5%
		Round 2	34	4	6	5.1	5	5	5	6	1	76.5%
4.9.	Collect and analyze sufficient, valid, and reliable data that inform design, planning, and implementation activities and priorities to create practical and workable solutions for change.	Round 1	51	3	6	5.1	5	5	4	6	2	74.5%
		Round 2	32	2	6	5.1	5	5	5	6	1	81.3%
5.1.10.	Manage fiscal resources related to problem gambling prevention projects.	Round 1	51	3	6	5.1	6	5	4	6	2	74.5%
		Round 2	33	3	6	5	5	5	5	6	1	75.8%
6.1.5.	Recognize strengths, limitations, and appropriate use of qualitative and quantitative evaluation methods.	Round 1	51	2	6	4.9	5	5	4	6	2	68.6%
		Round 2	34	3	6	4.8	5	5	5	5	0	79.4%
6.2.2.	Identify and hire compatible, competent and effective project evaluators, when appropriate.	Round 1	51	2	6	4.9	5	5	4	6	2	70.6%
		Round 2	34	3	6	5	5	5	5	6	1	76.5%
6.2.3.	Collaborate with evaluators to develop research goals and questions.	Round 1	51	2	6	4.8	6	5	4	6	2	64.7%
		Round 2	34	3	6	5	5	5	5	6	1	76.5%
6.2.4.	Select appropriate tools to collect data (e.g., community, school-based, and record surveys; interviews; program reviews; focus groups; observations).	Round 1	51	1	6	5	5	5	4	6	2	74.5%
		Round 2	33	4	6	5.1	5	5	5	6	1	84.8%
6.2.5.	Work with an evaluator to interpret and translate evaluation report information into performance improvement action steps.	Round 1	51	2	6	4.8	5	5	4	6	2	62.7%
		Round 2	33	3	6	5	5	5	5	5	0	81.8%
6.2.6.	Assess evaluation reports in relation to their quality, utility, and impact on problem gambling prevention.	Round 1	51	2	6	4.9	5	5	4	6	2	68.6%
		Round 2	34	3	6	5.1	5	5	5	6	1	82.4%

Legend: n = number of panelists; min = minimum rating on a scale from 1 to 6; max = maximum rating on a scale from 1 to 6; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = q3-q1; endorse = percentage of panelists who rated a competency a 5 or a 6.

Table 4.6. *Competencies Eliminated in Round 2* (*k* = 11), *Following Lack of Agreement or Endorsement in Round 1*

DOMAIN	LABEL	Round	n	min	max	mean	mode	median	q1	q3	qrange	endorse
1.1.7.	Identification, screening, and referral for gambling problems.	Round 1	51	3	6	5	6	5	4	6	2	66.7%
		Round 2	34	2	6	4.9	6	5	4	6	2	73.5%
1.3.2.	Family dynamics.	Round 1	51	3	6	4.7	4	5	4	5	1	56.9%
		Round 2	33	2	6	4.5	5	5	4	5	1	60.6%
1.3.3.	Social-ecological systems theory.	Round 1	51	3	6	4.8	5	5	4	5	1	68.6%
		Round 2	33	3	6	4.8	5	5	4	5	1	66.7%
1.3.5.	Mental health and behavioral sciences.	Round 1	51	3	6	4.7	4	5	4	6	2	54.9%
		Round 2	33	2	6	4.7	5	5	4	5	1	63.6%
1.4.5.	Current community private sector structures, processes, and relations including nonprofit and for-profit organizations.	Round 1	51	2	6	4.9	5	5	4	5	1	72.5%
		Round 2	34	2	6	4.5	5	5	4	5	1	64.7%
3.2.5.	Create relationships with government agencies and businesses affiliated with the gambling industry.	Round 1	51	1	6	5	6	5	4	6	2	74.5%
		Round 2	34	1	6	5	6	5	4	6	2	73.5%
4.2.	Consider economic and political implications of decisions and priorities.	Round 1	50	2	6	4.9	5	5	4	6	2	70.0%
		Round 2	34	4	6	5	5	5	4	6	2	70.6%
6.1.3.	Understand and communicate steps and procedures used in the evaluation process.	Round 1	51	2	6	5	5	5	4	6	2	74.5%
		Round 2	34	3	6	4.8	5	5	4	5	1	70.6%
6.1.4.	Consider the benefits and barriers related to using external and/or internal evaluators.	Round 1	51	1	6	4.8	5	5	4	6	2	62.7%
		Round 2	34	3	6	4.6	5	5	4	5	1	58.8%
6.1.8.	Identify the purposes, strengths, and limitations of various approaches to evaluating prevention efforts (e.g., process, outcome, and impact evaluations).	Round 1	50	4	6	4.9	4	5	4	6	2	62.0%
		Round 2	34	3	6	4.9	5	5	4	5	1	73.5%
6.2.5.	Work with an evaluator to collect and analyze the data.	Round 1	50	2	6	4.6	4	5	4	5	1	56.0%
		Round 2	33	3	6	4.8	5	5	4	5	1	69.7%

Legend: Original subdomain numbering is shown. n = number of panelists; min = minimum rating on a scale from 1 to 6; max = maximum rating on a scale from 1 to 6; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = interquartile range, also known was the difference between the third quartile (q3) and the first quartile (q1); endorse = percentage of panelists who rated a competency a 5 or a 6.

Table 4.7. *Competencies Added Based on Panelists' Suggestions in Round 1, Voted on in Round 2, Accepted (k = 4) or Eliminated (k = 1) Based on Round 2 Ratings*

DOMAIN	LABEL	n	min	max	mean	mode	median	q1	q3	qrange	endorse
1.1.10.	Differences and similarities between gaming and problem gambling.	34	3	6	5.3	6	5.5	5	6	1	85.3%
1.1.11.	Available resources for tertiary prevention (e.g., self-exclusion, websites, self-help groups, treatment programs, etc.).	34	2	6	5.1	5	5	5	6	1	82.4%
3.3.07.	Address the stigma of problem gambling in prevention efforts.	34	3	6	5.6	6	6	5	6	1	94.1%
7.1.09.	Specific at-risk populations (e.g., college-age people, veterans, and older adults).	34	3	6	5.4	6	5	5	6	1	91.2%
7.1.10.**	Tribal sovereignty (i.e., the right of American Indians and Alaska Natives to self-govern).	32	2	6	4.7	5	5	4	5	1	71.9%

Legend: **Original subdomain numbering is shown for one competency that was suggested by panelists in round 1 but not accepted in round 2. n = number of panelists; min = minimum rating on a scale from 1 to 6; max = maximum rating on a scale from 1 to 6; mean = average rating; mode = most common rating; median = middle rating; q1 = 25th percentile; q3 = 75th percentile; qrange = q3-q1; endorse = percentage of panelists who rated a competency a 5 or a 6.

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