A Guide for Counsellors

Working with Problem Gambling Clients from Ethno-cultural Communities

COSTI Immigrant Services

Problem Gambling Institute of Ontario

Ontario
Agency for Health Protection and Promotion

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Ontario Resource Group on Gambling, Ethnicity and Culture
March 2010

Acknowledgements

The development of *A Guide for Counsellors Working with Problem Gambling Clients from Ethno-cultural Communities* was made possible by many individuals who represent member agencies of the Ontario Resource Group on Gambling, Ethnicity and Culture. The Resource Group thanks them for sharing their expertise, and also acknowledges their agencies for supporting the project by giving them the time and resources to do it.

- Farishta Murzban Dinshaw, COSTI Immigrant Services, for co-ordinating the project, and editing the written contributions into a cohesive document.

- Negar Sadeghi, Centre for Addictions and Mental Health (CAMH) for taking the lead in writing this Guide. Other contributors included Clara Panarella, Sandy Hill Community Health Centre; Chantal Dubois, CAMH; Nina Littman-Sharp, CAMH; and Colleen Tessier, CAMH.

- Patrick Au, Chinese Family Services of Ontario; Vivian Del Valle, COSTI Immigrant Services; Farishta Dinshaw, COSTI Immigrant Services; Nina Littman-Sharp, CAMH; Ricadina Pereira, COSTI Immigrant Services; Carmela Perna, COSTI Immigrant Services; and Negar Sadeghi, CAMH, for contributing case studies which illustrate the Culturally Competent Care model of counselling.

- Nina Littman-Sharp, CAMH; Rani Srivastava, CAMH; Cindy Jennings, Community Addiction Services of Niagara; Vince Pietropaolo, COSTI Immigrant Services; Debbie Starzynski, COSTI Immigrant Services; Karna Trentman, Ontario Problem Gambling Helpline; Clara Panarella, Sandy Hill Community Health Centre; and Julia Bloomenfeld, The Jean Tweed Centre, for reviewing the draft of the Guide and giving invaluable suggestions and insights.

The Group would like to acknowledge The Ontario Ministry of Health and Long Term Care for their financial support for the publication of this Guide.

Contents

Introduction and Project Background

This Guide is intended for counsellors, clinicians, and healthcare service providers who work in mainstream agencies serving clients from diverse backgrounds and organizations who are considering reaching out to ethno-cultural communities. It is intended as a resource for service providers and allied professionals who work with individuals, their families and significant others who have gambling problems.

Research suggests that problem gambling awareness and treatment programs designed for the mainstream population are not generally effective for ethno-cultural communities[1]. Yet, there is little information available about developing and providing problem gambling awareness and treatment programs for ethno-cultural communities. This Guide aims to fill that gap by providing comprehensive, effective, and culturally competent approaches to meet the problem gambling awareness and treatment needs of ethno-cultural communities.

Culturally Competent Care

Culture is one of the 12 determinants of health recognized by the Public Health Agency of Canada.[2] "Some persons or groups may face additional health risks due to a socio-economic environment, which is largely determined by dominant cultural values that contribute to the perpetuation of conditions such as marginalization, stigmatization, loss or devaluation of language and culture and lack of access to culturally appropriate health care and services."

Therefore, a treatment model for clients from ethno-cultural communities must consider culture as an integral part of the process. There are many definitions and descriptions of culturally competent care. According to the Glossary in *Culture Counts: A Roadmap to Health Promotion (*CAMH, 2004)[3], Culturally Competent Care is defined as, "Capacity of an organization or individual to appreciate diversity, and to adapt to and work with people of different cultures, while ensuring everyone is treated equally."

Rani Srivastava in her book *The Healthcare Professional's Guide to Clinical Cultural Competence* (Elsevier Canada, 2007) extends the definition by saying that cultural competence "….refers to the ability of healthcare providers to apply knowledge and skills appropriately in interactions with clients." (p9) In summary, a culturally competent care approach is based on the concept that counsellors need to understand and respond to the different values, verbal cues, and body language of their clients by virtue of their ethno-cultural backgrounds.

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1 Centre for Addiction and Mental Health. (2007). *Culture Counts: A Guide to Best Practices for Developing Health Promotion Initiatives in Mental Health and Substance Use with Ethno-cultural Communities.*

2 Public Health Agency of Canada. (2003). *What determines health?* Available at http://www.phac-aspc.gc.ca/ph-sp/phdd/determinants/index.html

3 Centre for Addiction and Mental Health. (2004). *Culture Counts: A Roadmap to Health Promotion: Glossary.*

Cultural competence requires counsellors to acknowledge that culture influences how clients act and react in clinical settings and find ways for communicating with clients to ensure a positive clinical outcome. A culturally competent care approach emphasizes cultural sensitivity, knowledge and awareness of resources when working with diverse populations.

The Ontario Resource Group on Gambling, Ethnicity and Culture

This Guide has been developed by the Ontario Resource Group on Gambling, Ethnicity and Culture (Resource Group), a committee of agencies engaged in issues related to problem gambling and ethnicity. The Group has been meeting regularly since 2001, with CAMH and COSTI as core members. In 2007, this committee formalized itself as the Ontario Resource Group on Gambling, Ethnicity and Culture, and invited participation from agencies across the province. See Appendix 4 for more details about the Group's work and a list of current members.

One of the Group's significant projects is the Multilingual Problem Gambling Service (MPGS). Initiated in 2003, trained professionals have offered culturally-appropriate problem gambling treatment and outreach within their own communities and in their own languages. Eight agencies have contracted to do this work on a fee-for-service basis, while others are available for referral without a specific contract (see the chapter on Resources for names of agencies involved). CAMH Problem Gambling Service (CAMH) funds the project, while CAMH and COSTI work collaboratively to support their partner agencies' work, and to develop an expanded network of providers. MPGS agencies are included in the training provided by the CAMH Problem Gambling Project to the Ontario Ministry of Health and Long Term Care-funded problem gambling treatment system. The Group has organized more than 250 outreach-related activities in different languages, and over 400 clients have been assisted who might not have accessed or benefitted from mainstream services.

1
Ethno-cultural Communities in Ontario

In the past ten years, Ontario has experienced a change in demographics stimulated by an influx of persons from diverse ethnic and cultural groups. The increasingly multicultural profile of the province requires counsellors to provide counselling that demonstrates knowledge and understanding of the client's culture, and to adapt counselling strategies to harmonize with the client's culture. A familiarity with the settlement patterns in Ontario is necessary to enhance the counsellors' knowledge of their client base.

What are "ethno-cultural" communities?

For the purposes of this Guide, "ethno-cultural" communities are defined as a group of people who share and identify with certain common traits, such as language, ancestry, homeland, history, and cultural traditions.

Knowledge of the ethno-cultural portrait of the community, urban or rural, is important to an agency, service group and the people who work within the catchment. Information about the major communities in the area, their language, their beliefs and values, their demographics, help improve service design and delivery, prevention work, outreach, staffing and counselling.

The 2006 Census[1] data revealed that people from over 200 ethnic origins reside in Canada. This list of origins included Canada's Aboriginal peoples as well as the groups that settled in Canada. While ethno-cultural communities often include newcomers, it is important to remember they also include people whose roots in Canada are multi-generational. The 2006 Census estimated that visible minorities accounted for 16.2% of Canada's total population, up from 11.2% in 1996. South Asians surpassed Chinese as the largest visible minority group. Chinese and Blacks were respectively, the second and third largest visible minority groups.

Settlement Patterns in Ontario

Foreign-Born Canadians

There were approximately 580,740 foreign-born people who arrived in Ontario between 2001 and 2006[2]. An estimated 77.1% of them chose to live in Toronto. This has shaped the city's cultural mosaic to reflect almost half the city's population as foreign-born. Among newcomers, the top two countries of emigration were India and the Peoples Republic of China.

After Toronto, the next five cities with the highest immigrant settlement in Ontario are Ottawa-Gatineau, Hamilton, Kitchener, London, and Windsor.

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1 *Canada's Ethno-cultural Mosaic, 2006 Census*. (2008). Statistics Canada. Available at <http://www12.statcan.ca/census-recensement/2006/as-sa/97-562/pdf/97-562-XIE2006001.pdf>

2 Ibid.

Visible Minorities

In 2006, individuals who identified themselves as members of the visible minority[3] population made up 16.2% of the total population in Canada.[4]

Census 2006 revealed that 30% of visible minority individuals were born in Canada.[5] Visible minority Canadians differ from foreign-born Canadians in that they may be born in Canada. However, they are often included in "immigrant" groups because of their racial ancestry. In 2006, Ontario's population included 2,745,200 people from visible minorities, more than half (54.2%) of Canada's total visible minority population. The Greater Toronto Area (GTA) has the highest proportion of visible minorities among all census metropolitan areas in Canada. Between 2001 and 2006, the GTA took in 40.4% of all newcomers to Canada; 81.9% of these newcomers belonged to a visible minority group.[6]

Mother Tongue

According to Census forms, "mother tongue" refers to the first language learned at home in childhood and still understood by the individual at the time of the Census. More than 200 different mother tongue languages were reported in 2006.[7]

According to the Census 2006 data, in Ontario the top three mother tongue languages, apart from English or French, were Chinese, Italian, and Spanish. Toronto's top three mother tongue languages were Chinese languages (Mandarin, Cantonese, Hakka, Taiwanese, Teochow, Fukien and Shanghainese), Italian, and Punjabi. Ottawa's top three mother tongues were Arabic, Chinese languages, and Spanish.

3 Visible minorities are defined based on the Employment Equity Act definition as persons, other than Aboriginal peoples, who are non-Caucasian in race or non-white in colour. In 2007, a United Nations anti-racism watchdog reported that the phrase "visible minority" was discriminatory, but it is still used to refer to many ethno-cultural communities as another descriptive term has not been identified as yet.

4 *Canada's Ethno-cultural Mosaic, 2006 Census*. (2008). Statistics Canada.

5 Ibid.

6 Ibid.

7 Statistics Canada, Census of Population, 2006. (2008). *2006 Census: The evolving linguistic portrait, 2006 Census: Sharp increase in population with a mother tongue other than English or French.*

2
Incidence, Prevalence and Severity of Gambling and Problem Gambling In Ethno-cultural Communities

There is little academic literature about the prevalence of and issues related to problem gambling in ethno-cultural communities. The information currently available is based on preliminary research and community-based needs assessments. The *At Home with Gambling* study[8] revealed that the enjoyment of gambling, for most people a normal and limited activity, can become a problem for some. This exploratory research study focused on how people from different ethno-cultural groups view and practice gambling, and the effect of gambling on families. The result of this study suggests that within diverse ethno-cultural communities there are beliefs and practices that influence gambling. These beliefs are remarkably durable over time and pass from one generation to the next, through kin, friends, and community institutions. However, these conclusions are tentative, pending further work on this topic with more reliable data.

Community Profiles

In 2002, COSTI Immigrant Services, Toronto, a multicultural, multi-service agency serving newcomers and ethno-cultural communities, explored the perceptions, attitudes and beliefs regarding gambling and problem gambling, help-seeking behaviour, and identification of the need for problem gambling services (treatment, outreach, prevention, education) in selected ethno-cultural communities in the Greater Toronto Area (GTA).[9] These community profiles are largely based on the responses of 130 participants that attended twenty-four focus groups, and collated data from an additional 500 questionnaires. The community profiles are intended only as an overview to assist counsellors in better understanding their clients, and cannot be substituted for understanding individual client's gambling practices or counselling needs. Factors that combine to influence these communities help-seeking behaviour include lack of information and resources, language difficulties, stigma, distrust of outsiders' help, cultural pride as well as issues of confidentiality and anonymity, and discomfort in seeking professional services.

Profiles of the following communities are briefly described in this Guide.

Afghan	Hispanic	Jewish	Punjabi
Chinese	Indo-Caribbean	Korean	Somali
Filipino	Iraqi	Polish	Tamil
Greek	Italian	Portuguese	Vietnamese

For general information about communities from 100 different countries, please refer to Citizenship and Immigration Canada (CIC) Cultural Profiles Project in the chapter on Resources.

8 Korn, D. and Teperman, J. (2003). *At Home with Gambling: An Exploratory Study.* Ontario Problem Gambling Research Centre. Available at <http://www.gamblingresearch.org/download.sz/045%20Final%20Report%20PDF.pdf?docid=5509>

9 Information in this section is based on the findings of this study reported in *A Reference Manual on Problem Gambling for Newcomer Service Providers.* COSTI Immigrant Services. (2006).

Afghan Community

Some traditional types of gambling currently practiced by the community in Canada, include traditional card games, kite flying, animal fighting (dog, cock), pigeon flying, *kamsahee* (a dice game), button games, marble games, and *shir-o-khat* (coin flipping). Wagering a meal out at restaurant is also common practice among young people. They call it "friendship" betting. *Gashtak* is the practice of going from one home to another to play board games. Other popular types of gambling in the Afghan community include lotteries, slots at casinos and traditional Afghan card games, *falash* and *charwali*.

Different types of gambling are popular in various segments of the community. For instance, some of the traditional card games and going to the casino are popular among adults whereas youth tend to bet on sports and gamble on the Internet. Older adults are more likely to take part in traditional card games at family gatherings or parties. Gambling also seems to be a more common activity for men than women.

There is shame associated with people who gamble excessively, therefore, it remains a hidden issue. In terms of help-seeking, the Afghan community relies largely on family members to resolve issues or problems. There is also a strong belief for some people that Allah will change their situation for the better. Mosques, religious leaders, community services and family physicians are also sources of help and support. Older adults in the community are respected and are turned to for support and counsel.

Chinese Community

Gambling has been part of social life in the Chinese society for thousands of years. Records of gambling with money date back to approximately 700 B.C. Gambling activities included chess, cock fights, dice games, cricket fights, *mahjong* (a game played with marked tiles), horse racing, and card games. It was so widespread that at certain times in history it was considered a 'social epidemic'. It is also noted that widespread gambling is associated with times of political and/or economic depression.

Gaming, gambling and problem gambling has never been well-defined in the community. Some forms of gambling are socially acceptable and some are frowned upon. Often, people condemn the consequences, not the activity. Some forms of gambling have become such as interwoven part of social life that they are highly acceptable and even considered to be healthy activities. Examples include *mahjong* and, to some extent, horse racing – as long as the money involved is reasonable and the peers are 'decent', these are considered as harmless hobbies. Knowing how to gamble is considered to be a symbol of masculinity and manhood even though heavy gambling is still not acceptable.

The Chinese community in Toronto participates in gambling activities such as lotteries, casino games, *mahjong*, off-site racetrack betting (specifically immigrants from Hong Kong), card games, sports and risk investments.

Filipino Community

Popular types of gambling in the community include lotteries, bingo, casino games, *mahjong*, racetrack betting, card games like *pusoy* and *sakla*, betting on sports, animal fighting (cocks, spiders), risk investments, and *jueteng*, a game with numbered balls. Most of these games are practiced here in Canada with the exception of *jueteng*, animal fighting, and pyramids.

Gambling takes place both in formal gambling establishments such as casinos or bingo halls as well as at home or at parties. For the most part, more men than women are activity engaged in gambling.

There is stigma associated with gambling problems, and as a result a person who develops a problem may feel isolated and not accepted by the community. When problems do arise community members may seek help from family, friends and religious and/or spiritual leaders.

Greek Community

Gambling is seen as a common social and recreational activity within the community and is not necessarily restricted by gender, age, or income levels. Popular types of gambling in the community are casino games, card games, lotteries, racetrack betting and bingo. Playing cards at coffee shops or restaurants is popular in the community. Women do not usually participate in this type of gambling, but do frequent casinos.

Although gambling itself is widely accepted as a recreational activity, it is frowned upon to have a 'gambling problem' that tarnishes the person's reputation and negatively impacts the family and its finances. Some problem gamblers and their family members may seek help through established community social services offered through the church. Support groups or individual support is preferred as well as telephone help lines where anonymity is maintained. There is little awareness about where to seek formal help for problem gambling.

Hispanic Community

The Hispanic community comprises individuals originating from many different Spanish-speaking regions, such as Mexico, Central America, South America, and Spain. Although there are similarities among people from Spanish-speaking countries, it is also important to be aware of the diversity of histories, customs and traditions of the various countries. Generally, gambling is seen as an acceptable and popular recreational activity, and not necessarily as something that could become problematic. Common types of gambling include sports betting, card games billiards, bingo, board games, betting on horseshoe tosses and bowling. It seems that men take part in gambling at a higher rate than women. It is also believed that youth and adult males are most at risk for developing gambling problems. There is also some concern for older adults who identified gambling as one of the few recreational opportunities available to them.

Although gambling is an acceptable activity, the shame associated with problem gambling might cause an unwillingness to seek help outside the family. Since the Hispanic communities are collectivist cultures in which the extended family may include a *compadre* and *comadre* (godfather and godmother), it is common for the family members to seek help for the person with the gambling problem. People prefer to seek help from family members, religious leaders, and community elders.

Indo-Caribbean Community

Popular forms of gambling in the community involve lotteries, casino games, bingo, card games and racetrack betting. Traditional games in the Caribbean are racetrack betting, sweepstakes, lotteries, cards, *whe whe* (a traditional numbers game), bingo, sports betting, domino games, stick fighting, dice games, three shells and three cards (over and under), and betting with buttons and marbles. While many of these types of gambling continue in Canada, some, such as *whe whe* and stick fighting, are not available.

It was felt that it was the Indo-Caribbean community's cultural psyche is to be cautious, so problem gambling is limited. If a person did have a problem, the individual would seek help from a minister or a priest, and other family members.

Iranian Community

Gambling is considered to be common and perceived as a social pastime among members of the Iranian community. Popular forms of gambling are blackjack, lotteries and playing different cards games with friends and family. In Farsi, the concept of a "gambling problem" implies "addiction." The lack of physical symptoms in problem gambling as opposed to substance abuse makes this problem invisible. This invisibility has in turn been identified as a factor in the way that individuals in the community perceive gambling and gambling related problems. Problem gambling is stigmatized, thus its significance is underestimated in the community. Based on a study conducted in 2001 among the Iranian community of the GTA [10] there are high rates of gambling problems among seniors and youth. People with a gambling problem may not want to acknowledge its existence or seek help for it as it is stigmatized in the community, In this study, it appeared that seniors, women, and youth in particular were more vulnerable and at a greater risk of developing gambling problems.

Iraqi Community

There are various religious and ethnic groups within the Iraqi community with different perceptions of gambling. For example, Assyrian Christians do not have any religious prohibitions about gambling, whereas Assyrians who follow Islam do. Although gambling is illegal in Iraq, it still does exist as a pastime in Iraq and is perceived to be even more widespread within the community in Canada. Friends or family gamble at gatherings as a way to pass the time. Popular forms of gambling in the community include the lottery, gambling with family and friends, bingo, sports betting, casino and card games. Having a gambling problem is seen negatively and problem gamblers are considered 'social pariahs'.

Italian Community

Gambling in the Italian community is seen as an enjoyable recreational activity and pastime. Often when family and friends come together for celebrations or during festive times such as Christmas, card games and *tombola*, a form of bingo, are played with wagers of small amounts. Casino games, including electronic gaming machines, and lotteries are also common. Sport betting, in particular betting on soccer games, is almost a tradition amongst Italian-Canadian households. Card playing has been the recreation of choice for more than a century in Italy, and immigrants have continued this recreational activity wherever they established themselves throughout the world. It is particularly popular among seniors, who play in social clubs.

Although gambling is widely accepted, there is a great deal of shame associated with having a problem which causes family strife and grave financial loss. Women with gambling problems often deal with feelings of guilt for having failed not only themselves, but also their families. Problem gambling tends to present with other issues as well, such as anxiety and depression. Older adults in the community may be especially vulnerable as they perceive gambling as a 'safe' recreational activity and as one of the few activities that is easily accessible, given the availability of buses that go to the casinos. They may also be vulnerable to developing problems

10 Zangeneh, M., Sadeghi, N., & Littman-Sharp, N. (2004). Perceptions and Attitudes about Gambling, Problem Gambling and Help-Seeking Behaviour among Iranians in Toronto - A Small Qualitative Study. *Shiraz E-Medical Journal, Vol. 5, No. 1.*

because of the feeling of loss of status, isolation and loneliness that often follows retirement, or after the loss of a spouse.

Jewish Community

The Jewish community in Toronto is a long-established community for the most part, with access to many community services as well as the ability to use mainstream services. Recent Russian-Jewish immigrants may be an exception, and resemble other immigrant groups. Popular games reported in the community include various types of lotteries, fundraising raffles, bingo, racetrack betting, cards and board games, video lottery terminals and some Internet gambling.

The community sees the role of education as important in prevent problem gambling, particularly becoming aware of the consequences of problem gambling. Also, faith in God is seen as an important factor in problem gambling prevention.

Korean Community

In South Korea, gambling is illegal except under government sanctioned circumstances, and laws vary for foreigners and Korean citizens. There are two lotteries open to Korean citizens, the *Lotto*, and the *Toto* (a sports lottery). Many Korean game parlours have a form of slot machine for entertainment purposes only, but underground gambling occurs at many of them. There is only one casino for Koreans, Gangwon Land, but tourists are allowed to gamble at casinos in resorts and hotels. In Canada, Koreans take advantage of the accessibility to casinos, lotteries and other forms of gambling. Online gambling is very popular. *Hwatu,* meaning 'battle of flowers', are special decks that have different types of flowers representing numerals. Games using the *hwatu* decks are commonly played at family gatherings during special holidays such as the Lunar New Year and *Chuseok*.

Koreans of both sexes and all ages gamble as a social pastime. However, problem gambling is deeply stigmatized and problem gamblers rarely seek help for it directly. They may resort to seeking help for physical symptoms (somatization) brought on by anxiety related to gambling.

Polish Community

Several types of games seem to be popular in the community including sports betting, pyramid schemes, lotteries, bingo, casino games, racetrack betting, stock market and card games.

Community members are likely to seek help only when the problem is quite severe or in a crisis situation. Family physicians and family members are the initial source of help. When other professional help is sought, there is a need and a preference for services in Polish. The Catholic Church also plays a significant role in the community and may also be seen as a source of support for those with a problem. There is a concern about the level of gambling among older adults, single men who have immigrated without their families, more recent immigrants, and the economically disadvantaged.

Portuguese Community

Gambling is an activity which is generally seen as a pastime or a form of recreation. Popular types of gambling include card playing and bingo. Card games and electronic gaming machines at social clubs and sports bars are also popular. Other common types of gambling are sports betting, billiards, lotteries and casino games. Although

gambling is generally accepted, it seems to be more of an activity associated with men and less permissible for women. Men tend to engage in casino games such as slots, electronic gaming machines at cafes, sports bars and playing cards for money as well as purchasing lottery tickets. Women may play slots, but are typically not involved in the gambling that takes place in social clubs or sports bars. Purchasing lottery tickets and playing bingo is popular among women.

When there is a problem with gambling, individuals and families find it difficult to seek help outside of the family. Family physicians and ethno-specific agencies are the usual sources of help. When individuals with gambling problems do seek help, they are often dealing with multiple issues, including mental health problems.

Somali Community

Gambling is an activity which is forbidden in Islam, and prohibited by Somali culture. However, the attitude of young men in the community in Canada is more accepting of gambling in comparison to adults and older adults. Some common types of games include *turub* (a version of poker), lotteries, bingo, and casino games. There are also gender differences in participation in gambling. *Turub* is played in social clubs, often while also chewing *qat*, a leafy twig which is chewed for its stimulant effects.

Community members may seek spiritual counselling at the mosque or help from an ethno-specific community agency. Youth tend to be more aware of the mainstream services available, but are also aware of and comfortable with services offered at the mosque or within the community.

South Asian Community

Gambling is common during certain Hindu celebrations such as *Diwali* (the night before the New Year) when it is seen as particularly favourable to gamble. A popular belief among Hindus is that throughout the coming year the Goddess Lakshmi will favour those who win at cards on the night of *Diwali*. Card playing is a popular form of gambling. The perception is that gambling within the home is recreational and a family pastime. More formal games of chance such as playing the lottery or casino games are equated with gambling. Youth are more likely to engage in the types of gambling that they are exposed to among their peers, such as lotteries, slot machines, sports betting, and Internet gambling. Also, gambling seems to be a more popular and acceptable pastime for men than for women.

There is stigma associated with being a problem gambler. Although, through religion there is a belief in the duty to care for someone with a problem, there is also a perception that the community will look down on someone with gambling difficulties.

Awareness seems to be low about the formal services available for problem gambling. Youth seem to be more knowledgeable about existing services. They are more likely to seek help from mental health professionals and medical doctors than religious or community leaders.

Separate research was conducted with the Punjabi and Tamil communities within the South Asian community. The following is a summary of key findings from the research.

Punjabi Community

Gambling activities such as card playing are reported to be common in the community, although there is stigma associated with gambling and certainly there is shame associated with being a problem gambler. Having a problem may be seen as a "moral flaw".

There is particular concern in the community for those employed as taxi drivers. It is felt that some pass the time between runs playing cards or at the race track. It also appears gambling is an activity that men engage in at a higher rate than women. Help is usually sought from services within the community.

Tamil Community

There appears to be some stigma associated with gambling activity. However, there are still types of gambling that are popular within the community, such as lotteries, card playing, betting on *carrom* (a board game) and pyramid schemes. Tamil workers in factories or restaurants organize lottery pools.

There is difficulty in coming forward to seek help if there is a problem. Many people hope to control the problems on their own. When seeking help, people tend to prefer agencies within the community, and confidentiality is an important criterion in help-seeking.

Vietnamese Community

Gambling has been a part of the Vietnamese culture for centuries. A lucky animal game, a type of gambling, is played at family gatherings during the Lunar New Year celebrations. Other popular types of gambling are baccarat and poker, often played at home or in casinos, as well as slot machines, roulette, sports betting, billiards, dice games, bingo, racetrack betting, and lotteries.

Although gambling is widely accepted in the community, there is awareness that gambling may have negative consequences. The following are popular traditional sayings within the community: "Gambling is the uncle of sin" and "Gambling is one of the four deadly sins" (the other sins being adultery, alcoholism, and drug abuse). There is stigma associated with having a gambling problem with the perception being that it is the gambler's fault. Individuals experiencing difficulties have trouble admitting their problem.

Individuals usually seek help from ethno-specific community agencies, community mental health agencies or family doctors. Confidentiality is very important to those seeking help as well as reassurance that they are not the only ones with a problem.

3
A Culturally Competent Care (CCC) Model

Cultural Competence is defined as the capacity of an organization or individual to appreciate diversity, and to adapt to and work with people of different cultures, while ensuring everyone is treated equally. [11] Cultural sensitivity is not an interchangeable term, but is, instead, a component of cultural competence.

In her book on clinical cultural competence, Rani Srivastava[12] describes cultural competence as the ability of healthcare providers to apply knowledge and skills appropriately in interactions with clients in cross-cultural situations. Cultural competence is also the psychological willingness to adjust one's practice styles to the needs of different marginalized groups. The core value is equity. This approach considers power dynamics, resources and health disparities as core to culturally competent clinical care.

The Culturally Competent Care model is based on four interlinked dimensions of a counsellor's competence:
1) Skills
2) Awareness of Values/Attitudes
3) Cultural Knowledge
4) Power/Relationship Issues[13] .

Skills

Skills refer to the abilities acquired by counsellors through education, training, and experience that permit them to be more effective. Skills that are required in the Culturally Competent Care model include:

- communication, engagement and relationship-building skills requisite to cross-cultural interactions
- client driven problem solving skills
- active listening skills that use patience and silence to leave space for client expression as different cultures may have varying "pause times" between alternating speakers
- interpersonal skills to build rapport with family and other support systems
- assessment skills which identify the role of socio-economic disadvantage, racism, homophobia, ableism in presenting problems.
- presentation skills to use visual aids where possible, especially with clients who may have literacy or language issues
- networking skills to learn more about services, resources, cultures from other service agencies working specifically with ethno cultural groups, and exchange ideas, expertise and innovative initiatives
- advocacy skills to work towards enhancing access to services and culturally competent care plus to raise awareness

11 Centre for Additions and Mental Health. (2004) *Culture Counts: A roadmap to health promotion.*
12 Srivastava, R. (2007). *The Healthcare Professional's Guide to Clinical Cultural Competence.* Elsevier Canada.
13 Haarmans, M. (2004). *A Review of Clinical Cultural Competence. Definitions, key components, standards and selected trainings. Centre for Mental Health and Addictions*

Awareness of Values and Attitudes

Competency skills need to be augmented with a non-judgmental and flexible attitude while embracing core values of respect, compassion, integrity and patience to best serve the client's needs.

This dimension of competence also includes being aware of one's own biases, values and beliefs. Another factor is for the counsellor to be sensitive to the issues associated with the client's culture.

Self-Awareness

A culturally competent counsellor has self-awareness of his/her own values, worldviews, biases, cultural norms as well as those of his/her clients as they impact the therapeutic relationship, goals, process and ultimately the outcome/progress.

To fully appreciate cultural differences, individuals must recognize the influence of their own culture and/or religious values on how they think and behave. These values have been shaped by cultural norms and values and reinforced by families, peers, social and political institutions. How one defines "family", identifies desirable life goals, views problems, and even greets others are all influenced by the culture in which one functions.

Awareness and Acceptance of Differences

It is important to acknowledge cultural differences and to become aware of how they affect the therapeutic relationship. While all people share common basic needs, there are vast differences in how people of various cultures go about meeting those needs. These differences are as important as the similarities. Recognize that there are sub-cultures within cultures. There are individual differences among people from the same cultural background. Everyone has beliefs, values and a unique perspective toward people and the world, which is shaped by many factors including cultural and regional background. Awareness and acceptance of differences in communication, life view, and definitions of health and family are critical for a positive outcome in therapy.

Knowledge

An understanding and knowledge of the client's background is required by counsellors for culturally sensitive and competent practice. Although the client's problems must receive attention, counsellors must recognize that the attitudes and beliefs of their clients will affect their perception of the problem and the resolution of the health problem. Enhancing cultural knowledge may be addressed in several ways such as reading about diverse cultures, and learning from one's clients and a network of colleagues.

Cultural competence is an on-going learning process and it is important for counsellors to continuously update their knowledge and skills by attending seminars and professional development sessions, such as:

- Cultural sensitivity training/courses/workshops
- Diversity training/courses/workshops
- Cultural competence training/courses
- Cross-cultural communication training/courses/workshops

Knowledge of Newcomer and Immigrant Issues

It is also important that counsellors are fully aware and knowledgeable of challenges, barriers and issues that newcomers and immigrants face on systemic, socio-economic and institutional levels. They may be dealing with many competing issues such as language barriers, employment and settlement, so knowledge of available resources will help counsellors locate appropriate support for their clients.

Knowledge about the Client's Culture

Cultural background about interpersonal and intergenerational roles within the family or community, religious practices, and significant historical events can enhance treatment.

Understanding the family's structure and expected roles within that culture may enhance treatment options. Individualistic cultures emphasize individual rights, seeing every person as a separate entity from the group and encouraging independence and self-sufficiency. On the other hand, in collectivist cultures, the immediate as well as extended family may be seen as a unit and emphasis is placed on family interests, social obligation, and interdependence within the family unit above that of individual needs and desires. In some cases, family members may put maintaining the family's "good name" and "honour" above the problem gambler's needs; thus preventing the gambler from seeking help, and perpetuating the stigma attached to gambling. In other cases, enabling behaviour may be perceived as protective and caring, and as 'what families do for one of their own'. In cultures which celebrate individualism and independence, active support from family members during the treatment process may be seen as an interfering and unhealthy way of caring.

The counsellor should research the perception of gambling in the client's culture and know the common forms of gambling. Awareness of cultural barriers to help-seeking such as stigma, shame,

Ask Yourself!

This example from another sector illustrates the importance of knowledge of cultural traditions of diverse communities. In Canada, if a child has a fever the parents may try and lower temperature with damp sponging or with medicine, and keep the child cool and hydrated.

Spoon scratching (*quat sha*) is a Chinese folk therapy used to "scratch the wind" to rid the body of "bad winds" and is used to relieve fever. Water or saline is applied to the site of scratching, which is usually the back. The area is then patted, pinched, or massaged until the skin turns red. The skin is then scratched with a porcelain spoon until bruises appear. A similar procedure — coin rubbing (*cao gio*) — is popular in Vietnam, Cambodia, Thailand, Malaysia, and Indonesia. With coin rubbing, balsamic or mentholated oil replaces water or saline, and a coin replaces the spoon.

This process is believed to improve health by blocking synaptic networks or by increasing circulation and relieving inflammation within the soft tissue. The procedure has few adverse affects.

If you were a health care professional unaware of these practices and were presented with a child with fever and bruises on his back, what would be your first impression of the situation?

Reference: Leung, A.K.C. (2005). *Ecchymoses From Spoon Scratching*. Consultant, Vol. 45 No. 2.

beliefs about gambling, cultural beliefs in relation to problem-solving, expectations and misconceptions regarding treatment and roles, and language issues will enhance the treatment options offered to the client.

However, counsellors should be mindful of cultural differences, sub-cultural differences and individual differences within each ethnicity. It is important to avoid being influenced by stereotypes and to remember that communities are not homogenous. For example, if you have an Arabic-speaking client from a Middle Eastern country, do not assume the client is Muslim. In fact, even if the client is Muslim, do not make assumptions about the degree of his religious adherence. A client's cultural and religious beliefs might be quite different from that of his community. The client should be used as a resource to understanding individual actions and reactions. Most clients will readily accept counsellors' acknowledgement that they do not know everything about their clients' cultural or religious background, and appreciate their respectful desire to know more.

Another misconception to avoid is that religious and cultural values are synonymous. For example, Iranian cultural values regarding gambling are different than religious values. In the Iranian social culture, gambling is acceptable and is considered a leisure activity. However, in Islam, which is the dominant religion in Iran, gambling is viewed as a sinful and an immoral activity, which can lead to issues of shame, stigma and embarrassment.

Understanding socio-cultural help-seeking behaviours

Understanding the socio-cultural response to illness, mental health and addiction is important as it may affect help-seeking behaviours. Some issues, such as gambling, mental health, substance use, are stigmatized and have emotions such as fear of ostracism, shame and guilt attached to them, which may prevent clients from seeking or responding to treatment. These issues may also be perceived as private or as a family matter, and clients may be reluctant about or resentful of seeking 'outside' help.

Knowledge of available resources

In the Culturally Competent Care model, one of the counsellor's responsibilities is to build up a variety of culturally-responsive resources. Selected print and non-print resources have been listed in the section on Resources.

In addition, an essential resource is a network of ethno-cultural services providers to consult and collaborate with on an ongoing basis. Familiarity with related resources for immigrants, newcomers and refugees will help provide holistic support.

Power/Relationship Issues

The underlying premise for the development of the Culturally Competent Care model is that institutions and services are part of a system that maintains a status quo that disadvantages people outside of dominant identity groups. This status quo is maintained through intervention techniques that impose cultural norms and expectations of the dominant society on these groups. For instance, a therapeutic interaction that does not take into account cultural styles of non-verbal communication (eye contact, posture, physical distances, facial expressions, silences) may render therapy ineffective, and may even cement perceptions that mainstream counselling services are insensitive and unresponsive. It is beneficial to choose interventions collaboratively with clients. For this, it is important to recognize the power dynamics between the counsellor and client and address it purposefully or true collaboration will not happen.

Knowledge about perceived, imagined, or real experience with consequences of prejudice, discrimination, racism and structural inequalities in the client's life may help shape therapy strategies. This includes familiarity and awareness of issues that face immigrants, newcomers and refugees such as settlement issues, trauma, marginalization, economic and social disadvantages, isolation, racism, discrimination and cultural pressures.

The counsellor should also be mindful of culturally specific power dynamics and levels of hierarchy within families. Some cultures might have gender-related or age-related issues of power and hierarchy. For example, in some cultures, in the absence of the father, the oldest male child has more power in making important decisions for the family than his mother or other siblings. In some families, seniority lends additional power, while in others age reduces the power and voice in family decisions.

4
Prevention and Awareness-Raising About Gambling and Problem Gambling in Ethno-cultural Communities

Barriers to Accessing Services

Ethno-cultural communities face barriers in accessing healthcare information and programs. Language may seem to be the most obvious barrier faced by ethno-cultural communities, but there are many other barriers as well.

- Cultural barriers with different worldviews and beliefs on how to seek help
- Less likelihood to take part in health promotion, prevention and treatment programs
- Stigma and mistrust of mainstream service providers
- Discrimination and racism, imagined, perceived or real
- Vulnerability to mental health and addiction problems due to pre-migration trauma, economic and social disadvantages, isolation, racism, discrimination and cultural pressures
- Acculturation issues e.g. teenagers may find it easier to adapt and accept the new culture
- Lack of knowledge about mental illness

Literature review completed as part of the *Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/Ethno-cultural Communities Project* at CAMH found that many studies drew similar conclusions about why health promotion initiatives often do not reach ethno-cultural communities.

- Concepts that reflect the mainstream culture are often not directly transferable to communities with different cultural backgrounds.
- The majority of health education materials and programs only reflect the cultural values of the majority group.
- Ethno-cultural communities suffer a greater loss to their overall health and productivity because health services often do not meet their needs.
- Lack of English or French and literacy skills, different cultural norms and beliefs, differences in communication styles, stigmatizing attitudes, plus racism and discrimination often prevent members of ethno-cultural communities from getting involved in health promotion activities.

Strategies for Involving Ethno-cultural Communities

A comprehensive approach to gambling treatment starts before the client comes to see the counsellor. It provides prevention and awareness programs to educate the community about responsible gambling, indicators of problem gambling and where to seek help. One major challenge is to get ethno-cultural groups to acknowledge that they may have a gambling problem within their own community. Therefore, education should focus on recognizing the problem and de-stigmatizing seeking help. This is best achieved through

collaboration with service agencies that work specifically with ethno-cultural minority groups, wide dissemination of language-specific publications, and culturally-appropriate social marketing campaigns.

Community service providers working with newcomer and ethno-cultural communities suggest that awareness-raising messages about gambling should emphasize the consequences of problem gambling not only for the gambler, but for the family as a whole (Dinshaw and Martella, 2006)[14] . Other suggestions for community outreach and education included emphasizing that gambling was not a way to make money and should be seen as an entertainment activity, and to focus on alternate ways of coping with stress related to settlement issues such as isolation, culture shock, loss of status, homesickness, and unemployment/underemployment. Service providers felt that community or religious leaders would be best suited to deliver messages about gambling through ethno-specific media, or through education sessions at familiar gathering places.

Education focusing on problem gambling alone is more likely to be unsuccessful because some ethno-cultural groups may not be aware or may be in denial that gambling behaviour exists within their community because of religious or cultural taboos attached to gambling. It is more likely that such a community will accept a dialogue on gambling if it is integrated with other health related topics. For example, a series of workshops designed for a group of Chinese restaurant workers, could include a video on responsible gambling and problem gambling, while addressing topics related to finances, and safe food handling.

Some of the barriers and difficulties in engaging the community about issues related to problem gambling include competing priorities, limited resources and lack of interest in the topic. Ways to build rapport and encourage interest include ‘infusing’ gambling and problem gambling information while discussing health related issues or finances, focusing initial outreach to youth as less threatening to adults, and establishing credibility within the community by partnering and resource sharing with local and ethno-specific agencies, and places of worship.

14 Dinshaw, F. & Martella, A. (2006). *Risk factors, key messages and modes of message delivery for gambling and problem gambling: An exploratory study of perceptions among newcomer service providers in Ontario.* Toronto: COSTI Immigrant Services.

Treatment

5
Treatment

Barriers to Accessing Treatment

Language

Clients with a limited ability to communicate in English or French face significant barriers to accessing treatment as there may not be counsellors who speak their language. Confidentiality and emotional safety may also be a barrier to accessing treatment for some clients who do not trust interpreters from their ethno-cultural community, particularly if the community is small.

Cultural Differences

Cultural norms might discourage open discussion of personal issues and put members at risk of problem gambling harm. Feelings of stigma, embarrassment, shame add to the silence surrounding problem gambling. Therefore, these are often kept secret even within the family and seeking help is delayed as long as possible. Furthermore, to avoid stigmatization and keep the problems of gambling within the immediate family, partners tend to endure their spouses' problems in silence and remain isolated from support and adequate resources. In some situations, family members may bail out their children/spouse/partners by paying off their debt in order to avoid embarrassment.

In collectivistic cultures, the family is involved in all aspects of life, including treatment and therapy. Some mainstream agencies patterned after the more individualistic North American culture may not be able to offer services to the entire family, which may then deter the individual from seeking help for gambling-related issues. Also, there are cultural expectations that a counsellor from an individualistic culture might not understand. For instance, clients from collectivist cultures where extended families, and often community elders, are involved in decision-making may expect more paternalistic styles of counselling. Furthermore, they may not value or understand "talking" as a form of treatment, or may resist introspection which focuses on the self.

Accessibility

Obstacles to accessing services may be related to systemic barriers, cultural beliefs or individual's own issues. Some agencies may not have client friendly environments that are geared to ethno-cultural communities. For instance, they may have signs, posters, and brochures only in English or French, or they may have staff who do not speak different languages, or are representative of visible minority groups.

Some ethno-cultural communities may not be accustomed to the idea of counselling and/or seeking help from "an outsider" who does not belong to their own social support network. In some instances, a parent may not allow a Canadian-born son or daughter to access services because it is not consistent with their own values and traditions. Many clients from ethno-cultural backgrounds who are mandated to seek counselling have never been to a counselling session before and have misconceptions about it, including the belief that counselling is for "crazy" people.

Many individuals who would like to access services may be hindered by their lack of awareness of treatment services in their community or may have the misconception that they will have to pay for counselling. They may also have inadequate knowledge of problem gambling and its harmful effects, choosing to focus on concurrent factors such as unemployment, marginalization, or relationship tensions as the cause of their problems.

Also, individuals may have concerns about confidentiality and anonymity, and the resulting stigma if their problem gambling became known in their community through a service provider at the agency where they seek help. Some clients may mistrust mainstream services and may worry that information may be shared with Citizenship and Immigration Canada, thus affecting their own immigration status or that of family members they are sponsoring.

Steps in Treatment Process

A client's engagement with the process is important to its success. Every effort should be made to make the client feel comfortable, in control of the treatment process and hopeful about change. Ambivalence is a normal part of behaviour change and should therefore be acknowledged and normalized.

Intake and Assessment

Initial Contact

The pre-engagement phase is important to start building a trustful and respectful therapeutic alliance with a client. It might start from the moment the counsellor speaks with a potential new client. The counsellor should be patient, and listen carefully. Assessment over the phone may be offered if there is any barrier to the client in coming to see the counsellor such as a need for an interpreter, concern about anonymity and confidentiality, or unfamiliarity with the location of services.The first and most important step is to reassure the client about the agency's confidentiality practice as well as its limitations according to the law in Canada. This is paramount in establishing a trustful relationship with clients. The counsellor should make sure that the client fully understands the explanation as some concepts may be unfamiliar to them, for instance the difference between anonymous disclosure and confidential disclosure. The counsellor may need to reassure them throughout the session especially for those who have fears of disclosing information related to immigration status or may mistrust "officials" because of a prior trauma. Clients who are refugee claimants or who may not have permanent status in Canada may be concerned that personal disclosure may work against them in the process of getting permanent resident status in Canada.

Many clients may not have had therapy before so it is important to describe the counselling process, the role/responsibilities of a counsellor and what they can expect from a treatment centre/agency. For example, some clients may assume counsellors can offer financial assistance and help resolve financial issues, therefore, clarification as to what services are offered is important. Different approaches to treatment, such as harm reduction and abstinence, can be confusing for some clients. Also find out what values may create conflicts. For example, it is important to know how they feel about the harm reduction approach as opposed to abstinence to treatment, and how these treatment options are perceived culturally, religiously and individually.

Explain different therapeutic approaches and how power is shared in the therapeutic relationship. Some clients who see "doctors" as experts may expect the counsellor to tell them what to do, how to do it, and when to do it. Clients who are not familiar with sharing power in terms of treatment planning and goal setting may need to be constantly reassured about the

importance of their own autonomy in their treatment process. If they are not comfortable with autonomy in this setting, the partnership approach might be less foreign and more effective.

During the initial assessment, counsellors should focus on finding out the client's worldview such as how the client views the situation, his/her opinion about the cause(s) of the problem, ways to deal with it, who else to involve such as family members and/or relatives/friends, other healing resources they have sought or may find useful to involve in conjunction with the agency's approach. Some studies suggest that different cultures have different ways of sharing concerns and expressing illness. For example, a study conducted by CAMH Clinical Research Director Dr. R. Michael Bagby, in collaboration with Dr. Andrew Ryder, Concordia University, Steven Heine, University of British Columbia and a number of collaborators from Second Xiangya Hospital of Central South University, People's Republic of China[15] found that East Asian participants will emphasize somatic or physical symptoms of depression more than North American participants, and North American participants emphasize psychological symptoms of depression (e.g., report feeling sad, crying spells, or a loss of self-confidence) more than East Asian participants. This can be an important factor to keep in mind when helping people from diverse cultural backgrounds. For example, a client might be struggling with gambling problems and depression, but may mask it with complains of physical symptoms such as headaches, poor appetite or aches and pains in the body.

Model Questions: Treatment Relationships

The following questions are neither comprehensive nor inclusive and are only meant as prompts. You might have to reword and rephrase and explore further by asking additional questions or different set of questions. Please note the non-verbal communication style.

1. Have you sought help before?
2. If yes, could you describe your experience, what was helpful? What was not?
3. What would you like to accomplish?
4. Is there anything that would make this setting more comfortable? (What are the options if any (e.g., male or female therapist, mainstream or culturally specific treatment centres), community, office, group work, individual work, family etc and then the client could describe their preference. In addition, it might be helpful to outline what other counsellors/healers are available from various worldviews and social identities. The client could then be asked what their preference is.)
5. Explain your approach to addictions, health and healing and ask if there is any concern?
6. How do you make decisions about how you are going to choose a particular form of care or treatment? (individually, with family, with community, religious guidelines etc.)
7. Is there anything you would like to know about me and/or our services?
8. Would you like to use an interpreter? Explain the process, benefits of using one, explore concerns and any fear that the client might have using an interpreter, emphasize confidentiality of it.

Reference: Developed by Ted Lo and Ann Pottinger. (n.d). *Cultural Competence for Social Workers*, CAMH and Cultural Interpretation Services Guidelines, CAMH

15 Press Release: *Culture and Depression: New data may help doctors more accurately diagnose clients.* July 15, 2008). The Centre for Addiction and Mental Health (CAMH). Available at http://www.camh.net/News_events/News_releases_and_media_advisories_and_backgrounders/Asian_mental_health_depression.html

Treatment Goal

After completing the assessment process, the counsellor and the client should determine what problems need to be addressed as well as which issues will take priority. Sometimes it might be useful and necessary to collaborate with family members, extended family members and/or relatives or even cultural healers. It has been emphasized in the literature on cultural competence that it is best to collaborate and negotiate agreement with a client when establishing a treatment goal and intervention that is flexible, inclusive and respectful of client's cultural views and values.[16] This will also help in building and strengthening the therapeutic relationship, and, ultimately, the outcome.

Concurrent Issues

Some newcomers and immigrants might be struggling with other issues, which may impact their gambling behaviour. Some factors that may bear further exploration are:

- discrimination and racism, imagined, perceived or real
- economic issues, including economic disadvantages, unemployment, underemployment, financial pressures to support families back home
- health and mental health issues
- immigration status
- intergenerational conflicts
- language and communication barriers
- legal issues
- loss of status and family/community/elders support
- marginalization
- pre-migration trauma, specially for refugees, fears for family in country of origin
- pressures to succeed/high expectations from family of origin
- settlement and integration issues, culture shock
- social isolation

Cultural Context

Cultural practices can play a significant role in forming clients' views of both the problem and treatment. In addition, they may also affect their perception of what constitutes a problem, the meaning of seeking help, and their attitude toward caregivers.

Understanding beliefs and traditions may help dealing with the client's superstitions and cognitive distortions related to luck. The counsellor should explore the significance of these beliefs with the client in order to help the client understand the relationship between luck and gambling. In other words, the counsellor should help the client identify his/her cognitive distortions and ultimately clarify the relationship between gambling and certain beliefs.

16 Srivastava, R. (2007). *The Healthcare Professional's Guide to Clinical Cultural Competence.* Elsevier Canada.

Know This!

There are many superstitions related to gambling, luck and wealth in different cultures.

Numbers
In some cultures, the number seven brings good luck. Pythagoreans called it the perfect number, as 3 and 4 represent the triangle and the square, the perfect geometrical shapes. It is not unusual for people to choose to gamble if they see the number seven somewhere in a way that is significant to them. In Sweden they have a saying "All good things come in groups of three". Eight is the number of abundance in many cultures so carrying a symbol of the eight-legged spider helps to bring wealth.

In Asian cultures, certain numbers are believed by some to be auspicious or inauspicious based on the Chinese word that the number name sounds like. Since the pronunciation and the vocabulary may be different in different Chinese dialects, the rules are generally not applicable for all cases. Number 4 is considered an unlucky number in Chinese, Korean, Vietnamese and Japanese cultures because it is nearly homophonous to the word "death". Thirteen is considered an unlucky number. For that reason, people avoid bingo cards or lottery tickets with a 13 number printed on them.

Talismans
The horse shoe and rabbit's foot are common talismans. Some Hispanic communities use Ojovenado, a seed from Mexico, as a lucky charm. Many Indian Hindus carry three keys considered to be keys to health, wealth and love.

Colours
Red colour in Chinese culture is said to bring good luck.

Religious Figures
Members of the Roma tribe (often referred to as gypsies) wash their hands in chamomile tea before gambling in honour of goddess Fortuna because chamomile is her special flower. She was also fond of cinnamon so they keep cinnamon sticks in their coat pocket when gambling. Many Hispanics use talismans with pictures of the Lady of Guadalupe or baby Jesus.

Working with Family Members

Many ethno-cultural communities are collectivist, which is a term used to describe cultural and social ideology that emphasizes the importance of a collective interdependence, rather than the importance of separate individuals. In essence, a 'we" culture instead of an "I" culture. This factor has significant implications on treatment of clients from ethno-cultural communities. Unless the relationship with the extended family is explored, many factors that mitigate the problem or may be used to support treatment may be overlooked. It is important to ask if the client wants to involve the family or any other support network important to the client, such as traditional healers, *shamans*, priests.

Some of the points related to the family's role that a counsellor should be aware of are:

- *Generational or intergenerational conflicts within families.* In extended families, there may be underlying tensions between grandparents and grandchildren, between in-laws, between adult children and their parents living with them. There may be differences in

viewpoints associated with traditional gender roles and behaviour, family relationships, and decision making.

- *Family values related to money, credit, debt.* For instance, some immigrant families who come from "cash only" backgrounds may have little understanding of credit cards and debt management. Families may have different approached to managing debt: some may see debt as a stigma to their family honour and may sell jewelry and other valuables to pay it off, while other families may be more agreeable towards a monthly repayment schedule.
- *Views on help-seeking behaviour from 'an outsider' such as a mainstream agency or a professional counsellor.* Collectivist cultures have a strong family orientation valuing close relationships, stressing interdependence, cohesiveness, and cooperation among family members, which may impact seeking professional help for stigmatized problems. In some cases, families may not seek help out of fear of being ostracized from their social network or out of fear of how the news of a family member's gambling problem will impact the chances of receiving marriage proposals for daughters or sisters.
- *The hierarchical structure within the family, and the intersections of age, gender and socioeconomic status.* For example, in some families the adult son will be instrumental in decisions about his parents' finances. Or, in some cultures where the wife's role is to support the husband without question, she may be rejected by her own family and friends if she voices any complaint or concern about her husband, thereby keeping problem hidden.
- *Ways of managing problems within the family, such as who makes the decisions, who has the influence*. For example, women in certain cultures have unequal position in the family and feel unable to influence change in their partners' gambling behaviours.
- *Extended family in the country of origin.* For instance, expectations to succeed in the new country or to continue to support family members in the country of origin may result in financial and cultural pressures directly related to the gambling problem.

Model Questions: Cultural Identity and Social Context

The following questions are designed to help you elicit the client's perspective. They are neither comprehensive nor exhaustive. These questions need to be integrated into your assessment and can be reworded or rephrased. Additional questions, elaborating on client responses may also be necessary. Please note non-verbal communication style of the client.

- Where were you born?
- How long have you been in Canada? (Explore immigration experience if appropriate)
- What is your cultural background (socio-political context, etc.)?
- How important is your cultural background for you?
- What is your primary language?
- Who are your major supports (individuals/family/groups including religious groups)
- Has anything been going on in your life which is stressful? (Stressful means different things to different people, so it may be important to ask about what is going on in their life right now and how they are feeling about that)
- Are there any recent changes in your life?

Reference: Developed by Ted Lo and Ann Pottinger. (n.d). *Cultural Competence for Social Workers*, CAMH and Cultural Interpretation Services Guidelines, CAMH

Case Management

A case management approach may be necessary when working with diverse communities, especially refugees and new immigrants. Sometimes these clients are new to this country and have not settled yet. Therefore, it is necessary to conduct a needs assessment before any gambling issue can be addressed. These basic needs are often related to the settlement and integration process. They may include finding an English as a Second Language (ESL) class, obtaining a Canadian equivalency for foreign degrees, looking for an employment and affordable housing, trying to meet new people, learning the new culture and ways of handling daily tasks in a new country.

The counsellor may need to act as their client's advocate, and must be willing to work in collaboration with other agencies and support networks available. It is imperative to be aware of resources available for newcomers and immigrants especially settlement services. It is highly recommended to collaborate with various settlement agencies in order to facilitate the referral process or to gather information needed for your client. For example, many clients do not feel comfortable being referred to another counsellor and/or agency. In such a case, the counsellor can consult with a settlement worker as to what are the appropriate resources for your clients needs and provide them with various resources gathered from a settlement worker. It might be helpful for the counsellor to consult with other professionals from the same cultural background as the client to learn more about the culture. It is important to emphasize the confidentiality of the services so that clients feel comfortable and reassured.

Follow Up

It would be valuable for some clients, especially those who are without the support network they used to have in the country of origin, if some contact or follow up was maintained after discharge. Sometimes it is not easy for these clients to establish trust with other service providers or support networks. This may take some time and it would be wise to maintain a contact for further support and referral to other appropriate resources.

6
Scenarios Illustrating the Culturally Competent Model of Care

Ali

Ali is a 47-year-old Muslim man from Somalia who came to Canada a few years ago. He and his family have permanent resident status in Canada. He was an engineer in Somalia, but has been unable to find an occupation in his own field of training and expertise and is currently unemployed. He is married with two children. His English is limited.

He has come to you at his wife's insistence. Fatima, Ali's wife, is angry with him as they have lost their savings because of his excessive gambling, and are now in considerable debt. Fatima constantly calls on you to do something to make Ali stop gambling. She wants you to inform all the casinos in the area about Ali's gambling and ask them to ban him from entering.

Ali's take on the issue is that he is a lucky man and sooner or later he will win big. Ali does not feel comfortable discussing his family or his life with you, and he is only coming to see you to maintain peace at home.

Some points to keep in mind while helping Ali based on a culturally competent care model:

- Considering his limited English, assess if there is a need for an interpreter. Make sure to assure him of confidentiality (with limitations within the law).
- Ask Ali what needs to happen for him to feel comfortable and safe with you.
- As a Muslim, a Black man and coming from war-torn Somalia, be aware that Ali may have a history of experience with discrimination, racism or even trauma.
- Explore Ali's beliefs around luck and why he thinks he will win big one day. Explore if there are any cultural or familial beliefs that make him think he is a lucky man.
- Keeping in mind his unemployed status, find out about resources for immigrants. For example, you might want to consult with a settlement worker to find out about ESL classes, skills/degree equivalency programs for immigrants, anything else that could be of help to this family to help them integrate into society.
- Refer him for debt management counselling.
- Considering Fatima's constant requests to you, assess if she needs supportive counselling and more education about client's rights, including self-determination.
- Explore with Ali, if he would like it to involve his wife in the treatment process. Find out if there are other supports he can tap – extended family or friends religious leaders or spiritual healers, any Somalian community agencies.

Juana

Juana came to Canada from Mexico 23 years go with her husband Ricardo and four young children. She had a contented life as a homemaker and was the centre of a loving family. As a gift to his parents on their 25th wedding anniversary, Ramiro, Juana's oldest son, gave them a three-day stay at a casino resort, since Juana had complained of feeling bored without her children at home. Juana won $4,000 dollars the second night at the casino and she was thrilled with the experience.

After their return, Juana invited her friend Lupe to go to the casino with her to experience the same kind of excitement. Juana won $350 dollars. After that, Juana constantly thought about going back to the casino as it was fun and she felt very lucky. Juana planned frequent visits to

the casino, most of the time alone and sometimes with her husband or with a friend. In less than two months, she lost the $4,000 that she had won earlier, as well as another $3,000. When she won, Juana shared with her husband, but she kept her losses a secret because she was sure she would win back the amount. Juana had two lucky charms that she wore every time she went to the casino. She prayed to the Virgin of Guadalupe every night and every Sunday at church to help her win the money. After a year Juana lost all their savings as well as their Registered Retirement Savings Plan funds. Juana's husband did not know that Juana was in deep debt as a result of her gambling. He trusted her with their finances and Juana felt guilty and depressed. She was anxious and obsessed about winning back the money that she had lost before her family found out.

Juana came to you for help to stop gambling. In the meantime, Lupe advised her to see a Shaman because she suspected that evil spirits had entered her soul, and that was the reason the Virgin of Guadalupe was not listening to her. Juana tells you that she thinks Lupe is right and that she will be going to Shaman for a deep soul cleansing.

Some points to keep in mind while helping Juana based on a culturally competent care model:

- Praise her for reaching out for help and explain that that is the first step in order to change.
- Keep in mind that gambling is socially accepted in the Spanish-speaking communities and there is little knowledge that gambling could become a problem. Explain the gambling continuum (from non-gambling to pathological gambling) to Juana and clarify that even though gambling is socially accepted in some communities, it could negatively affect many areas of a person's life, such as finances or family relationships.
- In some Spanish-speaking communities being a mother is a major role in a woman's life, so some mothers may feel "worthless" when the children leave home. Encourage Juana to find her own inner strengths, interests and passions besides her family. Praise Juana for being a dedicated mother and wife, but encourage her to think creatively and to start pursuing a dream that has not been fulfilled in her life.
- Instead of challenging Juana's belief that the Virgin of Guadalupe is going to help her "win" at the casino, explore with Juana the purpose of her prayers. In a direct yet delicate way discuss issues around "personal choice and how Virgin of Guadalupe could help her "win" at the casino. Make clear how personal choice, consequences and responsibility are interconnected.
- With Spanish-speaking clients, *dichos,* sayings which reflect traditional wisdom, are an effective tool. In Juana's case, when she complains that the Virgin Mary was not helping her, you could introduce the *dicho*: "*A Dios rogando y con el mazo dando*", which translates loosely as "When you pray for something, you have to work to achieve it."
- Respect Juana's decision to see a Shaman even though you may not subscribe to this belief. Acknowledge the Shaman role, but at the same time encourage Juana to continue with her individual problem gambling sessions. Explain that the Shaman might help her in some areas, and counselling in other areas.

Mario

Mario is a 54 year old widower. He lost his wife to cancer five years ago. His 19- and 17-year-old daughters live with him and manage the household chores and finances. Mario is illiterate and works as a driver. Mario was referred to you by his family physician because Mario attributed his lack of sleep, poor appetite, ruminating thoughts and depressed mood to his gambling losses.

Mario has been gambling on horses for several years, and says he gambles to deal with loneliness and boredom. He feels that his daughters are no longer around as much as they used to be now that they are older even though they continue doing the household tasks their mother used to do, such as cooking, laundry, and paying the bills. He often imagines what his life would be if his wife had not "passed on", and is often overcome by feelings of loneliness and

sadness. At such a time, Mario feels that he needs to go out for a little while in order to spare his daughters from seeing his pain.

He was introduced to the racetrack several years ago when a co-worker invited him to come along when a work shift was cut short. He experienced an early win and says that he had known he was going to be lucky because of an ongoing itch in his left hand several days prior to his win. Around his neck, he wears a "corno", a tiny horn-shaped charm, that his mother had given to him as a child to ward of "maloccio" ("evil eye" in Italian). He is convinced that some day he is going to have a big win as a result of his lucky charm.

Some points to keep in mind while helping Mario based on a culturally competent care model:

- Examine some of the core elements that make up Mario's identity. Understanding where these beliefs originated from and the role they play in his life is the key to effective engagement. Remember these are beliefs that have governed his way of life and ways of perceiving the world. It is very difficult to shift ways of thinking without examining patterned behaviours. Therefore, once successful engagement has been established with Mario, examine patterns associated to gambling behaviours such as his experience and beliefs around luck and lucky charms.
- In addition to addressing his gambling behaviours, it is necessary to address his difficulties around the loss of his wife. Incorporate bereavement work with gambling treatment and help Mario make connections between gambling and grief. As an adjunct to individual therapy, you could suggest that Mario join a support group focused on bereavement specifically for the Italian community.
- If Mario agrees, invite his daughters into his counselling sessions to address his daughters taking on the parental responsibility for finances and care of day-to-day tasks.
- If necessary, refer him to an Italian-speaking psychiatrist for pharmacological intervention.

Rosa

Rosa is a 55-year-old woman of Portuguese ancestry, receiving Canada Pension Plan Disability Benefits. She lives with her husband, Pedro, her 33-year-old son, Rob, and his three children (he shares custody with his ex-wife). She has been referred to you for counselling for depression by her general physician. During the assessment, gambling is identified as the main stressor and "cause of the depression."

However, throughout the course of treatment, it becomes clear that Rosa suffered from depression many years prior to her gambling, which began six years ago when she attended a Bingo Night at her church. At first, she found the activity a "nice break" from her stressful home life, but slowly she began to gamble more often and has been using the money from household budget, even selling off some of her jewelry to get extra money.

Her husband, Pedro, had always been financially restrictive, requiring her to discuss even the smallest of purchases with him, but he has been ailing lately and has stopped questioning her about household expenses. Her son resided with her during the entire course of his marriage, only once providing money for household expenses. The financial burden of this was significant, but she was not assertive enough to make demands or set limits. These burdens have continued even after the divorce, with her being the primary caregiver for his children. She is the one who wakes early and gets them ready for school, despite the son working evening shifts. She also cares for them after school and on weekends.

Rosa describes her situation at home as "my cross to bear" and "my destiny" and says that gambling is her "refuge".

Some points to keep in mind while helping Rosa based on a culturally competent care model:

- Given her social isolation, allow Rosa space and time to express her frustration and disappointment about her home life. These sessions can also be used for the purpose of rapport building.
- As Rosa sees her gambling as a "refuge", it is important to deal with the stressors from which she wants to escape. As is common in Portuguese-speaking communities, parents financially support their adult children and very often the mothers have the additional burden of domestic support. Rosa complained of this burden (i.e. still doing her son's laundry), but as it was her "destiny," felt helpless and hopeless.
- Understand that Rosa's problems arise from her acceptance of her traditional role as a parent. Praise her parenting, particularly the sacrifices, and encourage her to explore her 'duties/responsibility' as a mother. Encourage her to explore whether her "sacrifices" are actually being beneficial to her son, paying particular attention to the costs to themselves.
- When Rosa moves from a pre-contemplative to a contemplative/preparation stage, encourage her to try a very small change in behaviour and become more assertive. For instance, encourage her to show her son how to do his own laundry in preparation for doing it himself therefore allowing her to preserve her identification as a "good mother" as she did not simply stop doing it, but instead helped him learn to be more independent.
- Support her to gain more confidence in her limit setting and assertiveness, and to take the time for more social activities, which do not include gambling, yet provide her the "refuge" she seeks.

Sadhu

Sadhu, aged 32, is a member of Toronto's Punjabi community. He has a wife, Daljeet, and two children aged nine and six. Daljeet and Sadhu came to Canada from India shortly after their marriage in 1995. He has a degree from India in accountancy, and works in financial services in Toronto.

In the beginning, Sadhu regularly sent money to his family in India. Financial pressures, including the birth of his children and a short period of unemployment, made it increasingly difficult to save any money. However, the demands from home increased, particularly from his mother. In 2003, over his wife's objections, Sadhu took out a bank loan of $7,000 in order to have enough to send to his parents. After that, relations between Daljeet and her mother-in-law deteriorated rapidly in the struggle over finances. Sadhu tells you that he feels pressured from both directions.

In 2004, Sadhu visited a casino for the first time with colleagues from work. He went home with $800. Gambling appeared to be a way to satisfy both his wife and his mother. He returned to the casino more and more frequently, even though the wins soon turned to losses and his debts increased.

Last year, Sadhu's sister's marriage was arranged in India, and Sadhu's mother pressured him to send a large sum to buy jewelry for the wedding. When he expressed reluctance and referred to his family's needs and lack of money, his mother threatened to disown him. His wife threatened separation if he did send money. At this point Sadhu began embezzling from his firm. He was caught, sentenced to probation, and mandated to seek treatment.

Some points to keep in mind while helping Sadhu based on a culturally competent care model:

- Explore Sadhu's family dynamics from the cultural perspective. A counsellor from an individualistic culture may perceive a faulty family hierarchy, enmeshment, or individual psychopathology in such a history. However, within the cultural competence framework, there is recognition that many emigrating individuals are expected to continue to support family in his/her country of origin. In fact, some emigrate for the purpose of earning more abroad so that they can support their families.

- Also, understand that immigration may have an impact on established family conflict-resolution processes. Conflicts which are normally mediated or adjudicated within the country of origin by community elders, village tribunals, or local legal systems, may be much more difficult or impossible to resolve when these systems are not available and the adversaries are in different countries. The result may be a conflict which continues and intensifies instead of being resolved. This is a problem related more to dislocation and the disruption of culturally-appropriate mechanisms than to any individual psychopathology.

Surinder

Jagjeet, a young single Sikh doctor, brings her mother, Surinder, to you because her mother spends over $300 of much-needed money on lottery tickets every week. Surinder came to Canada two years ago when she was sponsored by Jagjeet, and lives with her.

Surinder's English is functional at best. The first interview is difficult even though Jagjeet is present to interpret for her mother. You can clearly see that there is tension between the mother and daughter about this visit to you. The daughter tells you that she believes her mother is mentally ill, but her mother insists that she has been possessed by evil spirits and must perform an elaborate ritual to be released from their control. She does not want to continue coming to your agency and instead repeatedly requests to meet with a community elder who will be able to help her. You do not know what she means by an "elder" and Jagjeet is not willing to go in that direction and pander to what she describes as her mother's "superstitious beliefs".

Some points to keep in mind while helping Surinder based on a culturally competent care model:

- Offer your help and support as opposed to imposing your services. Give Surinder lots of space and freedom to choose, and let her know that she can call you at any time if she needs support.
- Given the tension between the mother and daughter, ask if she is more comfortable with getting another interpreter.
- Contact a South Asian, and if possible, a Sikh colleague to find out more about the role of "elders" and rituals to remove evil spirits.
- Explore the issue of working with an 'elder' with Surinder, since this is so significant to her and her recovery. Questions you could ask her might include: Who is the elder? Has she seen one already? Why will going to an elder be helpful? How can you as a counsellor help her in collaboration or conjunction with the elder? If necessary accommodate Surinder's request by meeting the "elder". Explore the intergenerational conflicts between the mother and the daughter to the extent that it is contributing to this issue.
- Explore other issues she might have related to living with her daughter, such as housing, health, finances, safety.

Teresa

This is a collateral case.

Teresa, a 44-year-old Filipina woman, comes to you for assistance to help her husband stop gambling and stop spending their money on gambling. She came to Canada from the Philippines as a nanny and after she got her citizenship six years later, she sponsored her husband, Ron, and two daughters, now aged 16 and 12.

She has been depressed for a while because her husband often taunts her about "abandoning the family for the sake of money" and does not appreciate the sacrifices she made to bring her family to Canada. Teresa also gradually reveals stories about Ron's controlling and emotionally abusive behaviour, especially since he started gambling excessively. According to her, ever since

he came to Canada he has taken complete control of the finances and becomes explosively angry if she questions any of his decisions.

Teresa is asking you to help stop her husband's excessive gambling. She is desperate since they are accumulating debt and unable to keep up with rent and household expenses. Teresa has also begun to notice that her daughters are becoming anxious and withdrawn.

Some points to keep in mind while helping Teresa based on a culturally competent care model:

- First of all, make sure that she and her children are safe. Explore resources including any support from trusted family and friends. Provide her with a number of resources for getting food and shelter in case of an emergency.
- Teresa needs to be educated about a number of things related to problem gambling, such as the difference between gambling and problem gambling, its impact on the intimate relationships and larger family, self-care, stages of change, debt-management, and effective communication skills. Offer resources and material in her native language when possible.
- She needs to understand that she cannot force her husband to stop gambling unless he is willing to do something about it. Reinforce that his gambling problem is not her fault.
- She might also feel frustrated with her lack of control and power over the situation. She should be supported to learn how to make small changes in her own behaviour and the way she has been handling issues in order to gradually improve her life and the life of her children. For example, instead of arguing and yelling at her husband she could talk to him by using "I statements" and share how his gambling is affecting her, as well as their relationship.
- Validate her thoughts and feelings and try to explore options that would work best for her.
- Emphasize the need to see a family physician to deal with depression.

Todd

Todd, a 45 year old Chinese man, called your agency and asked for help with his gambling problem. He had heard about your agency through another gambler a while ago, but did not call until he had a serious verbal fight with his wife over money matters a couple of days preceding the call.

In 1997, he migrated to Toronto from Hong Kong with his wife, Ann, and his older son who was three-years-old at that time. He is a graphic designer and runs a small business from his basement. Todd was the sole breadwinner until the second son was born in 1999, after which his wife found a job at a local hospital. In 2005, Todd sponsored his parents-in-law and they live with his family. Todd describes himself as an atheist and his wife as a "fervent religious" person. Todd explains that his wife's disapproval of gambling was to a large extent related to her religious beliefs.

He tells you that his gambling became a problem two years ago, even though he started gambling when he was in his late 20s. He shares that two years ago he accompanied a visiting friend to the casino in Windsor and won $40,000 at a blackjack table. At the table, he suddenly recalled being told by a fortune teller in Hong Kong that the chance to become rich would come before he turned 50. From that day onwards, he continuously thought about going back to the casino. As his wife was against gambling, Todd used every means to sneak behind her back to the closest casino. Since he was self-employed, the most common excuse was that he had appointments in cities close to casinos. In order to maximize the time he could spend gambling, he would speed and collected over 20 speeding tickets within a span of three months.

When Ann found out about his gambling problem, she was furious. In a heated argument, Todd blamed her for displacing the anger she had towards her own father (who was also a chronic gambler) on him.

Attempting to seek a compromise, Todd begged wife for a "quota" to gamble four times a year. Ann agreed to the proposition even though she was not fully behind the idea. However, this strategy did not improve their relationship as he found the "quota" was not enough and continued lying to his wife so that he could gamble as often as possible. The more frequently he went to the casino, the more urges he had. Todd reported that the urges increased particularly when his business took a hit after one of his major clients retired. Gradually, Todd's debt increased to such an extent that he could not contribute to family the way he used to. Ashamed that he was a disgrace for not being able to financially support his family, he decided to borrow money on his credit card. As the 'man of the house', he could not imagine himself relying on a woman for financial support. The more debt he incurred, the more tempted he was to gamble in order to break even.

When Todd attended the first session for assessment, he shared that he wanted to stop gambling, mainly because he was increasingly aware that he had lost control of himself. He described the feeling as "scary". He also felt that he was losing status in the family because wife was financially more competent than he was. He felt guilty, ashamed and angry with himself.

Some points to keep in mind while helping Todd based on a culturally competent care model:

- Seeking counselling is still a taboo for a lot of Chinese who believe that it is a shame to "wash dirty linen in public". As such, it took a lot of courage for Todd to make the first call. Todd was seen the same day that he made the call and later he frankly shared that if you had not offered to see him immediately, he might have changed his mind. He also said that the explanation about confidentiality had reassured him enough to come back to see you. Therefore, "timely response" and "assurance of confidentiality" are two key points to bear in mind.
- In order to foster emotional safety, offer help and support in such a way that he does not have to commit himself to 'regular' sessions.
- Give a clear explanation of what counselling is, how it helps people like Todd, his own role in his recovery, and clearly define your role from the start. This will give Todd a realistic picture of what you can do for him. This not only sets off the process of empowerment, but also helps demystify the myth that the counsellor would be in charge of fixing his problems.
- Given the tension between Todd and his wife, explore if he wants to involve his wife in the process as two individuals or as a couple. Clear explanations of why this might be helpful are necessary. In the Chinese tradition, individuals are usually seen against the context of a larger whole, i.e. the family, thus engaging the family is a good entry point in terms of intervention.
- Explore the intergenerational conflicts between Todd and his parents-in-law, particularly his feeling towards his father-in-law's gambling, as this will provide important information to assess his gambling in terms of onsets and triggers for potential relapses.
- In view of the general perception of gambling as just another 'pastime' activity in the Chinese community, psycho-education around problem gambling is necessary. Some points you could elaborate are:
    - what is problem gambling?
    - how is it different from recreational gambling?
    - its impact on the relationship and family
    - warning signs of problem gambling
    - stages of change
- Considering Todd's memory of what the fortune teller had told him about his 'fate' and becoming rich, it is important to assess how 'superstitious thoughts' constitute his core beliefs in viewing life and relationships.
- Address the 'guilt' and 'shame' factor, particularly against the backdrop of his expectations of 'the man of the house'. The downturn in his business and the imminent threat that his wife would supersede him in terms of financial contribution are major triggers for Todd. It is important to validate his feelings, but at the same time revisit his way of evaluating his worth as a husband, father and, most of all, the kind of person he aspires to be.

Vijay

Vijay came to you for help because he is addicted to betting on horse-racing. He is 45-years-old, and came to Canada from Sri Lanka as a refugee in the 1980s. He works in a middle-management position in a bank. He is married with two children, both in High School. His father, who was a well-respected priest in Sri Lanka, also lives with him.

He shares with you that his family knows about his gambling problem, but is unaware that he is also addicted to weed. He tells you that his family is supportive and wants to help him by coming to his counselling sessions, and that he too wants them to be actively involved in the treatment process, although he does not want you to tell them about his substance use. He tells you that although his family believes in the abstinence approach, he is unwilling to stop gambling completely and prefers the harm reduction approach you had discussed with him.

Some points to keep in mind while helping Vijay based on a culturally competent care model:

- Consultation with the treatment team is key in this case as sometimes it is best if one counsellor works with the client and another counsellor works with the rest of the family to avoid conflict of interest. Suggest this approach to Vijay. In the meantime, it is a good idea to provide information and education for the whole family around problem gambling, substance use, and different approaches to treatment such as abstinence vs. harm reduction.
- Explore Vijay's cultural values and beliefs about why he is agreeable with disclosing his gambling problem, but not his weed use.
- Explore the impact of substance use on gambling and/or vice versa.
- Explore other appropriate resources for him to deal with his substance use.
- Overall, educate the client and learn from the client about his beliefs and values around gambling, money, counselling, power relations within the family, particularly his father, and how it is shared, and how power is shared in counselling.

Zinoviy

Zinoviy is a 32-year-old plumber who recently arrived from Russia.

He came to you for help at the suggestion of his credit counsellor. He had never gambled before coming to Canada even though gambling halls were common in Moscow. He began gambling after a chance visit to the casino while sightseeing in Niagara Falls. He played the "Russian roulette" for luck and won $700. He decided to make money from gambling instead of finding work and has racked up a considerable debt. Much of the money he owes was borrowed from a local loan shark.

Zinoviy is isolated socially, and is afraid to contact anyone from his own community in case the loan shark thinks he snitched to the 'authorities'. Also, after the Russian government closed down casinos and gambling halls in June 2009 in an effort to weed out the criminal element involved in gambling, he is afraid to share his problem with community members here. He is supposed to be sponsoring his wife soon, and does not want the news of his gambling to go back to his family in Moscow in case it affects his wife's immigration.

Some points to keep in mind while helping Zinoviy based on a culturally competent care model:

- Educate Zinoviy about the odds of winning at Russian roulette and other games; gambling is not a solution to raise money for debt: "The longer you gamble the more money you lose".
- Explore safety strategies for him to deal with loan sharks: e.g. contacting the police, exploring ways to pay off the loan sharks, making a check list of safe places to stay. Do not minimize the danger of borrowing from a loan shark.
- Emphasize that he continue debt management counselling to work out a solution for his debt.

- Explore the pros and cons of sponsoring his wife right now since there may be safety issues involved at this point. The client should be aware of potential consequences and make an informed decision about sponsoring his wife. Make a referral to a settlement counsellor to provide information and appropriate resources for sponsoring his wife.
- To deal with his isolation, explore strategies with him to become engaged in the community at large, such as a hockey team or volunteering, if he is concerned about becoming involved with the Russian community.

7
Cross-Cultural Communication

Verbal and Non-Verbal Communication

Communication includes spoken and written interaction, non-verbal cues and body language. Effective counsellor-client communication is related to desired health outcomes.

It is important to make a connection with all clients for best outcomes, but language barriers, reluctance to seek help, attitudes towards problem gambling may pose challenges to working with clients from ethno-cultural communities. For this reason, the initial assessment may require additional time.

Non-verbal Cues

Non-verbal communication includes facial expressions, tones of voice, gestures, eye contact, spatial arrangements, and patterns of touch, and may differ from culture to culture.

- Watch the person's face and body language, but do not make assumptions. People may keep silent as a mark of respect for authority rather than because they agree with what you are saying. Nodding the head may mean the client is listening attentively and not necessarily signal agreement.
- The rules of maintaining eye-contact are not always the same as in Western cultures. In some Aboriginal, African, Asian and Middle Eastern cultures, making direct eye contact is considered being disrespectful, so they do not make direct eye contact as sign of respect. However, in Western countries, this might be interpreted differently.
- Another variable in non-verbal communication is 'proxemics', or ways of relating to personal space. If someone is used to standing or sitting close while they talk to others, they may see the other's attempt to create more space as evidence of rejection or a lack of interest. On the other hand, if a client is used to maintaining distance, particularly with a member of the opposite sex, any attempts to get closer may be seen as disrespectful or aggressive.

Verbal Interaction

Some points to keep in mind while interacting with clients are:

- Ask if they understand what you are saying. Repeat if necessary just to make sure the other person has understood what you explained.
- Speak slowly and be respectful, patient and courteous, especially with older adults.
- Use simple language, and avoid clinical terms.
- Make the session as interactive as possible. Allow them to talk and tell their story.
- Do not worry about correct English usage; this is not an English lesson.
- Listen carefully to what the client is saying. Try to avoid completing their sentences.
- Be humble. Do not place any value of superiority because you speak 'Canadian English'. Remember that even though the client may not be fluent in English, she or he may be fluent in other languages and may have significant exposure to other cultures.

Some additional tips to help counsellors achieve better rapport with clients from ethno-cultural communities have been included in Appendix 2: *Tips for Overcoming Communication Barriers*

Working with Interpreters

Family members and friends are likely to modify what the client says in their effort to be helpful, so it is important to only work with trained bilingual/bicultural interpreters. The following guideline for working with interpreters has been developed by the Cultural Interpretation Services, CAMH.

- Allow extra time because some things may have to be repeated. Explanations will generally take longer, especially if the client is not knowledgeable about Western medicine.
- Face the client directly and speak directly to him or her in the first person. Arrange chairs to facilitate your communication with the client. Placing the client, counsellor, and interpreter in a triadic relationship may be most conducive to good communication. The interpreter should be considered a member of the counselling team.
- Watch the client (not the interpreter) during the interpretation. This will allow you to observe the client's body language and other behavioural cues. The bilingual/bicultural interpreter will be able to help you understand nonverbal cues.
- Speak slowly and clearly. Do not raise your voice or shout.
- Sentence-by-sentence interpretation works best. Expecting an interpreter to remember long explanations is unreasonable and will lead to omissions.
- Remember that the time needed for the interpreter to interpret may be much longer than it took you to say something in English. The interpreter often has to interpret what you said and then provide further clarification if the client does not understand. However, this may present a problem; non-trained interpreters and the client may talk on their own leaving the counsellor outside the triadic interview, thus, disrupting the client-counsellor relationship.
- Allow the interpreter to ask open-ended questions if needed to clarify what the client says.
- Use simple language and straightforward sentences. Avoid metaphors, slang and jargon.
- Observe and evaluate what is going on before interrupting the interpreter, i.e. if the interpreter is taking too long to interpret a simple sentence, or, if the interpreter — outside his role — is having a conversation with the client, or there are no words in the target language to express what the counsellor said.
- Explain all medical terms in simple language, especially if the client/interpreter is not knowledgeable about Western medicine. As counsellors, it is our responsibility to communicate with the client at a level the client can understand. Just because there is an interpreter in the triadic partnership, that responsibility cannot be relinquished. Besides, most English-speaking clients do not understand medical terminology.
- Always allow time for clients to ask questions and seek clarifications.
- Question the interpreter if he or she seems to answer for the client. The interpreter may have interpreted for the client on prior occasions and be familiar with the history, but it is important that you obtain an accurate, current history.
- Learn some basic words and phrases in the client's language. The purpose is not to enable you to communicate with the client without an interpreter, but rather to help the client feel more comfortable. Knowing how to introduce yourself, say good morning, or ask how the client is feeling in his or her language is generally very well received.
- Always ask the client to repeat instructions to you to be certain they have been properly interpreted and understood.
- Remember that some clients who require an interpreter may actually understand English quite well. The client may understand any comments you make to other counsellors or to the interpreter.
- Document in the progress notes the name of the interpreter who interpreted for the client.
- Before meeting with client, provide the interpreter a brief summary about the client, and set the goals and procedures for these sessions. Upon entering the room, introduce yourself directly to the client, allowing the interpreter to interpret. This helps to set the tone for the visit and establishes the counsellor as the one directing the interaction.

8
Resources

Brochures

Gambling and the Aboriginal Community. Responsible Gambling Council.
http://www.responsiblegambling.org/en/resources/pdf/aboriginal_brochure.pdf

This brochure provides tips to avoid the risks associated with gambling and the signs that there might be a problem.

Research Reports

Wynne, H. & McCready, J. (2004). *Addressing Problem Gambling in Toronto and Windsor/Essex County Ethnic Communities.* Ontario Problem Gambling Research Centre.
http://www.costi.org/downloads/finalreport_2.pdf

This research study explores the perceptions of gambling in eight communities in Toronto and Windsor/Essex county.

Korn, D., Teperman, J. & Lynn, M. (2002). *At Home with Gambling*. Ontario Problem Gambling Research Centre.
http://www.gamblingresearch.org/download.sz/045%20Final%20Report%20PDF.pdf?docid=5509

This study explored the role of gambling in families in six ethno-cultural communities including what children learn about gambling from family members, and culturally relevant strategies to deal with problem gambling and family impacts.

COSTI Immigrant Services. (2004). *Exploration of Cultural Perceptions, Attitudes and Beliefs Regarding Gambling and Problem Gambling in the Hispanic, Polish, Portuguese Punjabi, Tamil and Vietnamese communities in the Greater Toronto Area*
http://www.costi.org/downloads/Hispanic_Community_ExecSum.pdf

The purpose of this research project was to explore perceptions, attitudes, and beliefs regarding gambling and problem gambling in six ethno-cultural communities in Toronto. The research also explored how problem gambling may be prevented and reduced, and also assessed how approaches, materials and techniques to address the issue of problem gambling in ethno-cultural communities can be developed.

Zangeneh, M., Sadeghi, N., & Littman-Sharp, N. (2004). Iranians living in Toronto: Attitudes and practices of gambling and help-seeking behaviour, a preliminary study about Iranian refugees and immigrants in Toronto. *Shiraz E-Medical Journal Vol. 5, No. 1*.
http://semj.sums.ac.ir/vol5/jan2004/gamb.htm

This is a preliminary study on gambling, problem gambling, and help-seeking behaviours in the Iranian-Canadian community.

Self-Help Manuals/Guides

A Self-Help Guide to Gambling Responsibly. Aboriginal Responsible Gambling Strategy.
http://www.metisnation.org/programs/assets/pdfs/health/Gambling%20Booklet.pdf

This handbook is intended for those who are concerned about their gambling. It offers information to help individuals understand the role that gambling has played in their life and offers suggestions on how to make behaviour changes.

Alone In Canada: 21 Ways To Make It Better. Centre for Addiction and Mental Health.
http://www.camh.net/About_Addiction_Mental_Health/Mental_Health_Information/alone_in_canada.html

This self-help guide is designed to help single new immigrants and refugees adjust to living in a new society as quickly and easily as possible. It provides suggestions on how to deal with 21 of the most common issues encountered by newcomers including how to overcome culture shock and isolation, cope with stress and discrimination, learn English, establish and manage new relationships and enjoy new experiences. The primary goal of this booklet is to decrease post-migration stress, facilitate resettling in Canada and promote physical and mental health of single newcomers. Available in 18 languages.

Websites

Cultural Profiles Project, Citizenship & Immigration Canada
http://www.cp-pc.ca/english/index.html

This Government of Canada website provides an overview of life and customs of 100 profiled countries. While the profiles provide insight into some customs, they do not cover all facets of life, and the customs described may not apply in equal measure to all from the profiled countries.

GAMB-LING, Niagara Multilingual Problem Gambling Program
http://www.gamb-ling.com/

A multilingual website which contains linguistically and culturally appropriate information on gambling and problem gambling. Available in 12 languages.

ProblemGambling.ca, Problem Gambling Project (CAMH)
www.ProblemGambling.ca

This bilingual website offers information on gambling and problem gambling, intended for the general public, those concerned about problem gambling and for various helping professionals. It also provides a number of resources and screen tools in multiple languages.

Other Resources

Culture Counts: Best Practices In Community Education in Mental Health and Addiction with Ethnoracial/Ethno-cultural Communities. (2004). Centre for Addiction and Mental Health.
http://www.camh.net/About_CAMH/Health_Promotion/Community_Health_Promotion/Best_Practice_MHYouth/Culture_Counts/index.html

This guide covers issues related to health promotion in ethno-cultural communities, and then provides links to online resources that explore each issue more deeply. It is intended for anyone working for a mainstream agency or organization who is considering undertaking a health promotion initiative with ethno-cultural communities, or who has attempted to do so in the past but with unsatisfactory results.

New Beginnings: Problem Gambling Awareness Kit For Newcomers in Ethno-cultural Communities.
COSTI Immigrant Services
http://www.costi.org/community/pgskit.php

Designed for professionals working with newcomers in ethno-cultural communities, this kit provides practical information about the risks associated with gambling. The kit includes a video facilitator's guide and a collection of exercises designed specifically for ESL learners.

Multilingual Problem Gambling Services

A network of trained professionals through the Multilingual Problem Gambling Service is available to provide culturally competent problem gambling support and treatment services to individuals and family members. These services are available in many languages, and can be reached through toll-free numbers. Services are free and confidential.

Agencies are also welcome to contact the Multilingual Problem Gambling Service for consultation purposes.

Arabic

Arab Community Centre of Toronto
http://arabcommunitycentre.com
1–888-472 -8386

Chinese (Cantonese and Mandarin)

Chinese Family Services of Ontario
http://www.chinesefamilyso.com
1-866-979-8298

Farsi, French and Finnish

Centre for Addictions and Mental Health
http://www.camh.net
1-888-647-4414

Hindi

Punjabi Community Health Centre
http://www.pchealthcentre.com
1-877-290-0808

Italian

COSTI Family and Mental Health Services
http://www.costi.org/
1-866-222-9993

Korean

For-You Telecare Family Service
http://www.koreantelecare.com/

Malay

Arab Community Centre of Toronto
http://arabcommunitycentre.com
1-888 -472-8386

Polish

Polycultural Immigrant & Community Services
http://www.polycultural.org/
1-877-533-1209

Portuguese

COSTI Family and Mental Health Services
http://www.costi.org/
1-866-222-9993

Punjabi

Punjabi Community Health Centre
http://www.pchealthcentre.com/
1-877-290-0808

Russian

Polycultural Immigrant & Community Services
http://www.polycultural.org/
1-877-533-1209

Spanish

COPA - Community Outreach Programs in Addictions
www.copacommunity.ca
1-866-232-3621

COSTI Family and Mental Health Services
http://www.costi.org/
1-866-222-9993

Tagalog

Kababayan Community Centre
http://www.kababayan.org/
1-888-689-0988

Urdu

Punjabi Community Health Centre
http://www.pchealthcentre.com/
1-877-290-0808

Vietnamese

Vietnamese Association, Toronto
http://www.vatoronto.ca/
1-866-330-7255

Appendices

Appendix I

Glossary[17]

Acculturation—a process in which members of one cultural group adopt or adapt to the beliefs and behaviours of another group. This may lead to changes in language preferences, attitudes and values, and loss of ethnic identification.

Capacity building—increasing or enhancing skills and resources to deal with challenges. Community capacity building in health promotion means helping communities develop the skills and resources needed to address the community's health issues.

Community—"A specific group of people, often living in a defined geographical area, who share a common culture, values and norms, are arranged in a social structure according to relationships which the community has developed over a period of time. Members of a community gain their personal and social identity by sharing common beliefs, values and norms which have been developed by the community in the past and may be modified in the future. They exhibit some awareness of their identity as a group, and share common needs and a commitment to meeting them." (World Health Organization)[18]

Cultural adaptation—process of adjusting health initiatives to the intended audience using terms, images, graphic elements and delivery methods that reflect the cultural values and social norms of the intended audience.

Cultural competence—capacity of an organization or individual to appreciate diversity, and to adapt to and work with people of different cultures, while ensuring everyone is treated equally.

Culture—socially inherited body of learning characteristic of human societies, including knowledge, values, beliefs, customs, language, religion, art, and so on.

Discrimination—unfair treatment of individuals or groups because of their race, ethnicity, gender, religion, sexual orientation or disability.

Dominant group—group which possesses the power and authority to reproduce the prevailing distribution of power, wealth and status in society. The dominant group is often, but not always, the numeric majority.

Equity—"Equity means fairness. Equity in health means that people's needs guide the distribution of opportunities for well-being." (World Health Organization)

Ethno-cultural—adjective referring to a group of people who share and identify with certain common traits, such as language, ancestry, homeland, history, and cultural traditions. In this guide, ethno-cultural communities are defined as those communities whose members have ethnic origins that are not French, British or Aboriginal. While ethno-cultural communities often include newcomers, it is important to remember they also include people whose roots in Canada go back more than one generation.

17 Centre for Addiction and Mental Health. (2004). Glossary. In *Culture Counts: Best Practices in Community Education in Mental Health and Addiction with Ethnoracial/ Ethno-cultural Communities*.

18 World Health Organization. (1998). *Health Promotion Glossary*. Division of Health Promotion, Education and Communications (HPR) and Health Education and Health Promotion Unit (HEP), Geneva: Switzerland.

Health—"A state of complete physical, social and mental well-being, and not merely the absence of disease or infirmity. Within the context of health promotion, health has been considered less as an abstract state and more as a means to an end which can be expressed in functional terms as a resource which permits people to lead an individually, socially and economically productive life. Health is a resource for everyday life, not the object of living. It is a positive concept emphasizing social and personal resources as well as physical capabilities." (World Health Organization)

Multiculturalism—a policy that acknowledges and promotes the idea that all cultures have equal value, or a reference to the ethnic make-up of a society.

Racism—belief that one racial group has natural superiority over others; used, consciously and unconsciously, to justify, protect and maintain the position of one group.

Refugees—migrants who, voluntarily or involuntarily, flee their native country, usually to escape persecution due to their race, religion or political views.

Appendix 2

Tips for Overcoming Communication Barriers

(LEARN from each other)

L	Listen and ask questions to assess client's language for describing problem. Find out what he/she believes is causing it and how it should be addressed.
E	Exchange information and share perspectives about the explanatory frameworks that you are applying to the problem (i.e. how it is defined and how it should be addressed).
A	Acknowledge that the client's view may differ from yours and the organizations.
R	Reword or reframe your description to use the client's language or framework as much as possible.
N	Negotiate with the client. See how both of you can adapt your perspectives to find a middle ground. Identify and clarify priorities on both sides to focus negotiations. Both of you should have opportunities to display competence.

Adapted from:

Luckman, J. (2000). *Transcultural Communication in Healthcare*. Albany, NY: Delmar Thomson Learning.

Kleinman, A., Eisenberg, L. & Good, B. (1978). Culture, illness and care: Clinical lessons from anthropologic and cross-cultural research. *Annals of Internal Medicine, 88, 251-258.*

Appendix 3

Cultural Assessment Guidelines

The following questions are neither comprehensive nor inclusive and are only meant as prompts. You might have to reword and rephrase and explore further by asking additional questions or different set of questions.

1. Can you tell me what concerns brought you here today?
2. What do you think has caused your current condition? What do you call this?
3. Why do you think …… [use client's description of condition] started when it did?
4. What do you think […] does to you? Does anything in your everyday life contribute to the challenges you are experiencing?
5. What fears, concerns, and worries do you have about your […]?
6. What kind of problems or challenges is […] creating for you?
7. How much power do you feel you have in addressing these challenges?
8. What have you already done about […] until now? (Opportunity to explore complementary therapies)
9. What kinds of treatments or care do you think you should receive?
10. Is there anything else aside from the treatment or care you suggested that could be done to help your current situation?
11. Who else would you like to involve in planning your treatment and care?
12. What are the most important results you hope to achieve from treatment or care you receive here? Alternatively the counsellor can ask "What are you hoping to resolve?" and/or "How can I be of assistance?"
13. Describe what is important to you in a therapist.
14. What are your concerns about your treatment or care? Alternatively the counsellor can ask - Is these anything I need to be aware of in order for me to support you in the best way possible?

Adapted from *A Guide to Nurses for Providing Culturally Sensitive Care* (from Kleinman et al., 1978) College of Nurses of Ontario.

Appendix 4

The Ontario Resource Group on Gambling, Ethnicity and Culture: Its Work and Current Members

The main purpose of Ontario Resource Group on Gambling, Ethnicity and Culture (Resource Group) is to act as a resource to the Ontario Ministry of Health and Long Term Care (OMOHLTC) funded problem gambling treatment system in order to increase accessibility to services, develop resources and engage ethnic and cultural communities on the issue of gambling and problem gambling. Membership to the Resource Group is open to agencies currently mandated by the OMOHLTC and/or the Ministry of Health Promotion, to provide problem gambling services for ethnic and cultural groups, as well as other agencies that have an interest in ethnicity, culture and gambling.

A variety of projects, both time-limited and ongoing, have been developed and carried out, some of which have received targeted funding from the Ontario Ministry of Health and Long-Term Care:

- Culturally-appropriate treatment programs have been established at COSTI for Italian, Spanish and Portuguese clients, with services including psychosocial assessments; individual, marital and family counselling, and telephone counselling.
- From 2000 to 2002, the Resource Group carried out a participatory action research study in six diverse ethno-cultural communities, in order to look at prevalence, levels of awareness, help-seeking, and attitudes toward gambling and problem gambling. Twenty-four focus groups were conducted in the target languages with a total of 130 participants and approximately 500 questionnaires were completed and returned.
- Materials have been developed by the CAMH Problem Gambling Project (PGP) as part of its Promoting Community Awareness of Problem Gambling Resource Package for the provincial treatment system, which include sections on cultural issues, and on outreach to ethno-cultural groups.
- In various initiatives, clinical and outreach materials have been translated and disseminated to community partners in the GTA and made freely available outside the GTA. Much of this material is available on the website, problemgambling.ca. One instrument, the Behaviour and Symptom Identification Scale (BASIS-32), which measures mental health symptoms and daily functioning, has been translated into many languages, and has been made available to the OMOHLTC funded addiction treatment system.
- Extensive development work has been carried out by COSTI and CAMH, both in partnership and separately, with ethnic community groups and agencies, with regard to problem gambling. COSTI's initial research study provided one core group on which to build, and this network and others have been developed at every opportunity.
- Building on these new relationships with ethno-specific treatment providers, the Problem Gambling Project, COSTI and the ethno-cultural specialist at the CAMH Problem Gambling Service have trained professionals in the provision of problem gambling treatment and outreach As a result of these training sessions, the number of languages in which PG treatment and outreach are available in the GTA has been increased.
- This work has led to the formation of the Multilingual Problem Gambling Service (MPGS), described in the Introduction), which originally served the GTA, and has been extended to provide culturally-

and linguistically-appropriate problem gambling services throughout the Province of Ontario.

- COSTI has partnered with the Responsible Gambling Council to produce a prevention video and a wide range of written prevention and education materials for ethno-cultural populations for distribution across the province.
- In 2004, the Resource Group initiated a one-day conference on issues of problem gambling and ethnicity. This conference is now offered annually by COSTI in partnership with the Resource Group. MPGS service providers are closely involved in planning the conference, and share their expertise in presentations.

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The Ontario Ministry of Health and Long Term Care