

SERVING PROBLEM GAMBLERS IN ETHNO-RACIAL COMMUNITIES:
CHALLENGES AND STRATEGIES

SERVING PROBLEM GAMBLERS IN ETHNO-RACIAL COMMUNITIES

Challenges and Strategies

By

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Abstract

This study explores the experiences of problem gambling service providers who work with problem gamblers of ethno-cultural backgrounds within the Greater Toronto Area (GTA) in an attempt to review both their challenges and the strategies they employ in delivering their services. The study hopes to unveil new ideas using semi-structured interviews that would make service consumers from this population find services even more culturally responsive and accessible than it currently is. Because of the value of qualitative research approach in obtaining intricate details about the subjective experiences of individuals, groups, and the population being interviewed I decided on a qualitative research approach. This approach encourages a deliberative process that will not hinder the ability of interview participants to express their views and possibly contribute beyond that if they so choose. Participants have been randomly chosen from problem gambling services agencies within the GTA who provide services to ethno-racial communities. Program managers or their appointed designates were interviewed as I believe their knowledge to be an essential first step toward developing culturally sensitive and accessible services.

Study results suggest that service providers do actually encounter challenges in providing treatment services to ethno-cultural communities. This study's participants also identified strategies that they employed to overcome the challenges they experienced working with individuals, families and groups of ethno-racial backgrounds. Participants in considering consumers' cultures to be an integral part of problem gambling service provision identified several ways that they worked collaboratively with problem gambling treatment service

consumers to make their treatment service delivery culturally sensitive. Considering that the decision as to what service provision approach is considered culturally sensitive lies with the service consumers this study is not able to conclusively argue that participants' claim of culturally sensitive service provision is justifiable. Future studies in this area will need to focus on problem gambling treatment service consumers of ethno-cultural backgrounds to confirm that the services they receive are truly relevant and sensitive to their cultures.

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Chapter 1: Introduction

This chapter starts with a discussion on the current and future Canadian immigration trends including why it is essential to attend to the service needs of the ethno-cultural portion of society. The challenges that problem gambling service providers encounter and the strategies they employ to address the challenges are discussed as a focus of this study. As a second focus the chapter discusses ways that culture is taken into account in the provision of problem gambling services to ethno-racial communities in the Greater Toronto Area. This chapter proceeds to discuss why it is essential to ensure a culturally sensitive problem gambling treatment service approach for ethno-racial communities. I proceed to discuss how my personal experience influenced this present study and why I chose to obtain my sample of participants from the Greater Toronto Area. This chapter concludes with a discussion on the dilemma of a growing population of persons of ethno-cultural backgrounds and their reluctance to seek treatment services for their gambling related problems.

Research Statement and Research Questions

The outlook of present day Canadian society and that of the future features persons of ethno-racial backgrounds as prominent and critical. They are critical in terms of their ratio among migrants to Canada, the Canadian workforce, education, political and family life. Any attempt to fully include these groups into the Canadian family will involve the development of service provision programs that will make sense to them. The diverse nature of the cultures of persons of ethno-racial backgrounds calls for a dynamic and culturally sensitive approach to service provision. Such a service approach is more likely to be received by these communities as more inclusive, respectful, accessible and culturally sensitive to their needs and situations.

Research on humans has gone from an era when the critique was about portions of society not being fully represented in studies (Williams, 2001) to one in which some researchers are beginning to acknowledge the values of culture and ethnicity in service provision to individuals and groups of ethno-cultural backgrounds (Tamasese et al., 2004; Nouroozifar & Zangeneh, 2006). The foci of this research are the challenges that problem gambling services providers encounter in their service provision to ethno-racial communities in the Greater Toronto Area (GTA) and the strategies that they use to address them. The study also aims to look at how cultural difference is taken into account in the planning and delivery of problem gambling services to individuals, families and groups in ethno-racial communities in the GTA. With this in mind, this study seeks to know, what strategies do problem gambling service providers within the GTA employ in addressing the challenges they face in serving problem gamblers of ethno-racial backgrounds? Secondly, how are cultural differences taken into consideration in the provision of problem gambling services to persons of ethno-racial backgrounds in the Greater Toronto Area?

Questions on how a service provider will go about providing culturally sensitive services to individuals, families and groups of different Ethnic minority origins still needs to be clearly addressed. The purpose of this study is to begin the process of finding concrete answers to which approach to problem gambling service provision will make services more accessible to these individuals, families and groups. This study hopes to take a critical look at the challenges that service providers encounter and the strategies they use in serving problem gamblers within ethno-racial communities in the Greater Toronto Area. It is necessary to stress that so much progress has been made in this area considering the increased focus on research on service delivery to individuals and groups within ethno-racial communities (Raylu & Oei, 2004; Goodyear-Smith et al., 2006; Nouroozifar & Zangeneh, 2006).

Despite the increased attention to this area more still needs to be done. Through deliberations such as this, it is hoped that the experiences of service providers, when shared can pioneer efforts to further improve problem gambling service provision, hopefully making it more culturally sensitive and accessible to service users in ethno-racial communities.

The global liberalization of gambling laws resulting in the introduction of several types of gambling activities in the form of recreation and gaming has led to an increase in the number of persons engaging in gambling related activities. The result of this change has been a growing trend in the number of persons with gambling related problems. The present study has become more important because of the knowledge that an increase in accessibility to gaming venues is directly related to increases in the development of problem gambling issues. The argument on the increasing presence of gambling related games and gaming centres cannot be better represented anywhere than what is reminiscent of the North American gaming community. This is so because there has been a substantial increase in the number and types of games available as well as in venues for horse racing and casinos. Contemporary studies have argued that persons of ethno-racial backgrounds and recent immigrants are more predisposed to gambling problems because of the political, economic, linguistic, and relocation challenges that they face (Petry et al., 2003; Tu’itahi et al, 2004; Rugle, 2005) .

Gambling, the risking of something of value on the outcome of an event when the probability of winning is not certain (Shaffer, Hall & Bilt, 1999) remains a prevalent aspect of the North American and global community. Several arguments have been presented on both the values of gambling to society and its disadvantages. The major values that organized, legal gambling activities have provided to the Canadian society have mainly been around serving as a source of revenue to governments and

corporations (Shaffer, Hall & Bilt, 1999). It has also helped create employment opportunities in and around cities where gaming facilities such as casinos and horse racing venues have been established (Shaffer, Hall & Bilt, 1999) as well as serve as a source of recreational activities to some players.

The problems associated with the legalization of gambling activities have been numerous and can be categorized under financial, medical, legal, employment and psychological difficulties (Petry & Armentano, 1999). The implications of a person developing gambling related issues goes beyond the individual gambler to affect groups, families and communities that he/she belongs to. The gambling addiction of a member of a family affects all members of that family including both spouses and children where applicable. When a problem gambler exhibits emotional instability, vulnerable members of his/her family can be at risk of being hurt. When the gambler gambles uncontrollably, the financial burden is usually borne by every member of the family who ends up dealing with the implication of the family not having money for food, bills and other expenditures.

The expansion of legalized gambling activities in the past few decades has resulted in a lot more people being accessible to gambling venues and activities. This easy and ready access has in turn made more people prone to developing problem gambling related issues. Persons of ethnic-minority origin, poor people, women of colour, persons from marginalized groups and physically challenged persons have been identified as being at high risks of gambling and developing problem gambling issues (Petry et al., 2003; Tu'itahi et al, 2004; Rugle, 2005; Borrell & Boulet, 2005). The above description of groups at higher risks of gambling and developing gambling problems places individuals of ethno-racial backgrounds front and centre within these groups. The culturally diverse nature of these groups requires that any form of services directed toward them be channelled appropriately so they find the services accessible and culturally responsive to their needs.

It is essential to emphasize the critical nature of a culturally responsive approach to service provision because as has been noted by Nouroozifar and Zangeneh (2006), only recently has research on mental health and addictions services provision begun to recognize culture-based differences as a critical aspect of treatment service provision. The present study hopes to explore the issues around accounting for consumers' cultures and how this is built into the service provision process. The study will also attempt to deliberate on how service providers determine what works from a cultural framework for individuals of diverse cultural affinities. Other areas of relevance to pay attention to in working with individuals and families of ethno-racial backgrounds is how treatment service providers approach working with a service consumer that is of same culture as the treatment service provider. Considering that it may not be enough to just match an individual or group with a service provider based on them being of same ethnicity or culture as the staff, we will attempt to review how service providers triage their service provision to account for the diverse cultural needs of the client in different scenarios.

How I came up with this research topic

As a first generation immigrant of ethnic minority background arriving in Canada, I had several challenges as I navigated the process of settling into Canadian society. I was faced with financial, language, political and psychological difficulties associated with settling into a new society and foreign culture. My situation at that point made gambling very endearing to me both as a recreational activity and as a potential avenue for alleviating my financial troubles. I have to admit that I did play on a few occasions and I still wonder privately how my fortunes could have changed for the better or worse had I continued to gamble. I find it relevant to mention that at this point in my life I was completely unaware of the full implication of becoming addicted to gambling. I was also not aware of services out there that were developed to help problem gamblers overcome their gambling problems. Available research tends

to suggest that my experience can actually be described as common for recent immigrants as recent immigration has been linked to gambling and the development of gambling related issues (Nouroozifar & Zangeneh, 2006).

I moved my family to Ontario to take advantage of my fluency in English which I hoped would yield better opportunities. For some immigrants, this is usually not an option if they neither speak English nor French. It is this personal experience along with my work with dual-diagnosed clients that drives my desire to contribute to making services available to persons of ethno-racial backgrounds more appropriate and accessible. I hope that this study will contribute to efforts that are not just aimed at providing treatment services to ethno-racial communities but that the efforts equally focus on educating recent immigrants of ethno-racial backgrounds so that when they choose to gamble they do so from a well informed position (understand the risks).

As a social worker working with dual diagnosed individuals, I observed clients who did not just have to deal with one psychiatric diagnosis but had to combine it with either substance abuse or one of several forms of addiction. For several of these individuals, I find that the appropriate services delivered in the appropriate way could relieve them of their addictions. Our health and economy as a nation relies on our success in providing culturally sensitive problem gambling service treatment to ethno-racial communities as they are an integral part of our labour force. Failure to provide culturally sensitive and accessible treatment services is bound to affect the health of our workforce, our families and nation. If we work to ensure a healthy population and workforce it will translate into less pressure in sustaining our healthcare. Ethno-racial communities represent a substantial portion of our workforce and their need to be healthy cannot be taken for granted. For any service directed toward this population to be effective it needs to be provided in ways that would be culturally sensitive to their needs and histories.

Why I Chose My Sample of Participants from the Greater Toronto Area:

In recent years, immigration trends show that immigrants arriving in Canada are predominantly from non-European countries, with Ontario being home to 58.3% of all immigrants to Canada in 2002 and most of them choosing to settle in Toronto (DiBiase & Bauder, 2004). As of 2003, approximately 75% of Canadian immigrants chose to live in Toronto, Montreal, or Vancouver (The Metropolis Project, 2003). Toronto is one of Canada's three gateway census metropolitan areas and houses a substantial percentage of recent immigrants and persons of ethno-racial backgrounds in general. Immigrants tend to choose to live in cities and or communities where there is a concentrated level of persons of same culture (The Metropolis Project, 2003). Immigrants also gravitate toward their cultural/ethnic group in their pursuit for better employment and to join their families.

My decision to seek participant agencies from the Greater Toronto Area is because it is very likely home to about the most concentrated population of Ethno-racial communities in Canada. It is also because data from this study is not just likely to be helpful to this particular population but could equally be useful in the development of programs for other Ethnic-minority populations (with minor adjustments) in other parts of the province and country as a whole. It is also because some of the most aggressive service providers who are highly committed to the provision of services to ethno-racial communities are located in the Greater Toronto Area. It is my belief that their contribution will be critical in efforts to enhance the quality and accessibility of services to problem gamblers within ethno-racial communities in the Greater Toronto Area.

Growing Population and a Reluctance to Seek Problem Gambling Treatment:

Two developments have made the issue of developing problem gambling service programs that consumers of ethno-racial backgrounds will find respectful, accessible and sensitive to their respective cultures urgent. The first development is the knowledge that the population of persons of ethno-cultural backgrounds now represent a significant portion of the overall Canadian population even as it continues to grow (Banting, Courchene & Seidle, 2007; Riddell-Dixon, 2008). A testament regarding the seriousness of the situation is present in the fact that individuals and groups of ethno-racial backgrounds will for the most part not seek problem gambling treatment services until the situation is seen to have gotten out of hand. In other words, they will only seek formal treatment as a last resort (Clarke et al., 2007). Seeking help outside of the family is usually seen by most ethno-cultural families as humiliating and a sign of failure (Clarke et al, 2007).

The second development is the fact that as has already been mentioned there is rapid growth in the number of gambling related games and venues all across North America as is the case in most parts of the world (Toneatto et al., 2008). This growth in the availability and accessibility of diverse forms of gaming activities (casinos, video lottery terminals, scratch tickets, instant lotteries) is very evident in Canada and the province of Ontario to be specific (Williams & Wood, 2004 in Toneatto et al., 2008). Efforts to address the situation need to come from several areas. The recognition of the economic and political value of ethno-racial communities should hopefully translate into efforts to address their healthcare needs so they can function and contribute to societal growth at all levels. While there may be arguments for the benefits of increased presence and access to games and gaming venues the physical,

economical, emotional and mental health implications of the spread of gambling related activities to communities cannot be overemphasized.

Conclusion:

This chapter provided a population trend that shows a rapid growth of persons of ethno-cultural backgrounds and a discussion on the critical value of providing them with culturally sensitive services. The strategies that service providers use to address the challenges they face in providing problem gambling treatment services to ethno-cultural communities was also discussed as a focus of this study. How cultural differences influence service provision to ethno-cultural communities was also discussed another focus of this study. The risks associated with gambling and developing gambling related problems have been discussed including how my personal experience has influenced this research. The dense ethno-cultural population in the Greater Toronto Area is explained as rationale for choosing to obtain participants from there, including the belief that data from the Greater Toronto Area will likely be applicable to other communities in Ontario and beyond. The chapter concluded with a discussion on the dilemma of a growing population of persons of ethno-racial backgrounds and their reluctance to seek problem gambling treatment services. We will conduct a review of the problem gambling literature in the next chapter.

Chapter 2: Literature Review

Introduction

In this chapter, I will discuss the global nature of gambling and problem gambling particularly following the liberalization of gambling laws in the past few decades and how this impacts ethno-cultural communities. I will touch on the impact of problem gambling not being just financial but also medical (mental health) for ethno-racial communities. This chapter will then go on to identify groups and sections of society that are at higher risks of gambling and developing problem gambling issues. The factors that make ethno-cultural communities more prone to problem gambling issues will also be discussed. The chapter moves on to discuss treatment services and culturally sensitive services. It identifies some of the current major treatment approaches, pharmacological and non-pharmacological (medication and medication free). This chapter concludes with an identification of some of the factors that individuals and groups of ethno-racial backgrounds consider to be barriers to them accessing problem gambling treatment services.

Global Expansion of Gambling Industry and its Impact on Ethno-Cultural Communities

The global legalization of gambling as well as its increased access has resulted both in an increase in the number of gamblers and problem gamblers (Raylu & Oei, 2004). A 2005 Ontario study on gambling prevalence indicates that 63.3 percent of Ontario adults said they had gambled at least once in the past year and that 4.6% and 2.4% of men and women respectively have moderate to severe gambling problems (Wiebe, Mun & Kauffman, 2006). Pathological

gambling is recognized in the Diagnostic and Statistical Manual (DSM-IV) as a psychological disorder and increasingly continues to be a societal problem (Petry & Armentano, 1999). The perils associated with problem gambling are not just financial but includes other personal and societal difficulties. Some of these difficulties can be categorized under medical, legal, employment and psychological problems (Petry & Armentano, 1999). Between 48 and 70 percent of pathological gamblers in the United States contemplate suicide while 13 to 20 percent of this group actually attempt suicide (Petry & Armentano, 1999 p. 1021).

Several factors have been found to place specific groups and individuals at higher risks of gambling and developing problem gambling issues. The major factors include being poor and from a marginalized group, being of Ethnic minority origin, being a woman of colour and being physically disabled (Petry et al, 2003; Tu'itahi et al, 2004; Rugle, 2005; Borrell & Boulet, 2005). These factors place immigrants and persons from Ethno-racial communities at more risks of becoming involved in gambling and developing problem gambling issues. Research suggests that recent immigrants' gambling problem rates far surpass the rates in their countries of origin and current residence (Zangeneh, Sadeghi, & Littman-Sharp, 2002). While gambling and problem gambling is arguably common among diverse ethno-racial communities Barry, Steinberg, Wu and Potenza (2008) suggest that available research has fallen short of adequately involving minority groups in analysis of racial group differences.

The factors mentioned above that make persons of ethno-racial backgrounds find themselves at risk of becoming involved in gambling related activities falls short of identifying

the entire risk factors. A question that is nagging at this point is the possibility that these groups may be targeted because of the belief that they are easy preys. Gambling related games and venues seem to be so readily available and located within easy reach of those living in remote areas and communities that one wonders who the real targets are. The television, radio, and internet commercials cannot be targeted toward the wealthy in the community when they suggest we imagine what it will be like to be worth millions. If the advertisements were targeting the rich in society it will not ask that they imagine what it will feel like to win millions because the wealthy already know that feeling. What these commercials fail to do is explain what the chance of winning actually is. Where there is an effort to target these communities the result can only be increases in cases of individuals with problem gambling issues and its attendant implications.

Problem Gambling Treatment Rejection and Culture Specific Beliefs:

Several reasons have been presented to explain persons of Ethno-racial backgrounds' reluctance to seek problem gambling treatment services. They include the feeling that services are inaccessible to persons from ethno-racial communities, distrust for outside help, issues of confidentiality, anonymity, language and the absence of knowledge that such services exist (Duong-Ohtsuka and Ohtsuka, 2001; Zangeneh, Sadeghi & Littman-Sharp, 2002; Clarke et al. 2007). They also fail to seek treatment because of their preference of dealing with the problem on their own and issues around the stigma that is associated with being labelled an addict (Goodyear-Smith et al. 2006; Clarke, et al. 2007).

Culture specific beliefs and practices or values can influence the impact that gambling can have on the lives of individuals and groups. A society that is accommodating of gambling

practices is likely to provide an environment that would be conducive to a person who is intent on engaging in gambling activities (McMillen et al. 2004). In an environment such as that described above individuals and families with gambling related problems will be more likely to find it less stigmatizing hence more accepting of treatment services. In cultures where gambling is frowned upon families and individual problem gamblers will equally be less likely to openly seek treatment services until the situation gets to a critical point.

Problem Gambling Treatment:

Despite the availability of formal problem gambling treatment services there is still very minimal recorded usage of them (Toneatto & Ladouceur, 2003). The authors suggest that alternative pathways to treatment provision needs to be considered. The Chinese Family Services of Ontario (1996) have argued that the major treatment models for problem gambling include cognitive behavioural model which suggests that problem gamblers mistakenly overrate their chances and ability to win. The goal with this model is to try to alter the thought process of the problem gambler by providing her/him with more realistic and positive alternatives. Gamblers anonymous is a model that in some ways is similar to the medical model as it sees problem gambling as a progressive illness that does not have a cure but can be controlled through abstinence. The gamblers anonymous model takes a day to day approach that principally involves supportive sharing of experiences and successes between members. The family model on the other hand works to provide supportive services to all members of the family. This model believes that supportive services to family members are essential to the healing process.

While no conclusive decision was made regarding which approach to problem gambling treatment was more effective between pharmacological and non-pharmacological treatment (medication and medication free), Leung and Cottler (2008) suggest that non-pharmacological treatment was effective in its overall effect size. They go further to stress that while cognitive behavioural therapy remains the most used non-pharmacological treatment approach it has not produced superior results in terms of treatment outcome in comparison to other less expensive treatments such as brief interventions and gamblers anonymous. The Chinese Family Services of Ontario (CFSO) believes that their model for working with their client population focuses on the cultural differences inherent in the perceptions of gambling and help seeking behaviour in general. A study on developing services for Maori with gambling related services found that services were most successful when framed around Maori cultures, practices and customary values in conjunction with western elements of the service (Robertson et. al, 2005).

Recovery without treatment:

If we take into consideration the fact that a proportionate number of problem gamblers who are keen on treatment shy away from accessing formal treatment we are bound to consider looking at alternative approaches to treatment service provision (Toneatto, et al., 2008) Though most discussions on problem gambling treatments have been around types of treatment there have been recovered gamblers who did not use conventional treatment services (Toneatto et al., 2008). Analysis of natural recovery suggests that most problem gamblers who recovered without formal treatment credit a crisis situation in their lives that resulted in their review of their life situation and the decision to discontinue with their gambling (Blomqvist, 2002; Toneatto et al., 2008). A better knowledge of the recovery

pathway of naturally recovered problem gamblers could be critical in the development of services for information purposes, prevention, awareness creation and formal treatment strategies (Toneatto, et al., 2008). Individuals and groups of ethno-cultural backgrounds attribute cultural factors as key to their ability to overcome diverse forms of addiction (Brady, 1995).

Culture as part of treatment:

Several definitions have been presented to clarify the meaning of culture. Lum (2003) defines culture as the sum total of life or life patterns passed on from generation to generation within a group of people that includes institutions, language, religious ideals, habits of thinking, artistic expressions and patterns of social and interpersonal relationships. Culture has equally been defined as the totality of ideas, beliefs, values, knowledge, and way of life of a group of people that share a common historical, religious, racial, linguistic, ethnic, or social background (Al-Krenawi & Graham, 2003). What these definitions on culture have in common is that they present culture as a phenomenon that is static and can be learnt over time. Culture viewed from this framework becomes something that can be learnt and mastered over time.

Contemporary definitions of culture define it as a dynamic phenomenon that is constantly changing and contradictory, making it almost impossible to master. Culture can be described as conflicting, contradictory, ambiguous, dynamic and full of contending discourses that are mediated by power (Carl James, 1999, in Wong et al., 2003). The dynamic and contradictory nature of culture makes it impossible for problem gambling service treatment workers to come up with one treatment formula that will be effective for all individuals, families and groups. The values, mores, traditional practices, beliefs and experiences of each individual, family and group become critical to the treatment

formulation process. Because problem gambling service consumers only know these experiences, only they are able to bring their experiences to the treatment table. A collaborative process according to Tamasese and colleagues (2005) may be the only alternative.

There have been questions as to how it is that anyone can become competent at another person's culture considering the fact that culture in contemporary times is individually and socially constructed (Dean, 2001). She suggests that a better approach will involve maintaining an awareness of one's lack of competence at other people's culture so as to relinquish the power to the service consumer to direct proceedings rather than making misguided assumptions.

I question the notion that one could become competent at the culture of another. I would instead propose a model in which maintaining an awareness of one's lack of competence is the goal rather than the establishment of competence. With lack of competence as the focus a different view of practicing across cultures emerges. The client is the expert ... p.624.

Dean (2001) warns that when we presume to know about another person's culture (more than he/she) what we are doing is appropriating the person's culture and reinforcing our own dominant and egocentric position. The author would rather we replace the notion of competence at another's culture with a sense of tentativeness about whatever it is we feel we know or understand so as to keep ourselves constantly open to correction and redirection.

Borkovec and Castonguay (1998) in their study on the scientific meaning of empirically supported therapy posed three questions which they argued needed to be addressed in any effort to deal with the issue of treatment outcome studies: is a therapy effective? How effective is therapy and which therapy is more effective? (cited in Toneatto & Ladouceur, 2003). In this research I would like to add one extra question: Can problem gambling treatment therapy be effective for persons of ethno-racial

backgrounds if it fails to place culture central to any treatment framework? Studies indicate that culture is a central aspect of persons of ethno-racial backgrounds and suggests that any form of intervention that does not factor individual and group values, beliefs, practices and models of wellbeing is likely to be unsuccessful (Tamasese et al., 2005; Robertson et al., 2005).

Mental health professions such as psychiatry and psychology have most recently begun to acknowledge the critical role that cultural factors have to play in the determination, treatment and management of mental health issues (Nouroozifar & Zangeneh, 2006). Undermining the value of individual and group practices, mores, cultures and cultural differences may turn out to be more harmful. For example, in Samoan culture spirituality is considered critical in psychiatric treatment. Tamasese et al. (2005) shared that participants in their qualitative study on Samoan perspectives on mental health and culturally appropriate services indicated that treatment in Samoan (New Zealand) culture that fails to incorporate spirituality was unlikely to be successful. They emphasize that developing culturally appropriate mental health services for Samoans will have to incorporate concepts of the self (spiritual, mental and physical) in any intervention efforts (Tamasese et al., 2005).

Treatment models for persons of ethno-racial background needs to be formulated with a holistic approach to health with the individual, group or community being centrally located and his/her/their historical and political experience equally accounted for. To people of ethno-cultural backgrounds the human person comprises of the physical, mental and spiritual components (Tamasese et al., 2005). The authors were investigating Samoan perspectives on appropriate methods for investigating Samoan mental health issues. The Samoan participants in identifying the physical, mental and spiritual components of a person indicate that they are three components of the self that are interconnected hence

cannot be separated. Intervention for individuals and groups of ethno-racial background needs to be holistic for it to be effective. There is evidence that when services and programs are focused on a target population (Maori) barriers to services tend to be reduced. There is also a noticeable increase in the level of engagement and retention resulting from increased levels of cultural appropriateness (Robertson, et al., 2005).

Interventions that are narrowly focused are unlikely to be effective for persons of ethno-racial backgrounds. Treatment strategies need to be comprehensive and also dynamic enough to accommodate the similarities and differences that make up the ethno-cultural population. Equally relevant is the need to remember that physical outlook may not say all there is to say about a person or group. For instance, that an individual is of African origin does not necessarily mean that that person will be in agreement with all African cultural ideologies. The individual, group, or community usually ends up holding a substantial portion of the answer making it critical that any effort to provide treatment be inclusive of the individual, family, group or community. Robertson et al. (2005) summarizes it like this in their paper on developing services for Maori with gambling related problems.approaches which prioritise the values, beliefs and practices of Maori when integrating western approaches are likely to be most appropriate for Maori focused treatment services.

Problem gambling services when directed toward ethno-racial communities would need to be formulated in a way that accounts for the population for which it is being implemented. The need for a high level of flexibility cannot be overemphasized considering the dynamic nature of our present day cultures and groups. The community is also critical as a community's level of acceptability or rejection of a practice (gambling) will be instrumental in determining the level of problems in that area.

It will also influence the degree of stigma attached to the act or lifestyle hence influence the willingness or unwillingness to seek help when necessary.

Treatment for gambling-related problems does not necessarily have to be clinic or hospital-based (Raylu & Oei, 2004). They stress the need for community-based, culturally relevant supportive services not just for intervention purposes but as an avenue for making services more accessible. Diverse culture-related factors make persons of ethno-racial backgrounds shy away from accessing problem gambling services. An example could be when a system of service provision is not conducive to an individual or family's cultural pattern of help-seeking. Another example could involve service providers not being sensitive to the cultural restrictions on service consumers and the absence of service providers of similar cultural, ethnic and linguistic backgrounds (Clarke, Abbott, DeSouza & Bellringer, 2007).

Barriers to Accessing Treatment:

Despite the presence of several effective problem gambling services in North America only very few problem gamblers ever seek treatment for their gambling problems (Suurvali, Hodgins, Toneatto & Cunningham, 2008). Several factors can be accountable for problem gamblers of ethno-racial backgrounds not seeking help from problem gambling services. They include problem gamblers' desire to deal with the problem on their own, the stigma associated with being labelled a problem gambler, the embarrassment and loss of pride that is associated with having an addiction (Goodyear-Smith et al. 2006; Rockloff & Schofield, 2004; Hodgins & El-Guebaly, 2000). Cultural beliefs and values go beyond affecting individuals' behaviours. It also influences how they access healthcare services (McMillen et al. 2004; Raylu & Oei, 2004). Other identifiable barriers to treatment for problem gamblers of ethno-racial

backgrounds include limited knowledge of available services, a lack of awareness of the severity of the addiction, cultural and gender related factors (Duong-Ohtsuka & Ohtsuka, 2001).

Further barriers identified in research on help seeking among problem gamblers from ethnic minority communities include language difficulties due to limited interpreters in help centres, cultural patterns of help seeking, distrust of mainstream agencies, issues of trust and confidentiality, as well as absence of cultural sensitivity by service workers (Brown, 2002; McMillen et al. 2004; Raylu & Oei, 2004). Financial barriers, inappropriate treatments including the lack of family involvement, absence of information and a greater degree of shame associated with mental illness were equally identified as contributing factors that served as barriers to problem gamblers from ethno-racial communities accessing services.

Further Barriers to Accessing Treatment:

Ethno-racial communities' limited commitment to accessing problem gambling treatment services cannot be completely blamed on the factors that have already been identified above. Systemic or structural barriers equally account for these communities' limited commitment to problem gambling service utilization. There are suggestions that the system is able for the most part to maintain the status quo with regard to policies on problem gambling service provision because the policies are usually set by those in positions of power and privilege (Mor Barak, 2000, in Williams, 2001 p.232). These positions of authority and power would usually not include 'racialized' people (Mor Barak, 2000, in Williams, 2001). Focusing too much on ethno-cultural communities' failure to access treatment poses the risk of emphasizing too much on race relations at the expense of racism (Williams, 2001) which is

more likely the core reason for persons of ethno-racial backgrounds not accessing problem gambling treatment services.

A failure to account for the structural factors on race relations (in this case problem gambling services to ethno-racial communities) can only result in what has been described elsewhere as superficial solutions that will not undermine the real forces that create and sustain ethno-racial disadvantage (Ogbu, 1993, in Williams, 2001 p.233). As we attempt to identify and address the challenges that are presented as a result of cultural, language and educational differences it is equally necessary for us to look at those structural policies and decision making processes that tend to put persons of ethno-racial backgrounds at positions of disadvantage. Maybe the distrust that ethno-racial communities have developed for western and Eurocentric (mainstream) approaches to service provision that is the result of decades of exploitation can be revisited in attempts to rekindle the necessary trust that is required to work collaboratively at any challenge. Williams (2001) posits that a failure to do this will amount to us chasing after elusive bogeymen. She puts it this way:

.. a focus at the individual level allows the system to divert energy to the search for elusive bogeymen while failing to investigate the ways in which the current structure privileges white people and Eurocentric belief systems (Williams, 2001 p. 235).

In keeping the discussion on problem gambling treatment services and the role that structural factors may play in influencing levels of problem gambling, it may be helpful to ask how government policies on gaming influences problem gambling levels in ethno-cultural communities. What restrictions are in place to protect ethno-racial communities from being infiltrated by the gaming industry in their efforts to make profits at all cost? Addressing issues of problem gambling cannot be effective until the

focus is divided between the personal and structural dimensions of the true cause of problem gambling (Borrell & Boulet, 2005).

Moving Forward:

Only recently has research on the provision of mental health and addictions services begun to recognize cultural factors such as values and practices as key factors in the provision of treatment services (Nouroozifar & Zangeneh, 2006). The debate continues on the role of ethno-cultural factors in the successful treatment of addictive behaviours (Robertson et al. 2005). Because of the uniqueness of individual behavioural tendencies and traits any attempt to create a single treatment approach will not only be unsuccessful, it may even be therapeutically harmful to the problem gambler (McCowan & Howatt, 2007).

A treatment approach that is individualized to the person, family, group seeking treatment is much more likely to be effective, particularly when it entails a clarification of values and a provision of some level of flexibility by the therapist (McCowan & Howatt, 2007). Robertson et al. (2005) stress through their study that Maori focused gambling treatment program, framed around models of wellbeing that take into consideration the beliefs, customary values and practices of the Maori people is much more likely to be more effective to this population. This is true because the program will be more holistic in nature and would incorporate the individual as a unit and as a member of a family and community within a socio-historical and spiritual context (Robertson et al. 2005). It will also increase the cultural appropriateness of the services to the Maori when their culture and values have been taken into consideration in the development of a program.

Conclusion

This chapter started with a discussion on the global legalization and expansion of gambling related activities including how this affects individuals, groups and communities of ethno-racial backgrounds. The chapter went on to review the critical nature of serving ethno-racial communities in ways that they would find sensitive to both their needs, experiences and culture. The chapter then proceeded to discuss the reasons most persons of ethno-racial background shy away from accessing addiction related treatment services particularly from mainstream agencies. This chapter also suggested other sources that may be responsible for persons and groups of ethno-racial backgrounds' lack of interest in accessing treatment. The rationale behind my decision to obtain my sample of participants from the Greater Toronto Area was also discussed in this chapter. The chapter concluded with a review of some of the major PG treatment approaches currently available. The next chapter discusses the methodology that guided this study including the reasons why this approach is believed to best suite this study.

Chapter 3: Methodology

Introduction

This chapter discusses the methodological approach that was used in undertaking the research. It will start with a brief discussion on the nature of qualitative research methodology. It will proceed to discuss the recruitment, interview process, and ethical considerations that guided this research. The chapter will move on to introduce the coding process that was adopted in analyzing the data. A definition of open and axial coding is provided with explanation on how they help interpret data obtained from interviews and observations in qualitative studies.

Why Qualitative Approach?

Qualitative researchers in addition to striving to decipher the nature of individuals' and group problems also pay ample attention to how people construct, interpret and give meaning to their experiences (Strauss & Corbin 1998; Gerson & Horowitz, 2002). When a research aims to ascertain the meaning or nature of a group or individual's experiences and problems, qualitative research methods can generally be very helpful in exploring such personal and subjectively interpreted experience. Equally important is qualitative research's attention to what Gerson and Horowitz (2002) describe as dynamic processes as against static categories. Qualitative researchers are therefore well placed to grapple with issues related to the dynamic nature of individual lives, groups, communities, cultures and the social structure. In qualitative studies the researcher seeks to ground the theory in efforts to clarify how participants make sense of their everyday experiences.

The decision by a researcher to use a qualitative research approach to investigate phenomena is usually subject to the issue or subject being investigated (Strauss & Corbin, 1998). An added value of qualitative research lies in its ability to obtain intricate details about phenomena such as feelings,

thought processes and emotions that would ordinarily be difficult to extract or learn through conventional research methods (Strauss & Corbin, 1998). This is why I find a qualitative approach to be very effective in getting service providers to ethno-racial communities to share their service provision experiences. To successfully deliberate upon the experiences of problem gambling services providers in the GTA it only makes sense that the sampling focus be on that population. This research's aim is to determine the challenges that problem gambling treatment providers encounter in the course of providing their services and the strategies that they use to overcome those challenges.

The best interviews in qualitative research are usually those that develop into a mutual interaction between two individuals who seek to unravel the mysteries and meanings of life (Gerson & Horowitz, 2002). I have chosen to undertake a qualitative approach to this study because it enhances my ability to collect rich and in-depth data. This research approach also provides participants the opportunity to discuss and provide information through a natural flow of conversation. Qualitative social science research entails interpretive and explorative interactions between participants and the researcher. This type of research relies heavily on the interactive process because it provides participants the opportunity to explore their life situations, social locations, and overall experiences, using this wealth of experiences in contributing to studies. Participants' lived experiences are crucial to the qualitative researcher because these experiences form the bed rock upon which they draw in contributing to research.

Semi-Structured Interviews:

A semi-structured interview is one that allows the researcher room to explore emergent themes and ideas rather than relying only on concepts that have been previously defined through the interview guide (Schwandt, 2007). The questions format in this type of interview is usually open-ended allowing

participants the freedom to express their views in their own terms. While the interview follows the question guide, the interviewer is able to follow a topical trajectory that may stray from the original guideline if it is thought to be appropriate. It allows the researcher the room to probe into areas that appear promising in terms of providing new and relevant information. I find that this interview format will suite this study because the participants will have the freedom to share their views as they see fit and I will be able to pursue emerging themes that may not have been the focus originally.

Selection of Participants:

A researcher's initial decision regarding a study is usually very helpful in providing him/her with a general sense of direction in terms of when, where, and from whom to initiate gathering of relevant data (Strauss & Corbin, 1998). The authors go on to identify some of the key factors that would be helpful in making this decision as deciding what type of data to be used (observations, interviews, videotapes etc.), location or group to be studied, and the number of interviews (one time or several interviews). Other factors include the available time schedule, resources and the goals of the research.

An effective sampling strategy can be critical in obtaining illuminating data even with very limited number of participants (Gerson & Horowitz, 2002). The authors stress further that a theoretically well focused study helps identify and illuminate the issues being studied. Because this study focuses on a fixed group I made efforts to invite participants that were more likely to provide more relevant information. The choice of a sample of respondents usually aims to identify and pick from a pool that are well placed to provide more revealing and enlightening information on the issues being studied (Gerson & Horowitz, 2002). The invitation letters were directed to the program managers of problem gambling service providers in the Greater Toronto Area (GTA) inviting them or their designate to participate in the study. This was done to ensure that even if the program manager is unable to

participate she/he will be able to designate a member of staff who she/he knows to be knowledgeable in problem gambling service provision and the inherent challenges.

The response ranged between acceptance by managers to participate and opting to participate alongside a second member of staff. This idea was welcome by me and created room for even a more interaction-filled exchange. The main guiding principles that influenced the selection of participants was for agencies to be located in the GTA and for them to provide problem gambling services to persons, groups, and communities within ethno-racial communities in the GTA. My initial effort to identify agencies was through the blue book and subsequently websites such as problemgambling.ca and 211.ca. Information on agencies and their services were obtained through the internet. I was able to locate each agency's website and obtain their mailing address to mail the invitation letters.

Brief Description of Participants and their Agencies:

The five participants in this study have worked with individuals and groups of ethno-racial backgrounds providing problem gambling treatment services to them. The participants comprised of one male and four female participants. Three of the agencies are from the mainstream while one is an ethno-cultural agency that provides diverse forms of social services (one of which is problem gambling treatment) to individuals, families and groups in the Greater Toronto Area. All the agencies provide addiction services in their agency and also refer cases that they are unable to handle within their agency. All the agencies are located within the Greater Toronto Area

Interviews:

Questions for the semi-structured interviews were formulated in advance and a copy each was sent along with the invitation letters to potential participant agencies. This was to give participants ample time to review the questions and consider their responses. I made effort to stick to the same

questions but couldn't help but make minor adjustments to accommodate new areas that needed further probing. All participants were asked the same questions but the order of the interview questions did not remain consistent as more of the effort was focused on keeping a natural flow that would be expected of a qualitative research. The questions ended up serving the purpose of guiding the discussion rather than a tool for determining the structure of the process.

A common theme in qualitative research interviews is that as data collection begins the initial interview guide tends to give way to emerging concepts (Strauss & Corbin, 1998). The authors stress that remaining restricted to the initial guidelines throughout the study limits the ability, amount and type of data that can be obtained. Strauss and Corbin (1998) emphasize that there is a tendency for the initial interview to be sketchy and awkward but that subsequent ones tend to become richer and contain more valuable data. My initial interview did not seem to contain as much probing but my ability to probe for further clarification improved with the later interviews. This is in line with Strauss and Corbin's (1998) position that initial interviews in qualitative research methodology tend to be sketchy with subsequent ones becoming richer with more valuable data.

The interviews were conducted in semi-structured formats as this enables researchers to access participants' perspectives rather than impose preconceived categories on them (Marion & McPherson, 2005). There were a total of five participants in the study. There were four female participants and one male. The participants' positions in their agencies ranged from ethno-cultural specialist to program manager and program director. The criteria for selection was that the participant would have had experience providing problem gambling treatment services to individuals and groups of ethno-racial backgrounds within the GTA. The invitation letters were addressed to the program managers inviting them to participate or appoint any member of their staff who they believe to be experienced in their

agency's problem gambling treatment program. This approach was used to avoid the potential for an agency's treatment provider to participate in the study without the consent of the program manager and find her/himself in trouble for whatever information they share.

An initial batch of five invitations was mailed out and after follow-up calls three potential participants indicated interest to participate. A second batch of two invitations was then mailed out with one potential participant indicating interest in participating. Though the original intended number of participating agencies was five I decided to go with four agencies. The Program Director of one of the agencies indicated that she would like to participate along with her ethno-cultural specialist. I accepted to interview them together because I believe it will make for a more interactive process. I ended up identifying them as Participant D1 and Participant D2. The five participants from four agencies were identified in alphabetical order (A, B, C, D). The two participants from one agency were identified as Participant D1 and D2. All the interviews were conducted in the office space of participants with each participant first signing the consent form for the interview and for tape recording it.

The interviews lasted an average of 50 minutes in length. Open ended questions were used to allow participants room to provide as much data as they felt necessary. The decision to tape record the interview was driven by the need to foster an interactive process and to focus attention on the discussion rather than on taking notes of participants' contributions. Tape recording the interview would also ensure that participants' contributions were not misinterpreted or misrepresented.

Because the participants in this study have had direct working relationships with ethno-racial communities on problem gambling issues their experiences and interpretations can only be best presented by them. Equally important, the subjective self within a critical qualitative research is helpful to the researcher as it helps with developing a better understanding of the research participants (Subedi

& Rhee, 2008). The decision to conduct a face to face interview as against doing it over the telephone is because of my belief in the value of not just what is being said in an interview but also the body language that accompanies such expressions. This study has stayed true to the notion that research participants are not merely passive participants that are involved just to share their experiences (Kirby & McKenna, 1989). Because they could potentially have more revealing questions or contributions to make I always invite participants to volunteer whatever they believe should have been addressed that is missing in the interview.

A previously prepared interview guide was used in the interviews to help guide the flow of the process and to remain focused on the relevant topic. Gerson and Horowitz (2002) suggest that interview guides are not only effective in guiding participants through their life experiences in an orderly fashion within a limited time frame, they are also helpful in revealing the unknown or unanticipated. The presence of a previously prepared interview guide made it possible for me not to worry too much about asking all the questions I considered relevant. It also made it possible for me to narrow down the focus of my questions to issues relating to the struggles, challenges and successes present in providing problem gambling services to individuals and groups from ethno-racial communities in the GTA.

Ethical considerations:

While no foreseeable risk to the participants (physical and emotional) was evident, efforts were nonetheless made to ensure the safety of participants and their agencies. As a study that involved human participants, efforts were made to ensure confidentiality is kept to protect the individual participants and their agencies. Participants were informed in writing that they could decide to withdraw from the study at any point during the interview without any cost to them. They were also provided with my supervisor's contact information as well as McMaster University Research Ethics Board contact

information and encouraged to contact them should they feel ill at ease with any aspect of the study. Participants were also informed of the likelihood that they or their agencies may be identifiable through their contributions despite the study not mentioning their individual and agency names. Suggestions were made for them to be conscious of this in their contributions during interviews.

As a result of the slight possibility that an agency staff may receive my letter of invitation, participate in the study and end up in trouble with her/his supervisor, I directed the invitations to those in charge of the agencies' problem gambling programs. The invitations were addressed to program managers inviting them to either participate or designate any member of their staff who they consider well versed in the agency's problem gambling service provision to ethno-racial communities in the GTA. In response to one of my invitations, a participant requested to participate alongside her staff and I accepted this option as I believed it would likely result in more interaction and an even more enriched data.

Data analysis:

Data analysis in qualitative research is an ongoing process that usually entails the analysis of already obtained data at the same time as more data is being sought and obtained. I will employ an analytical approach adapted from the grounded theory developed by Strauss and Corbin (1998) when I review the transcripts of the interviews. Grounded theory relates to theory that has been systematically obtained and analyzed through the research process (Strauss & Corbin, 1998). Grounded theory emphasizes data as the primary source of insights (Strauss & Corbin, 1998). Data analysis in qualitative research is an ongoing process that usually entails the analysis of already obtained data at the same time as more data is being sought and obtained. The interviews were all transcribed into verbatim and

initially analyzed in a line by line format using open coding system as developed by Strauss and Corbin (1998).

Strauss and Corbin (1998) describe open coding as the first step in theoretical analysis in the development of categories and their properties in qualitative research. Open coding requires the breaking down of data into incidents so as to closely examine and compare for similarities and differences while searching for indications as to which category or part of a category that it relates to (Glaser, 1992). Through the constant comparison of data, I hope to generate categories that would lead to a core category. Open coding according to Strauss and Corbin (1998) ends when it yields a core category. Core categories relates to the initial categorizing of incidents through the constant comparison method (Strauss & Corbin, 1998). The data from each interview will be carefully reviewed and analyzed for words or themes that emerge from the sentences, phrases, or suggestions of participants. As more data is obtained and analyzed the more significant data becomes easier to identify and narrow down. I will repeatedly scan the interview data to examine single words, phrases and sentences to ensure a focused analytic procedure. Strauss and Corbin (1998) emphasize the value of this approach below:

Doing analysis of a word, phrase, or sentence consists of scanning the document or at least a couple of pages of it and then returning to focus on a word or phrase that strikes the analyst as being significant and analytically interesting. Then the analyst begins to list all of the possible meanings of the word that come to mind. With this list in mind, the analyst can turn to the document and look for incidents or words that will point to meaning (Strauss & Corbin, 1998pg. 93).

I will use axial coding to try and establish links between the concepts and themes within the data that relate to problem gambling services to persons of ethno-racial backgrounds in the GTA. I will also seek to establish a link between current service provision frameworks and future ones to hopefully make such services more accessible and culturally sensitive to individuals and groups of ethno-racial

backgrounds within the GTA. I would hope that a better understanding of the challenges that service providers have to overcome to deliver their services would be established. With the current strategies shared and better understood, we can hopefully begin the preliminary stages of identifying those “blocked” information that will ultimately improve gambling service provision to ethno-racial communities.

Conclusion:

This chapter started with a presentation of qualitative research method as the framework that guided the study. It proceeded to review the processes that were involved some of which are the recruitment and interview processes. The ethical protocol that guided the study was equally discussed. This chapter went on to introduce grounded theory as the theoretical framework that guided the analysis of the obtained data. The next chapter presents a discussion on the barriers that make delivering PG treatment services to ethno-racial communities within the Greater Toronto Area more challenging.

Chapter 4 – Discussion – Service Provision Struggles

Introduction:

In this chapter I will provide a summary of the major research findings. I begin with a review of the challenges the service providers are confronted with. I start with the funding related barriers that participants identified and how they influence the degree and quality of service provision. The chapter also discusses some culture based difficulties in openly discussing addiction related issues as well as the implication of having always gambled from childhood on gambling cessation. Other barriers that influence problem gambling service provision to ethno-racial communities within the Greater Toronto Area are also discussed.

Challenges in providing problem gambling services to ethno-racial communities:

This study set out to review some of the challenges that problem gambling service treatment agencies that work with problem gamblers of ethno-racial backgrounds within the Greater Toronto Area encounter in carrying out their gambling treatment services. It also hoped to uncover the strategies that service providers employed in attempts to overcome the challenges they faced in working with problem gamblers of ethno-racial backgrounds within the Greater Toronto Area. In this section, I will present the key challenges that participants identified as some of the challenges that confront them in their problem gambling service provision to problem gamblers of ethno-racial backgrounds within the Greater Toronto Area.

Challenges:

Agencies' funding sources and characteristics:

Though the participating agencies' source of funding was not included in the question guide their websites suggest that all four agencies receive the majority of their funding from government (Federal, State and/or Municipal) sources. In addition they also sought funding from community based non-governmental organizations, corporate business organizations and other community based donors. All four agencies provide addiction services (one of which is problem gambling treatment). Of the four agencies that participated three are mainstream while one is an ethno-cultural social service agency. All four agencies are located within the Greater Toronto Area. It is probably difficult to determine what role funding sources play in this case because all four agencies are government funded. It will be helpful to determine what the funding sources are for the really small scale, community based, ethno-cultural agencies that could not be recruited for this study.

Funding-related challenges:

Participants in the study identified funding unanimously as a major challenge that comes between them and their ability to provide adequate services to problem gamblers of ethno-racial backgrounds within the GTA. They shared that why funding was a major drawback is because of its tendency to lead to other challenges in service provision. For instance, Participant A in response to a question on what she would do to improve the quality of problem gambling service provision shared that everything (outcome and quality) basically depended on the availability of funds. She put it this way: ...you know a lot of stuff really does come down to funding.

Participant D2 emphasized that limited funding greatly affects her agency's ability to do any form of outreach work within the community forcing her agency to be predominantly focused on direct clinical services such as individual and group counselling. For a direct service mainstream agency Participant D2's agency is not likely to place treatment services for ethno-racial communities among its priority list. Limited funding according to this participant also means her agency's inability to hire more problem gambling treatment service workers in her agency. Inadequate staffing according to this participant in turn makes it impossible to build a team environment as the agency only has problem gambling treatment funding for one full-time staff hour equivalent (FTE). Participant D2 expresses it this way:

We do rely on other services that we offer at the centre to be able to offer the breath of programs that we do on problem gambling and because we only have one FTE we only have one person who can do it, that means we are limited in terms of the scope of services and the amount of outreach that we can do (Participant D2).

Participants in this study unanimously identified funding (especially for product advertisement and community outreach programs), enough funding to match the high spending power of gaming corporations on diverse forms of advertisement as a major challenge. Participant A stressed that though gambling prevention receives an allocation of 2% of gambling revenue in Ontario it is still very small in comparison to the funds available to gambling corporations for advertisement purposes. Participant A in making her point put it this way:

... gambling has funding while a lot other things don't so um, because there is 2% of slot machine revenue that are dedicated to this area, but it is still a drop in the bucket compared to how much money they (corporations) spend on advertising... (Participant A).

Another funding related challenge was described as one-time funding, a situation where a program is funded for the initial year and fails to receive further funding for subsequent years usually resulting in the abandonment of promising programs. Insufficient funding was also implicated as a contributor to limited staffing which in turn created difficulties in establishing a team environment where peers are able to bounce ideas off of one another. It also resulted to limited community outreach opportunities as service providers were preoccupied with attending to those currently in need of problem gambling treatment services and little to no attention focused on community education and prevention programs.

Problem gambling issues not subject to discussion:

Participant C highlighted the critical nature of gambling related problems being off-topic to most persons of ethno-racial background hence they would only discuss or address it within their family settings. Participant C suggests that for individuals and groups of ethno-racial backgrounds it can be stigmatizing for a member of the family to be known to have gambling related issues. This in her opinion is especially difficult for families because they do not differentiate between individual and family issues. If an individual has a challenge it therefore amounts to a family challenge. The literature tends to support this position by indicating that only few problem gamblers of ethno-racial backgrounds ever seek treatment for their gambling problems because of their desire to address the problem themselves and avoid the potential stigma and shame that may come to the family if their gambling problems were revealed (Rockloff & Schofield, 2004; Tse, Wong & Chan, 2007; Clarke et al., 2007).

The fact that most gamblers of ethno-racial backgrounds will not discuss their problems or seek PG treatment assistance results in the situation being brought to the attention of treatment agencies at stages when things would most likely have gotten out of hand. This also results in PG treatment patients and their families enduring much more hardships than would have likely been the case had they sought assistance earlier when the situation would have been more manageable. Participant C expresses it this way:

Because I know people don't want to talk about this kind of topic unless something bad happens, they think it is okay, okay close to my heart, for example, if somebody I know dies because of this then it is a totally different story ... (Participant C).

Culture can equally be a barrier in situations where treatment providers have failed to understand the culture of the service consumer. The participants suggest that an understanding of the treatment service consumer's culture is central to being able to successfully work with him/her/them. This critical requirement of understanding the culture and life experiences of the service consumer demands that service providers ask questions and listen attentively to the service consumer who is the best source of information relating to both his/her culture and personal experience. The literature provides support for the value of a collaborative determination of the problem as well as a willingness to exhibit humility in efforts to enhance understanding and address the challenges. Magala (2005) in her discussion on the ends, means and meanings of culture in cross-cultural competence highlights the approach and need for a collaborative work relationship with service consumers of ethno-cultural backgrounds. She emphasizes:

Learning is more often than not a joint venture with many local partners and an exercise in patience, humility and negotiated interpretation of meaning. Sharing mental models does not stop at a single agreement. Learning, (including learning to learn) is indeed a permanent lifelong activity (Magala, 2005).

Magala (2005) above tries to remind problem gambling treatment providers that servicing the needs of ethno-cultural communities will require ample negotiated interpretations and a lot of learning, particularly for the treatment provider.

The challenge of gambling as a lifelong lifestyle:

Participants C and D1 shared that gambling can be a lifelong activity to some ethno-racial groups and individuals as they may have engaged in one form of gambling or another from their childhood within their families. In situations like this, gambling would have become a way of life for people who fall into this category and would pose different or higher levels of challenge getting them to drop the practice or even to see it as a practice that needs to be approached with caution. Gamblers who have gambled from childhood as part of their family recreational activity may need treatment that would focus more on healthy approaches to gambling rather than complete abstinence. Participant C draws a link to the culture of gambling and people's home countries by indicating that in her home country there were lots of gambling activities and that it tends to make people see gambling as normal. She said:

People play at home. I even have very young school mate before that are maybe in grade five to six, their family will ask them, okay let us come together join, because they need four people. So they start learning how to play when they were really young. And then there are lots of gambling activities going on in the place where I came from in Hong Kong. They have horse racing, different things, so they kind of think this is normal stuff they do (Participant C).

So for some individuals, families and groups, gambling related activities may be a lifelong practice and this would be helpful for treatment service providers to be aware of the possibility.

Language barriers:

All participants in the study identified language barrier as a major challenge in working with persons from ethno-racial communities where the service provider and consumer do not have a common language that they both understand. Participant C describes it as a huge barrier where language is an

issue. Language can be an issue in different situations. For instance, language can be an issue when there simply is no agency providing PG treatment services within a specific community. It can equally be an issue where a problem gambler from a specific community wants her/his treatment consumption to be outside of their community but is not able to speak or understand other languages other than their local dialect. The literature provides validity for the argument that language can be a barrier to individuals and groups of ethno-racial backgrounds' ability to access problem gambling treatment services (Zangeneh, Sadeghi & Littman-Sharp, 2002; Clarke, Abbott, DeSouza & Bellringer, 2007).

Keeping problem gambling a social issue:

Participants A and C emphasized the need to keep up the pressure to retain problem gambling as a worthy social issue in need of societal and government attention. They fear that if discussions on the negative implications of an increase in cases of people with problem gambling are not maintained it will be relegated to less relevant social and healthcare-related issues. Considering that PG as an issue in society is on the rise it will be dangerous and unwise to relent in any effort to continue to address the attendant challenges. Participant C expressed fear regarding the tendency for agencies and schools to seek a change in focus after being receptive of problem gambling awareness education for a while. She said:

Maybe every term at least I present to three classes on the topic of gambling so but after a number of years they're probably thinking oh, great, we are more interested in maybe other new topics, right (Participant C).

Equally related is the challenge of educating ethno-racial communities on the seriousness of problem gambling as a mental health issue that affects all facets of the lives of individuals, groups and communities. Participants lament that some communities tend not to see problem gambling as a priority

in comparison to other social issues such as domestic violence, child abuse and unemployment or underemployment. Participant B expresses it this way:

.. if you take an ethno-specific agency working with a specific language group or a specific ethno-racial culture, I think that they are usually small, that gambling was seen not necessarily as a priority in that community. So we would have to initiate discussions where we provide resources to deliver interventions or programs because domestic violence is a bigger issue to this community, poverty is a bigger issue, um, employment, often many people that come here are underemployed, mental health is not being addressed so problem gambling is the least of their worries ... (Participant B)

What Participant B is trying to explain above is the fact that sometimes as a strategy to addressing the barriers they encounter in serving problem gamblers from ethno-racial communities his agency may start with assisting communities with other seemingly non-related issues. Participant C also shared that probably because some of her clients have consistently played one form of gambling such as ‘Mahjong’ or another growing up they do not see anything wrong or potentially addictive about participating in gambling related activities. Available literature provides support for some ethno-specific groups’ tendency not just to avoid treatment for other reasons but to do so because they do not believe that their gambling problem is serious enough to warrant treatment (Clarke, Abbott, DeSouza & Bellringer, 2007).

Other Challenges:

Other challenges that were identified by the research participants include the likelihood that addiction in general was not well understood within ethno-racial communities, suggesting a need for further education and awareness creation. They also identified the presence of so much diversity and cultures suggesting that it creates a lot of challenges trying to provide services to such a dense and diverse group of cultures. Also relevant among the challenges discussed is the difficulty that participants

identified as present in the development of partnerships between agencies. They indicated that every group's feeling that they have the best idea on how to address any given issue can potentially be a problem until they learn to work collaboratively between them. Participant B expresses the challenge below:

I think one of the challenges is always when you develop partnership, right so its always a challenge cos many people always have different views and different ideas about how to do things and we've really overcome that. We've, once we've got to buy in, once we got them and developed partnerships I think we've developed with CAMH a model of partnership and integration that has really, really been wonderful (Participant B).

Conceptions of Culture:

Participants' understanding of culture and cultural factors relating to gambling and problem gambling issues vary. A relevant conception of culture as presented by Participants C and D1 is that of a lifelong practice. This refers to situations where in some families gambling related activities have historically been the norm so such people may have a hard time seeing gambling as a practice that can be harmful if not approached with caution. Participant D1 puts it this way:

For some of our clients gambling is cultural, particularly bingo right, and there are a lot of other clients that come through and the Native women have talked about this that come through and they started going to bingo when they were quite young with their aunties, right and it was a family function and then sort of later on it has progressed into other things (Participant D1).

It is possible that for some individuals, families and groups of ethno-cultural backgrounds problem gambling issues that they face may be a challenge that they have to unlearn given that it has been a way of life for them for a considerable period within their families. It may also be that some individuals and families would rather maintain their lifestyle but require assistance with managing the attendant challenges. There may be cultural factors attached to this unlearning process that only service consumers can unravel, making their contribution to the process crucial to a successful treatment program. Having

the treatment consumer lead the way makes determining what is more culturally sensitive and acceptable easier to ascertain.

Participants in this study appear to suggest that certain situations or conditions are considered demeaning to a family's name as in most ethno-racial cultures the family name probably takes precedence over any individual member of the family's name. Participant D1 describes it below in this way:

.. one of the challenges and barriers in even seeking counselling is the idea of seeking counselling is not accepted and you don't take your problems outside of the family. So it has either been the clients have come within the family context or they bring sort of their family experience with them they don't belief in counselling in their culture and they don't believe in taking problems outside of their house or even admitting there is a problem. (Participant D1).

Another cultural designation of problem gambling by participants in this study is that of a situation that is not taken outside of the family as it could be shameful to the gambler and his family name. The interpretation of the stigma as a family-wide issue leads to families going to lengths in their efforts to bail out the problem gambler within the family while ensuring that the knowledge remains within the family in efforts to keep the family name intact. Cultural interpretations of situations and conditions may differ slightly because of ethno-racial communities' tendency to interpret or approach issues from a communal framework. Whereas others may describe individuals with issues such as addiction (problem gambling or alcoholism) from an individual framework, families within ethno-racial communities would more likely see such situations differently. They are likely to see the same situation as addiction-prone family, problem gambling family and alcoholic family.

Conclusion:

This chapter has discussed the major challenges that treatment providers within the GTA serving individuals and groups of ethno-cultural backgrounds identified in their experience working with the above population. It has also discussed the conception of culture and how service providers feel culture plays a role in their service provision endeavours. In the next chapter culture will be discussed further with a view to reviewing when it becomes relevant in treatment or determine if it remains constantly relevant throughout the service provision engagement.

Chapter 5 – Discussion – Culturally Relevant Strategies

Strategizing to Address Challenges:

Introduction:

This chapter begins with a closer look at when and how service providers determine the validity of culture and cultural factors in their treatment service provision. The chapter will proceed to review some of the strategies that service providers use in their efforts to not just deliver their services but to deliver them in a respectful and culturally sensitive manner. Some of these approaches will include the wraparound service delivery approach, collaborative partnerships with agencies already delivering services to communities and accessing communities through their leaders. Another approach includes undertaking more targeted community outreach programs.

When does culture become relevant in problem gambling treatment?

All the participants unanimously echoed the value of culture to any form of PG treatment services for individuals and groups of ethno-racial backgrounds. Participant A leaves the value of culture in the treatment relationship with the problem gambler seeking treatment suggesting that culture is as important as the treatment consumer says it is. On the question of whether culture matters in working with clients from ethno-racial communities Participant A responded this way:

Absolutely, of course it matters. It matters as much as they say it matters. That is why we ask, is it important to you? Is there an influence here? We will ask questions but if it is not important to them then fine ... we leave it (Participant A).

Participant C in emphasizing the value of culture in the treatment relationship describes it as a ‘pretty important part’ of the treatment service provision. She suggests that service providers should at least try to understand their clients’ backgrounds including the context in which

they've lived, making efforts to understand the things they hold dearly as human beings. She concludes with a suggestion that service providers work collaboratively with service consumers given that they are the experts regarding their needs and lived experiences.

I think culture is important. At least understanding it, I think it plays a pretty important part yeah, culture. I think em, about where people actually come from or their own background, the context where they live, all this could ... I think culture is important in the sense that there are certain things people hold really dearly (Participant C).

This position has the support of contemporary researchers who equally identify service consumers and their cultures as central to any successful service provision intended for them (Raylu & Oei, 2004; Robertson et al., 2005; Tamasese, et al, 2005).

Participant D1 would agree that culture is a crucial element in problem gambling service provision to ethno-racial communities but would approach it from a position of 'not knowing' or ignorance. Though she expresses a sound knowledge of resources and how to obtain them participant D1 would recommend her approach to anyone providing PG treatment services to persons of ethno-racial backgrounds. Her approach involves being upfront in admitting ignorance and submitting to the client for information she/he believes will be pertinent to working with her in a culturally sensitive manner. Participant D1 goes further to warn of the risks of assuming for instance that because someone identifies as a Moslem she will be a traditionally astute Moslem. There may be differences between how much a first generation Canadian Moslem holds on to her culture and the level of attachment a third generation Canadian Moslem would place on her culture.

I'm keenly aware that I don't know. I have a Moslem woman that is coming. Is there anything you think I should need to know in other to work with this woman? Just saying you know I'm not Moslem, I don't have someone who is Moslem to work with you. What do you

think I need to know to work with you? And just putting it out there and meaning it (Participant D1).

Participant D1 above brings up an important point that has been elaborated upon by Dean (2001) in her study on the myth of cross-cultural competence. Dean (2001) in her paper questioned how it is that one can become competent at the culture of another suggesting that assuming a position of limited to no knowledge will place the service provider in a better frame of mind to learn from the service consumer who understands her/his culture and experience better.

Participant B in agreeing with other participants regarding the crucial role of culture in working with individuals and groups of ethno-racial backgrounds goes further to identify some of the practices that help create a culturally sensitive service provision environment. Some of these include hiring a treatment provider that can speak the language and has lived the culture. A person that understands the attitudes, mores, values and family dynamics around gambling and gambling related problems. A person who is conscious of how religion can impact families and individual response to gambling and gambling related issues. Participant B presents it this way:

We want to make sure first of all the social worker will be able to speak the language ... A counsellor also who understands, has lived the culture, so we are hiring someone who has real understanding of the culture, of what some of the attitudes are around maybe gambling or attitudes just around family roles (Participant B).

Participant B elaborates on some relevant factors that would be useful to a problem gambling treatment provider. The risk however is that focusing too much on these factors can lead one to treat cultural factors as static phenomena. It will be helpful to keep in mind that even as we focus on the best skills that are relevant in successfully providing problem gambling treatment services to persons of ethno-racial backgrounds the utmost skill is the knowledge that cultures are dynamic and not static. More recent views of culture also interpret it as individually and socially constructed (Dean, 2001). This view

of culture will make it easier for service providers to see the unavoidable need to work collaboratively with problem gambling treatment consumers.

The wraparound service approach:

Despite the expressed need for more funding support none of the participants expressed any strategy that was aimed at increasing their financial viability. Participants D1 and 2 however shared an approach which they said helped them accomplish more even in the midst of limited funding. The wraparound service delivery program is an innovative service provision approach that their agency uses to enhance the quality of their services to their consumers. Participant D2 described it as the range of services that an individual within her agency's program is able to access regardless of the service that was the treatment consumer's point of entry. For instance, an individual who is accepted into her agency's problem gambling treatment program will be able to also access other programs within the agency such as their day care and group support programs. She will also be able to access the agency trauma and continuing care programs at a later stage in treatment.

Through the wraparound service approach, consumers are able to benefit from a more holistic treatment service that would otherwise not be available were they to rely strictly on the resources allocated for problem gambling alone. With this approach practitioners are able to tap from the experience of staff from other disciplines within the agency, thereby enriching the quality of service provided to PG treatment consumers. While this argument is very plausible another way of looking at it is that something or some program has to suffer for another to thrive. In a situation where finances is limited this may be laudable but a better goal would probably be to develop means of obtaining adequate funding so that problem gamblers from ethno-racial communities can be provided with services that will

be focused completely on servicing their needs rather than the attentions of service providers being divided between several programs.

Collaborative partnerships:

A major approach that PG service providers/agencies employed to address some of the challenges they faced in working with problem gamblers of ethno-racial backgrounds within the GTA is the development of partnerships. They developed partnerships with agencies already providing other forms of counselling services to their community members. They provided funding to the local agencies and trained their staff to provide PG treatment to members of their community in a more culturally sensitive way. The financing agencies were able to refer clients that had language and culture-related demands to their (clients') home agencies so they can be provided with culturally sensitive treatment services. Participant B summarised it as his agency in collaboration with other agencies (mainstream and non-mainstream) generate knowledge, find avenues to transfer that knowledge to communities and by doing this build capacity within such communities. He said: One of our successes is that we continuously try to generate knowledge, transfer knowledge and build capacity in ethno-racial communities ... (Participant B).

As a response to the challenging experience of serving problem gamblers with language problems agencies generally hired someone who is bilingual, multilingual or proficient in the major language of their clientele. As helpful as this has been to capture a sizeable portion of these communities, substantial portions that spoke other languages were still being denied good PG treatment as a result of language problems. To address this CAMH in collaboration with agencies such as COSTI developed new initiatives such as toll free help-lines that offer gambling related treatment services in

different languages. Participant B brought attention to the multi-lingual gambling services COSTI developed through the Ontario Resource Group on Ethnicity and Gambling (ORGEG). This program is spread throughout the province of Ontario making it possible for someone in most parts of the province to be able to access problem gambling services from most other parts of the province in several languages.

Community leaders as access point into communities:

The participants, particularly participants B and C discussed the need to explore ideas on how to successfully access communities in efforts to deliver education and awareness programs on problem gambling and the implications. They identified community leaders as their main access points because they reasoned that usually community leaders and community based agencies have lived in those communities over time and have established a high level of credibility among the community members. According to Participant C the approval of the community leaders regarding problem gambling outreach events will make it more acceptable to other members of the community so they usually connected with community leaders and agencies based within such communities and worked collaboratively with them to provide educational outreach programs on problem gambling.

More targeted community educational outreach:

Participants also mentioned their attempts to target some professionals and practitioners within communities that work within ethno-racial communities for outreach and awareness programs. Participant D1 shared that where funding permitted her target would be physicians, lawyers, nurses, teachers and bankers because these were professionals that dealt with community members on a regular basis in one capacity or another. The idea is to create the awareness and educate them on suggestions

and referral sources or directions that they could give their clients/patients should they see signs that may indicate an individual or family is having gambling related problems. She expressed a desire to see problem gambling being openly discussed in communities as she believed that this will help reduce the stigma associated with it.

Where do we go from here?

Problem gambling treatment practitioners that participated in this study generally identified major issues that were real challenges in their efforts to deliver treatment services to persons and groups of ethno-racial backgrounds. They equally shared strategies that they use in trying to make their services to ethno-cultural communities more sensitive to their cultures. They also shared the view of a promising future in terms of appropriate and culturally sensitive service provision. A good portion of the positive view of the future hinges on problem gambling services providers' development of several innovative ideas aimed at not just reaching their target communities but ensuring the services they receive is respectful of their cultures. Some of the innovative ideas that have participants believing in a bright future for problem gambling treatment include the provision of flyers (written in local languages spoken in specific communities) and inserting them in local and state wide newspapers. They also include the provision of counselling services over the phone in several languages to individuals who may not necessarily be in the same city within the province of Ontario. The targeting of primary care physicians, nurses, lawyers, teachers who are well placed to come in contact with these individuals and families and providing them with pamphlets and resource kits to make them more informed on gambling issues and the signs. These practitioners with this awareness are better able to provide initial interventions when they come in contact with potential PG treatment consumers before directing them to appropriate

agencies for comprehensive assistance. Equally relevant is their ability to collaborate their expertise and those of community leaders as well as agencies that are already providing counselling services within those communities.

As positive as the participants in this study have been, they also highlighted a need for more effort in certain areas that would in their opinion help facilitate the delivery of accessible and culturally sensitive problem gambling treatment to ethno-racial communities. Participant B for instance highlighted what he described as a lack of research that would inform development in their service provision. Participant B put it this way:

I think that ethno-racial communities, there is a lack of research to inform our development. And I think research around prevalence, continuous research around I guess attitudes, perceptions, also good evaluative research about what really works in terms of reducing harms, in terms of changing behaviours. I think specifically in ethno racial communities we don't have the wealth of research that you might see in other areas (Participant B).

Participant A indicated earlier that funding was related to most of the challenges they had in implementing other service provision ideas that they may have. All the participants were unanimous in sharing that adequate funding would mean more awareness programs in communities which will in turn make discussions around problem gambling less stigmatizing. An environment where problem gambling is less stigmatizing is likely to lead to problem gamblers being more prone to accessing treatment earlier because they are not likely to feel stigmatized for seeking help. The literature as already indicated identifies stigma as one of the major reasons problem gamblers of ethno-racial backgrounds shy away from seeking professional treatment (Duong-Ohtsuka & Ohtsuka, 2001; Brown, 2002; McMillen et al., 2004; Raylu & Oei, 2004; Clarke et al., 2007).

Any differences in interpretation of stigma?

Webster's new explorer dictionary (2005) describes stigma as a mark of disgrace or discredit. It is a fair conclusion to therefore consider stigma to be anything or action/inaction that will be considered shameful or disgraceful to a person. Research has already shown that problem gambling issues is seen to be stigmatizing to the general public (McMillen et al., 2004; Clarke, DeSouza & Bellringer, 2007). Cultural factors however may make the interpretation of shameful or stigmatizing situations different. The individualistic nature of mainstream policies may be successful in interpreting stigma for portions of society but may be unsuccessful when applied to individuals, groups and communities of ethno-racial backgrounds. Their communal approach to defining culture and culture-related issues is likely to see them interpreting an individual member of the family's gambling problem as a family problem hence the attendant stigma equally interpreted as the family's shame.

Conclusion:

This chapter discussed culture as it relates to when it becomes relevant to problem gambling treatment service provision including who is responsible for deciding whether culture will be incorporated into the treatment framework or not. The chapter proceeded to discuss some of the innovative ideas in service provision that makes problem gambling treatment providers feel positive about the future of service provision within ethno-racial communities (particularly in the GTA). The need for further research efforts and the implications of limited funding as it relates to service provision was also discussed. A brief review of the future role of technology and the internet on gambling and problem gambling was also discussed. In the concluding chapter this paper will review the original goal

of this study and the actual results obtained, the lessons learnt and provide suggestions for future research in this area.

Chapter 6 – Summary

Introduction:

In this chapter I will provide a summary of the challenges that the participants in this study identified in their service provision to individuals, families and groups of ethno-cultural backgrounds. I proceed to provide a summary of the strategies that participants indicated they employed in overcoming the challenges. I also discuss participants' approaches that are aimed at accounting for service consumers' cultures. The relevance of this study as it relates to recommendations for future practice and research is discussed, including the limitations that warrant a call for further studies. This call aims to ensure that the description of services to ethno-cultural communities as culturally sensitive and relevant remains the domain of service consumers of ethno-cultural backgrounds.

Challenges:

Participants in this study confirmed and identified major challenges which they said made working with individuals, families and groups of ethno-racial backgrounds more challenging. Funding related challenges they said limited their ability to appropriately staff their agency so as to be able to provide culturally sensitive treatment services. Limited funding also limits agencies' ability to provide the much needed community based outreach efforts that focus on creating awareness, intervention and education (an area of intervention that for the most part benefits individuals and groups of ethno-cultural backgrounds). The education and awareness do not only target problem gamblers but also professionals such as physicians, lawyers, nurses and teachers that encounter potential problem gamblers in the course of doing their daily work. The awareness and knowledge helps these professionals in identifying and

referring individuals and families to places where they can be provided with appropriate problem gambling treatment services.

Other challenges that participants identified include the fact that problem gambling in most ethno-cultural communities was not openly discussed as it is seen to be stigmatizing to the family as a whole. This interpretation according to participants usually leads to families of ethno-cultural backgrounds going to painful extents to keep the information of a member of the family's gambling problems within the family. Participants also identified language differences as barrier to effectively providing more culturally sensitive treatment services to persons of ethno-racial backgrounds. The fact that within the Greater Toronto Area there are many languages and cultures was also identified as a problem as a handful of agencies will not be able to service that much diversity in cultures and languages. Participants thought that it was a challenge to sustain discussions around the risks of gambling and gambling related problems. These discussions can be relevant both for funding purposes as well as for ethno-cultural communities who are steadily bombarded with commercials of a dream life that can result from winning without necessarily being told what the odds of winning really are.

Strategies:

Participants in this study identified several strategies that they relied upon to successfully work with problem gambling service consumers of ethno-cultural backgrounds. To address the limited funding Participants D1 and D2 used an innovative idea that had them borrowing from other resources within their agency to service parts of the needs of problem gamblers in their treatment program. This approach actually made it possible for them to provide their clients with a more holistic treatment

service. Collaborative partnerships with community leaders and community based agencies already providing services to ethno-racial community members was also established to enhance the quality of service delivered. Participants shared that considering that they did not have the ethno-cultural know-how to work with problem gamblers in these communities they trained staff of agencies already providing other types of social services within the community to also provide problem gambling treatment services in a more culturally sensitive and appropriate way.

Participants shared that they targeted some professionals in the community who because of the nature of their jobs were more likely to meet with individuals and families experiencing difficulties with their gambling or that of a family member. Physicians, lawyers, nurses and teachers fall under this category and are targeted for outreach and education on problem gambling so they are able to identify the signs when they encounter someone exhibiting them. With this awareness programs the professionals are also informed on where services can be obtained in the community so they can refer individuals and families whenever necessary. One participant indicated that his agency in collaboration with a mainstream organization and other agencies had developed resources to help service providers in their service provision. Informative DVDs and websites on problem gambling risks and most recently a resource kit for primary care physicians that work with selected language groups are some of the innovative strategies that have been undertaken to inform and better serve ethno-cultural communities.

Cultural Relevance:

As has already been discussed participants in this study indicated that culture was a central factor in working with individuals, families and groups of ethno-cultural backgrounds. To account for the problem gambling service consumer's culture participants undertook diverse approaches to their service

provision. Participants' collaboration with agencies already providing services to ethno-racial communities was a strategy that was in part designed to ensure that the treatment services that consumers from ethno-racial communities receive will be sensitive to their cultures. The decision to approach communities through known community leaders was also aimed at ensuring that the engagement between service consumers and providers will be sensitive to the cultural needs of problem gambling service consumers. Participants also shared that they consulted with problem gambling treatment providers located within communities for guidance on how to provide services to clients of those communities who have chosen to seek treatment outside of their communities. This is aimed at making the treatment service more sensitive to the client's personal experiences and culture.

Implications for Practice:

Participants shared that in factoring problem gambling treatment consumers' cultures into the treatment process they asked questions relating to their cultures and listened attentively to be guided by problem gambling treatment consumers on how to proceed in a culturally sensitive manner. Some participants went as far as sharing that they start with being upfront about not knowing and expressing a sincere willingness to learn from the treatment consumer whose experience and culture are integral parts of the treatment provision process. One participant shared that she developed a questionnaire that guided the initial process through interviews to determine from the client how her/his culture is to be incorporated into the problem gambling treatment process. Finally, a participant identified that culturally sensitive service provision is accounted for at the point when the service provided is being hired. The service provider's knowledge of an individual, family and group's culture and language as well as other

seemingly minor factors (family dynamics, father, mother, son, daughter roles and religion) determine his or her suitability to work with treatment consumers from specific ethno-cultural communities.

While all the approaches identified above can be supported by contemporary data they tend to treat culture as static with respect to the things they target in efforts to address culture related issues. The implication for practice is the need to avoid rushing to any conclusion as to how to best service the needs of individuals of ethno-racial backgrounds based on their cultural affinity. This may be in the form of an initial interaction process that only seeks to ascertain how culture can be accounted for in the treatment process and if culture really needs to be an issue at all. What this will do for treatment service providers is address the potential for assuming that cultural factors are essential because an individual or family are from an ethno-cultural community. It will also help address the mistaken assumption that being of the same ethno-racial background amounts to understanding what an individual or family would want in treatment service provision (Wong et al., 2003).

Limitations of this study:

This study comprised of five participants from four agencies. The first limitation relates to the fact that the sample size is too small to warrant a conclusion that can be generalizable to a larger population such as the entire ethno-cultural communities within the Greater Toronto Area. A second limitation relates to the fact that three out of the four agencies are mainstream agencies warranting the need to question what differences may result from a strictly ethno-cultural agency sample of participating agencies. Finally, while the current study is able to address questions around the challenges that service providers experience, the strategies they use in addressing the challenges and how they

accommodate their clients' cultures, it is unable to say for sure that their approach to culturally sensitive services provision is efficient. This is because problem gambling treatment services consumers of ethno-cultural backgrounds only are better placed to provide answers to that question. Though limitations have been identified, this study however provides us with suggestions that may be useful for future research in this area.

Recommendations and implications for future research:

Despite the limitations of this study it has produced data that call for further investigation into other areas to fully address questions on culturally sensitive problem gambling treatment service provision. While problem gambling treatment service providers have identified how they account for cultural factors in their service delivery process this study is unable to ascertain how culturally efficient such approaches are. The implication for future research is the need for more studies that will sample the opinions of problem gambling service consumers of ethno-cultural backgrounds. Their inputs will more likely determine how culturally sensitive the current approach to problem gambling treatment to ethno-cultural communities really are. Future studies may also benefit from strictly sampling agency staff within ethno-cultural communities to determine if there are relevant differences in their service provision to ethno-cultural communities that could potentially make services more culturally sensitive or adequate.

Dissemination plans for research:

The dissemination plans relating to this study will be directed toward two audiences. The first audience will be the participants in this study and their respective agencies. This will give them the

opportunity to review the findings and hopefully consider ways that the study may impact their service provision to ethno-cultural communities. The second dissemination target audience will be ethno-cultural agencies within the Greater Toronto Area that are currently providing problem gambling treatment services to individuals, families and groups of ethno-cultural backgrounds. It is hoped that their review of the findings in this study will initiate joint discussions between service providers and consumers on what truly works for ethno-cultural communities in terms of problem gambling treatment services and treatment delivery styles. Most importantly, it is hoped that individuals, families and groups of ethno-cultural backgrounds will also partake in reviewing the findings of this study. Their participation will hopefully result in discussions relating to what truly works for ethno-cultural communities in terms of culturally sensitive problem gambling treatment service delivery.

Conclusion:

This study set out to investigate the strategies that problem gambling treatment providers who work with problem gamblers from ethno-cultural communities employ in overcoming the challenges they encounter in doing their jobs. It also hoped to determine how the problem gambling treatment consumer's culture is factored into the treatment process. Participants in this study generally conceded that there were challenges that they had to find strategies to overcome. They also unanimously agreed that culture was an integral aspect of working with individuals, families and groups of ethno-racial backgrounds and provided information on how they try to account for these cultures in the treatment service provision process. The unanimous agreement on the importance of culture in treatment provision did not however amount to a uniform approach to factoring consumers' culture into service provision. Further research is needed to determine how culturally sensitive current problem gambling treatment

services to ethno-racial communities truly are. The sample for such a study will need to be obtained from problem gambling treatment service users of ethno-cultural backgrounds.

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March 04, 2009.

Letter of information/Consent letter

A Study of Problem Gambling Services for Ethno-Racial Communities in the Greater Toronto Area.

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Purpose of the Study:

In this study, I hope to get a clearer picture of how problem gambling services providers view and implement their service provision to their clients. If for instance your agency staff observes that a client of ethnic minority origin may need supportive services that you currently do not provide, how would she/he go about addressing such a situation? While I do not suggest that services are currently inadequate, I hope to uncover through this study service provision approaches that Ethno-racial communities will find more culturally relevant to them, hence make the available services more accessible to them.

What will happen during this study?

I would like to tape record and transcribe the interview but will do so only with your permission. If you agree to participate in this study, you will take part in an interview whereby

we will talk about how your agency provides problem gambling services to Ethno-cultural communities. During the interview, I will ask you some questions and you are welcome to share your experience and ideas. The interview will last approximately 60 minutes. The interview will be scheduled at a location and time at your convenience. I have attached a copy of the interview guide so as to allow you time to review and reflect on the questions before the interview date should you decide to participate.

Potential Harms, Risks or Discomforts:

It is not likely that you will be harmed as a result of your participation in this study. You may feel strongly about the issues we will be discussing. You may also worry about how others will react to what you say. Please keep in mind that you can skip any question you would prefer not to answer and end the interview at any time. The steps I am taking to protect your identity are discussed below.

Confidentiality:

I will make every effort to protect your privacy. I will not be naming you or your agency. However, both you and your agency may be identifiable through references made to the community you serve, the practices you describe or the views you express. Please keep this in mind through the interview. The data collected will be kept in a file and locked in a cabinet accessible only to me. At the end of the study, the data will be destroyed.

Interview process/Tape recording:

The interview will be guided by a list of questions. With your prior written consent, I will tape record the interview so as to enable me focus on our conversation rather than divide my attention between our conversation and recording our conversation.

Participation:

Your participation in this study is completely voluntary. Should you decide to participate and change your mind at any point during the study, there will be no consequence to you for this decision. All data that you would have provided up until the point you decide against participating will be destroyed unless you indicate otherwise.

Study findings/Information:

I expect to finish in September, 2009. A summary of the report will be mailed to you upon my completion of this study. If you wish to contact me for further information regarding the study results please do so after my anticipated finish date.

Further information:

I will be sending out the invitation letters in a multi-stage format. I will initially send out five (5) invitations to the managers of organizations providing problem gambling services to ethno-racial communities in the GTA. If all applications return with a desire to participate, there will be no need to turn participants away. If only 3 indicate interest, then I will send out another two invitations until I complete the participants. This way, I don't have to turn potential participants away

If you have further questions or clarifications on this study please feel free to contact me by phone or email (above).

This study has been reviewed and approved by the McMaster Research Ethics Board. If you have concerns or questions about your rights as a participant or about the way the study is being conducted, you may contact:

McMaster Research Ethics Board Secretariat
Telephone: (905) 525-9140 Ext. 23142
c/o Office of Research Services
E-mail: ethicsoffice@mcmaster.ca

Part A: Participation

CONSENT

I have read the information presented in the information letter about a study being conducted by Godson Okwulehie of McMaster University. I have had the opportunity to ask questions about my involvement in this study and to receive any additional details I wanted to know about the study. I understand that I may withdraw from the study at any time if I choose to do so, and I agree to participate in this study. I have been given a copy of this form.

.....

Name of Participant

.....

Date

I have also been informed that the interview will be tape-recorded if I am in agreement. If I am not in agreement the interview will not be tape-recorded.

I am in agreement with the interview being tape-recorded. Yes

No

Name of Participant

Date _____

Signature of Participant

Appendix II: Invitation Letter

Name of the Invitee
Position of the invitee
Name of agency
Mailing address

Dear Sir or Madam:

With the expansion of legalized gambling in Ontario, there has been an increasing concern over excessive gambling and the availability of treatment and preventive services. My name is Godson Okwulehie and I am a McMaster University graduate student doing my thesis on the challenges and strategies in serving problem gamblers in Ethno-racial communities in the Greater Toronto Area. While research has shown that problem gambling may be a concern for these communities, policy makers and service providers are still looking for strategies and solutions to better serve the ethno-cultural population.

From the existing service directory, I understand that your agency is currently providing services to people with gambling issues. I wonder if you would take part in my study so that we could learn how you and your organization or agency see gambling and ways to better serve the ethno-cultural communities in the Greater Toronto Area. Your experience is useful for us to identify ways to better serve people of all cultural backgrounds.

Your participation in this research is very important and deeply appreciated. The interview is confidential and information gathered will not be used for any other purpose. This study will not name you, your agency or your clients to avoid the possibility of anyone or your agency being identified. However, both you and your agency may be identifiable through references made to the community you serve, the practices you describe or the views you express. Please keep this in mind through the interview. The data collected will be kept in a file and locked in a cabinet accessible only to me. At the end of the study, the data collected will be destroyed. You may refuse to answer any question for any reason. I am attaching a copy of the interview guide as we find that this gives participants the opportunity to review and reflect on the questions hence able to provide well thought through responses during interviews.

Within the next two weeks, I will be contacting you by phone to confirm the receipt of this invitation and if you are interested in taking part in the interviews. If you prefer not to be contacted, please send an email message to me at okwulugu@univmail.cis.mcmaster.ca

I sincerely thank you in advance for your time and cooperation.

Best regards,

Godson Okwulehie.

Research Title: Serving Gamblers in Ethno-racial Communities : Challenges and Strategies.

Godson Okwulehie, School of Social Work, McMaster University

Appendix I: Interview Guide

1. Tell me a little bit about your agency's work in addressing problem gambling issues within the ethno-cultural communities in the Greater Toronto Area.

Probing:

- a. How would you describe your progress?
- b. Have there been challenges over the years?
- c. How do you think these challenges can begin to be addressed?

2. What is your opinion on gambling?

Probing:

- a. As a problem gambling services provider, how do you see gambling?
- b. As a problem gambling services provider, how do you see problem gambling?

3. How would you describe the demographic profile of your service users?

Probing:

- a. Would you say this has remained constant or changed with time?
- b. If you have experienced change(s) how have you managed this/these change(s)?

4. In your opinion, how are Ethno-racial communities being served by problem gambling services providers in the Greater Toronto Area (GTA)?

5. How would you describe your experience working with problem gamblers in the Greater Toronto Area?

Probing:

- a. Have you found any strategies helpful?
 - b. Could you please name a few?
 - c. In your opinion, what have been the challenges?
 - d. Could you please name them?
 - e. How have you tried to address the challenges?
6. In your opinion, how would you describe the proportion of persons from Ethno-racial communities within the GTA usage of your services in comparison to the general population of service consumers?

Probing:

- a. Tell me a little bit about how you provide individuals, groups, and communities with problem gambling treatment services.
- b. Would you say there are differences in approach?
- c. Have you found that any specific approach works better for ethno-racial communities?
- d. How do you determine this?

7. Do you think that culture matters in working with clients from Ethno-racial communities?

Probing:

- a. How do you take this into consideration in the formulation and implementation of programs for your service users?
 - b. Have you encountered challenges trying to incorporate culture in your treatment delivery process?
 - c. Would you say that your agency's services are culturally relevant to Ethno-racial communities?
8. If you could, what changes or adjustments would you implement to make your services more accessible to your service users from Ethno-racial communities?
9. Is there anything we may have missed that you would like to add?