

Let's Talk About Culturally Appropriate Therapeutic Service – How Genuine Are We? (A work in progress).

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Abstract

Problem gambling among Culturally and Linguistically Diverse (CALD) populations and refugees has emerged as a significant concern, with marked adverse effects on the lives of problem gamblers, their families and their communities. In those communities the damage can be exacerbated because of isolation and disconnection from mainstream cultural mores regarding gambling, the trauma of migration and unrealistic expectations about making money in Australia.

Since 2004 Relationships Australia (SA) has undertaken a number of strategies and projects to combat problem gambling and related issues within the SA CALD and refugee population through its 'PEACE' multicultural service. In particular, during the past 9 months we have been exploring responses to therapeutic counselling and the needs of those who choose not to attend mainstream services. We are currently conducting a small action research project to support the development of new therapeutic methodologies with CALD people. We will share a presentation of the PEACE model of practice, a description of the research to date, a reflection of our learning so far, how it has shaped our services and ultimately how it has influenced client outcomes.

This presentation will challenge participants' thoughts about what culturally appropriate therapeutic services mean to the client and the community, and will suggest some ideas on how to engage CALD people who appear to eschew mainstream methodologies.

Introduction

In this paper we discuss our experiences within a mainstream community services organisation, providing counseling and support to multicultural communities in South Australia. In particular we describe a service development project currently being implemented, which aims to improve the way we engage *therapeutically* with culturally and linguistically diverse (CALD) people affected by problem gambling. In this small, qualitative inquiry, we are interviewing CALD people to elicit stories, ideas and opinions, to increase our understanding of the factors that motivate or discourage them from seeking help with problem gambling. We are particularly interested in their experiences and expectations of the counselor's role and skills.

Relationships Australia SA (RASA) is a medium sized non-government organisation, that delivers a wide range of personal support and capacity-building programs to individuals, couples, families and communities and we have been delivering services to address problem gambling for over 10 years. Currently we have five different Gambling Help programs which include: mainstream counseling and community education; financial counseling; the Consumer Voice public speaking program; training and education for Gambling Help professionals; and the PEACE multicultural program. These are funded by the gambling Rehabilitation Fund, through the South Australian Government and they all aim to raise awareness of problem gambling; reduce problem gambling; and minimize the impact of problem gambling on families and communities.

Anecdotally, within our PEACE multicultural program and in conversations with colleagues across the Gambling Help sector, we have noticed a high proportion of people affected by problem gambling in CALD communities do not engage with support services. In addition, some people may seek initial assistance but choose not to continue after only one contact. We propose, from informal community feedback and our own observations in the field that this is due perhaps in part, to the type of service models being offered to multicultural communities. A service system that is predominantly focused on providing western counseling methodologies that are unfamiliar to many CALD groups and that may generate a level of anxiety and distrust, can represent an overwhelming barrier to seeking help.

This paper discusses a literature review, our experiences in service provision, initial findings of the participant interviews and some reflections on these issues.

Why are we interested in this?

There is general recognition that social exclusion is a primary cause of gambling problems (VCGA 1997). The notion of social exclusion relates to marginalised and disadvantaged groups and incorporates people born outside Australia (or country of settlement) or of non-English speaking backgrounds; low income earners; people with an intellectual disability; sole parents; unemployed people; recently retrenched people; financially dependent women; the elderly; youth; and increasingly international students (VCGA 1997; City of Whittlesea 2002:17; Brown; Killian & Evans, 2005).

We do not have a truly accurate picture of the prevalence of problem gambling specifically amongst CALD communities, although many consultation reports suggest that in some CALD communities the prevalence is higher than the general population (COSTI Report unknown date, Cultural partners 2000, CAMH 2005, Chinese Action Group, 1999). A universally accepted methodology defining problem gamblers would help clarify this. The South Oaks Gambling Scale (SOGS) is very useful and widely applied but not all researchers have used this scale in determining levels of problem gambling in CALD communities. Greater consistency in definition would allow researchers to determine with more accuracy the levels of problem gambling in each CALD community.

The literature highlights the fact that some members of CALD communities are more prone to develop problem gambling habits than the rest of the population. Indigenous, ethnic minorities and some migrant groups are seen to be characterized by multiple risk factors. However, it is unclear from the literature 'to what extent these factors other than aspects of ethnicity and culture, account for their higher prevalence rates' (Tse 2005:32). Some studies (Abbott & Volberg, 1991, 1996, 2000; Abbott et al, 2004; Volberg et al 2001; Welte et al, 2004) have argued that ethnic group membership in and of itself, remains a significant risk factor.

This view can be further substantiated by the Victorian Casino and Gaming Authority's report *Impact of Gaming on Specific Cultural Groups* (VCGA 2000) which found 83% of Greek, Chinese, Vietnamese and Arabic-speaking communities surveyed, believed gambling related problems had worsened in recent times. The extensive consultation showed that about 1.5% of the Victorian general community were problem gamblers, compared with 11% of Vietnamese and Chinese Victorians, 9% of Greek and 7% of Arabic speaking Victorians (VCGA 2000).

Most of the literature describes the impact of problem gambling on CALD communities and individuals in similar ways. It mentions the deleterious effects of gambling upon the person's health and well being, on their interpersonal relationships particularly the family, on their finances especially if the gambler loses their job, as well as the impact of their involvement with the legal system and loss of community connections. These effects have also been documented for the general population. However, for CALD gamblers the impact can be exacerbated and lead to even greater levels of alienation and isolation as a person's immediate community may shun them due to the stigma associated with problem gambling. This adds enormous strain on families already struggling with pre-migration experiences and resettlement stress.

The literature further identifies common types of help-seeking behaviour and barriers to accessing help throughout CALD communities.

These range from:

1. Cultural and language barriers as impediments to accessing services in general. (COSTI Vietnamese; COSTI Tamil; COSTI Portuguese; Cultural Partners, 2000 ; ANU, 2004; Department of Justice, 2005; Tran, 1999; Estratiou, 1997; MEI, 2003; SA Government Department for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
2. Problem gambling specifically being rarely discussed with anyone if at all (COSTI Vietnamese; ANU, 2004; Cultural Partners, 2000; Department of Justice, 2005; Tran, 1999; Estratiou, 1997; SA Government Department for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
3. People generally seeking help only when in a crisis situation (COSTI Vietnamese; COSTI Polish; Cultural Partners, 2000; Department of Justice, 2005; Tran, 1999; Estratiou 1997; ANU, 2004; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)

4. Problem gamblers believing it is something they can control on their own (usually male gamblers hold this belief) (COSTI Tamil; Cultural Partners, 2000; ANU, 2004; Department of Justice, 2005; Tran, 1999; Estratiou, 1997; SA Government Department for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
5. Shame and stigma in admitting to an addiction or a mental health issue preventing people from seeking help (COSTI Tamil; COSTI Punjabi; COSTI Polish; Cultural Partners, 2000; Department of Justice, 2005; Tran, 1999; Estratiou, 1997; COSTI and the community workshop website; ANU, 2004; MEI, 2003; SA Government Dept for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
6. Problem gambling being perceived to cause difficulties not only for the individual but for stigma and discrimination to impact their family, extended family, friends, and in turn their whole ethno-specific community (COSTI Portuguese; Arab Community Centre of Toronto, 2003; Australian Vietnamese Women's Association, 1999; Department of Justice, 2005; Tran, 1999; ANU, 2004; Chinese Action Group, 1999; Ethnic Affairs Commission 1999)
7. Fear of being misunderstood, even with interpreters when accessing mainstream services (COSTI Tamil; ANU, 2004; Department of Justice, 2005)
8. Concerns regarding confidentiality and anonymity affecting access (COSTI Tamil; Department of Justice, 2005; SA Government Dept for Families & Communities; Chinese Action Group, 1999). The need for confidentiality was emphasised (COSTI Punjabi; COSTI Polish; Department of Justice, 2005; ANU, 2004; SA Government Dept for Families & Communities) and the fear of being recognised at ethno-specific agencies was high among some (COSTI Punjabi).
9. Suspicion of mainstream counselling/service providers and preference for services from counsellors who speak their first language (ethno-specific) and only a few such counsellors being available (COSTI Tamil; COSTI Punjabi; COSTI Portuguese; COSTI Polish; COSTI Hispanic; Cultural Partners, 2000; Department of Justice, 2005; COSTI and the community workshop website; ANU, 2004; MEI, 2003; SA Government Dept for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
10. Trust - or lack of trust in government/public services (COSTI Punjabi; ANU, 2004; MEI, 2003; SA Government Dept for Families & Communities; Ethnic Affairs Commission, 1999)
11. Admitting to a problem may be seen as a 'moral' flaw (COSTI Punjabi)
12. Lack of knowledge on existing services and/or issues (COSTI Portuguese; COSTI Polish; Tran, 1999; Estratiou, 1997; ANU, 2004; MEI, 2003; SA Government Dept for Families & Communities; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
13. A preference to deal with the problem within the immediate family or trusted family member, elders or religious leaders. (Cultural Partners, 2000; COSTI Tamil; COSTI Hispanic; ANU, 2004; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)
14. Unfamiliarity and/or stigma associated with counselling. (Australian Vietnamese Women's Welfare Association, 1999; Chinese Action Group; Chinese Action Group, 1999; Ethnic Affairs Commission, 1999)

In short, it is well understood that mainstream gambling counselling is not reaching affected members of the CALD Communities. This has been repeated in a number of studies (Tran, 1999; Zysk; Duong & Ohtsuka; COSTI Italian; Wong & Tse, 2003; University of Queensland, 2003). Most participants in the larger COSTI and Cultural Partners reports noted that many mainstream problem gambling services were sometimes regarded as 'culturally inappropriate'. Exactly what this means is not well articulated, however, it is apparent that providing interpreters or addressing access issues through bi-cultural workers and other support strategies is not an adequate means to address the multiple and complex issues this raises. For instance, *shame* is a major factor preventing individuals and relatives of gamblers from accessing gambling support services (Cultural Partners, 2000) and yet the issue of shame has not been addressed by mainstream services. Shame is dealt with differently according to cultural and religious beliefs. Overcoming the shame factor will open the way to gamblers accessing problem gambling with services, however, none of the ethno-specific reports suggested ways of dealing with the 'shame' factor and the stigma associated to addictions such as gambling.

Furthermore, it has been noted that when people gamble excessively they will sometimes seek help for financial, employment, relationship or health problems caused by their gambling "without addressing the root cause of their problems. When the gambling behaviour is not addressed, these other problems often continue to worsen" (CAMH, 2005: 18-19). Indeed this suggests to us that whilst problem gamblers may seek help outside the gambling help sector for related issues, their gambling problem may continue to go undetected and, ultimately not addressed.

Many of the focus groups taking part in the COSTI study as well as information in the three prominent Australian reports (University of Queensland (2003), ANU (2004) and Cultural Partners (2000)), note a general belief that CALD communities often associate counselling with mental illness (Cultural Partners, 2000). In common with general populations, this association with mental illness increases the stigma of counselling. In addition some CALD communities have no experience of western methods of counselling and what this entails (Australian Vietnamese Women's Welfare Association, 1999; Chinese Action Group, 1999). This means that both stigma and anxiety related to an unfamiliar practice, combine to prevent people from seeking help.

In mainstream literature that discusses counselling and gambling, one of the most obvious conclusions is that there are many different theories about the causes of gambling and subsequently how it should be treated. If one then considers the extra dimension that the CALD client brings to the counsellor–client relationship it is immediately apparent that there cannot be a 'one size fits all' approach to problem gambling in general let alone with CALD clients in particular. Furthermore, there is little empirical research reported which specifically addresses the cross-cultural applicability of any of the commonly used counselling theories. This is because mainstream gambling studies have tended to be weakened by small sample size and other method problems and in particular this means that generalising to other sub groups of gamblers (eg CALD) is not appropriate. Often, CALD related

therapies are not discussed or perhaps only mentioned in passing. For example, when examining interventions for pathological gambling, Palleson and colleagues systematically reviewed 22 gambling intervention studies and made no mention of culture at all (Palleson & Mitsem & Kvale & Johnsen & Molde 2005)

In texts devoted to cross-cultural counselling there is often a focus not so much on any specific theory or counselling framework, but on the counsellor themselves, their abilities and skills. The qualities of the individual counsellor; the professional relationship they develop with the client; and their intercultural skills are seen to have an impact on subsequent therapeutic outcomes. This may seem self evidently true; however, it overlooks a range of pre-conditions. In order for the counsellor's skills to even begin to have an effect, the client first has to understand 'counselling', deem it relevant and safe and then overcome basic access issues such as language, nerves about entering an alien environment and knowing how to gain an appointment. Notwithstanding this issue, our literature review identified two counselling theories that take the CALD population into account, which may be helpful, namely; Multicultural Counselling and Therapy (MCT) (Ivey A, Ivey M, Simek-Morgan L. 1997) and; the Existential worldview theory and cultural identity (Ibrahim F, in: Transcultural Counselling).

Both of these theories aim to bridge the cultural gap in counselling and invite practitioners to draw on culture as a resource for problem solving and therapeutic effect. This involves acknowledging the client's own cultural practices for resolving concerns and bringing them into the therapeutic process. Both also include elements of many mainstream counselling theories and recognise the importance of tailoring the counselling to the client.

Furthermore, recommendations from a community forum entitled: "*Strengthening Our Multicultural Communities*" which was held by P.E.A.C.E at Relationships Australia (SA) in March 2004, highlight the need for the provision of appropriate community-based counselling and support services. The forum participants indicated that services need to be developed with particular attention to:

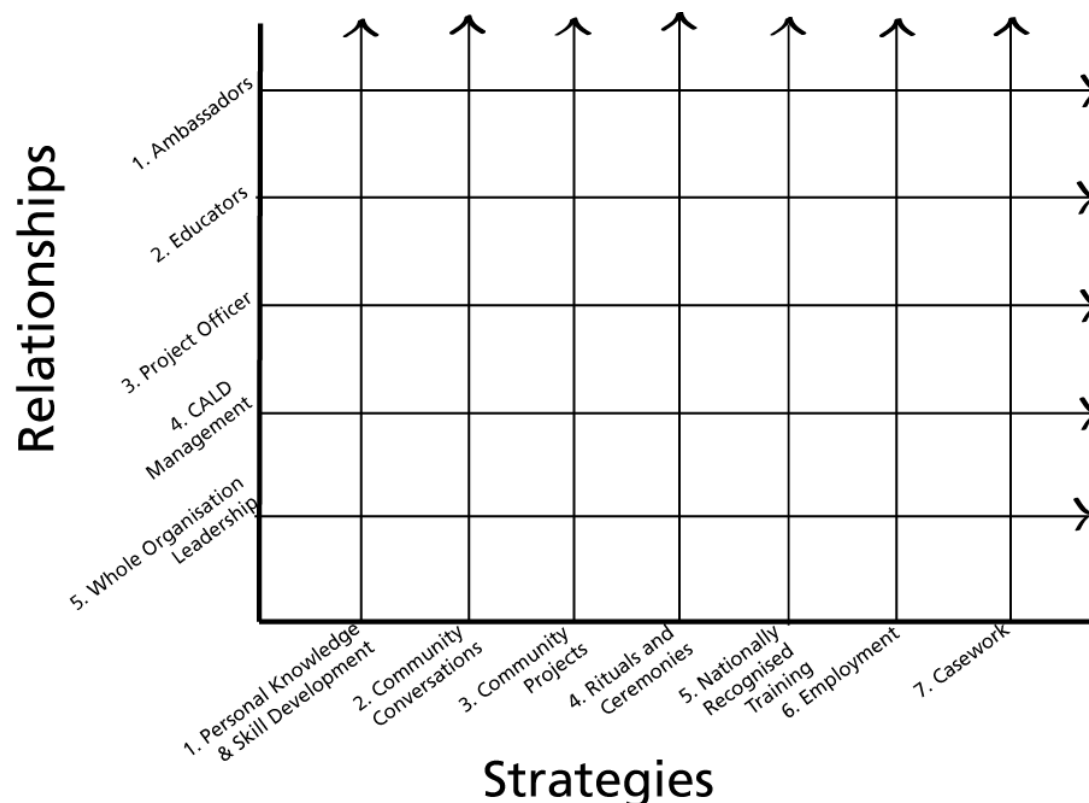
- Broadening the concept of counselling and the role of counsellors
- Learning from communities about what works for them and what doesn't
- Acknowledging that counselling means many things to different communities and individuals, depending on age, culture, religion, gender, level of education and level of acculturation and so providing multiple methods of counselling support
- Supporting mainstream counsellors to strengthen and develop culturally sensitive practices

PEACE Services Described

The Personal Education and Community Empowerment (PEACE) program of Relationships Australia (SA) is one strand of the organisation's commitment to cultural diversity. It includes a specialist team of culturally diverse workers engaging with multiple communities, to increase access to appropriate

support and resources. Together these workers provide bi-lingual and bi-cultural information, education, and direct assistance to individuals, families and communities.

A matrix of *strategies* and *relationships* comprises the PEACE methodology. These are implemented flexibly and with due regard for specific community characteristics.



The Strategies

A combination of community capacity-building, formal education and training and individual case work is provided. As people participate in our learning programs they may also seek individual support and at the same time themselves be delivering education to their peers. This invites people to see themselves through multiple lenses and not experience being constructed solely as a 'client' with the stigma this can carry. In practice this means we offer:

1. Direct knowledge and skill development through tailored learning programs for community leaders, community members and community groups;
2. Facilitation of community conversations about key topics including supporting the development of key partnerships or offering mediation between groups;
3. Support for implementation of community projects designed either by the training participants and their communities or the leaders of the community
4. Creating rituals and ceremonial events to mark achievements and celebrate community values which strengthen relationships and validate the accomplishments of our working partnerships.

This is an important factor in demonstrating public recognition and appreciation of one another.

5. Alignment of learning activities to nationally recognised competencies and provision of culturally relevant assessment, so that participants can gain formal qualifications
6. Opportunities for casual paid work within RASA to help interested individuals develop a career path within the community services sector
7. One to one case work and support

The Relationships

The above strategies are implemented through a network of relationships that are purposefully developed to offer different levels of interface between cultural groups and the organisation. These relationships evolve through the following roles:

1. *Community Ambassadors* – community members representing different formal and informal community networks can attend workshops and group activities to learn about problem gambling and related issues. They are invited by public promotion, community-specific media and word of mouth. In many cases they are selected by their communities to attend workshops, in order to find out information and share it informally within their networks.
2. *Community Educators* – community members self select or are nominated by their leaders to attend formal training and assessment for competencies within national qualifications at Certificate III and IV level. Once they have achieved competence they are eligible to become employed as a casual community educator within the PEACE program. They then design and deliver community education activities tailored to their specific community, with supervision and support from core project staff.

The connection that we have with Community Ambassadors and Community Educators increases our access to the day to day issues and experiences of the communities they represent. Through them we are invited to become involved in a rich diversity of lives and beliefs so that the hazards of stereotyping or hearing only one voice are minimized.

3. *Project Officers* – PEACE core staff consists of a group of project officers with bi-lingual and bi-cultural skills. These workers mobilise human and material resources to provide community education and capacity building programs with identified groups. They deliver nationally recognised training and support and supervise the community educators.
4. *Specialised Management* – a highly experienced and skilled inter-cultural practitioner manages this team of workers and oversees strategic partnerships with mainstream and ethno-specific agencies and associations. She provides cultural consultancy to the broader organisation and engages mainstream programs in service provision to culturally diverse groups and individuals.
5. *Whole organisation leadership and partnerships directly with communities* - at this level we aim to enable personal contact with senior executive and board members of RASA at

significant community events. This provides an opportunity for people to see individuals who hold positions of power in the organisation and gain an understanding of their personal values, commitment and approaches towards CALD groups. It counters the idea that all multicultural work is left to the responsibility of the specialist multicultural staff group and signals a whole of organisation commitment to diversity.

PEACE then, is a matrix of strategies and relationships that are multi-layered and implemented uniquely with different communities, according to their cultural meanings and understandings. It crucially combines community development with formal qualifications and a career path. This offers varying opportunities for communities to hear about or directly experience who we are as an organisation, before necessarily stepping into either a formal paid worker or 'client' relationship with us. This multicultural work is also part of a mainstream service and therefore not aligned to particular community factions or groups. Being set within a larger organisation and meaningfully integrated into this, provides access to wider resources, so there is a capacity to respond to a broad range of issues. We therefore have some spontaneity in responding to community needs as described by community members and leaders, rather than being constrained to offer fixed services within one narrow funding agreement.

Our challenges with this methodology are many. We are highly conscious of how this is an ongoing process of re-invention and co-construction of 'support' in partnership with communities. We are highly conscious of differences within communities and of competing priorities. As we respond, so we make mistakes and it is the relationships we have built at multiple levels that hold together the possibility of learning from these mistakes. Whilst delivering support and education we aim to continually see *ourself/ves* and our services change, through adaptation to the learning we are engaged in.

The Mainstream Organisational Context

As previously indicated the PEACE methodology operates within and is an integral part of a mainstream organisational framework. The mainstream context offers many hazards and many opportunities for multicultural work and is a significant factor in the effectiveness (or otherwise) of the program. RASA is part of the dominant Anglo European culture of current day Australia and as such our daily practices mostly reflect the attitudes, dispositions, norms and beliefs of that culture. In working to engage with CALD populations we aim to be alert to the impact of our dominant culture practices upon different client groups. We take pains to encourage an understanding across all staff groups, that dominant culture is *one* way of being rather than the only, or 'correct' way of being. With this as a guiding principle we aim to be more open to the possibilities of diverse approaches.

From such a position we note firstly, that strategies for support and counselling based on the experiences of dominant culture populations may have limited application to other groups. Multicultural work should indeed *look and feel different* to the mainstream and should also be embodied in 'multiple' versions to reflect diversity within cultures. Secondly, as a mainstream organisation it is not necessary

to become experts in specific cultures but rather to be skilled in fostering and sustaining meaningful partnerships with those who have specialised knowledge and experience. These can be relationships of mutual learning so that each partner is changed positively through the engagement. Thirdly we aim to be mindful of the way power operates between dominant and minority populations. Examining our own use of power and being constantly sensitive to the impact of our actions upon other communities is the foundation of our ability to notice and listen to alternative voices.

Counseling as a dominant service method in Anglo cultures

Talking, as a psychological therapy is possibly one of the most widely offered responses to social and emotional stresses in many Western countries. In common with probably all community service agencies in Australia, Relationships Australia (SA) offers counseling as a strategy for assisting people to bring about personal change and resolve emotional distress. Whilst theoretical approaches differ, the dominant model of practice regularly involves a single, trained counselor or therapist meeting face to face with an individual, couple or group to ask questions and support them to understand the causes of and potential solutions to their concerns. There are, of course, variations between professionals and agencies, however some of the most common practices include: strict confidentiality regulations that are addressed through formal written procedures; appointments lasting approximately one hour; interviews conducted behind closed doors; a tendency to work with the individual on their sphere of influence; case records kept as therapeutic and legal documents; a non-directive approach that avoids providing direct 'advice' and; a belief in the 'objectivity' of a professional, trained counselor as an important ingredient for effective outcomes.

From our own observations and, as our literature review has revealed, these practices can increasingly be understood as culture-bound. They offer an approach that is understood and appropriate to particular groups and culturally interpreted in different ways by different communities. Enabling access to these services often involves supporting improved community-understanding of how they operate and providing direct personal support (such as bi-cultural assistants and professional interpreters) which helps individuals to attend and engage in what is essentially a fixed, counseling process. The focus here is on helping the individual adapt to the mainstream service. On those occasions when we attempt to change our own practices to adapt to the individual, we may feel paralysed by our own lack of understanding or equally by reporting requirements and funding contracts that specify exact service delivery styles.

In response to this quandary we have been interested in how to change mainstream counseling practices to meet culturally diverse needs and also wondered how therapeutic support could perhaps be provided through non-counseling methodologies and still be recognised by funding agencies as legitimate? The service development project we are currently conducting attempts to open up some new directions for this enquiry.

The service development project

In 2007 Relationships Australia (SA) was provided with an 'enhancement' grant from the Government of SA to implement a service development project, with the aim of improving access of CALD people affected by problem gambling, to therapeutic services that are culturally appropriate. The project includes 5 stages. They are:

1. Employment of a Senior multicultural Counsellor and establishment of an Advisory Committee
2. Extensive review of the international and local literature to identify thematic trends and issues in relation to CALD populations and problem gambling, including methods used to respond to problem gambling across CALD communities to date
3. Interviewing South Australian Gambling Help Services to identify their experiences and practices in relation to helping CALD clients affected by problem gambling. As well as to identify the support and further skill development that is required by them to deliver culturally appropriate therapeutic services
4. Conducting a small qualitative study which:
 - a/ recruits a minimum of 12 CALD members affected by problem gambling to participate in semi-structured interviews. The interviews invite participants' descriptions of their beliefs, experiences and influences in relation to seeking help when gambling is causing a problem in their life and explores from their perspectives how they may best be helped and supported. In particular we are enquiring about their ideas on counselling and the role of the counsellor and
 - b/ examines case studies of CALD people accessing gambling help support within our PEACE program
5. Development of training packages for mainstream workers in collaboration with the Gambling Rehabilitation Fund training provider. This stage looks at enhancing mainstream gambling help services skills and knowledge to improve access of CALD people to a culturally appropriate therapeutic services.

Outcomes so far

Although it is too early to draw any conclusions from research interviews within the PEACE program, the emerging information suggests that therapeutic methodologies and outcomes for clients are varied depending on the type of client, their culture, community and what stage they are at in relation to achieving personal behavioural change. (For a general understanding of stages of behavioural change we refer to a model outlined by Prochaska and Velicer (1997)). Preliminary observations from case studies indicate a number of key themes:

Firstly, counseling in isolation from other supports is less likely to be effective than counseling plus additional interventions. Two particular 'additional' ingredients that contribute to successful counseling for CALD clients with problem gambling issues have been: connection to wider support networks and; becoming involved in activities with purposes beyond problem gambling. Or in other words – increasing *belonging* and increasing *purposeful activity*. The type of additional interventions we have offered have included nationally recognised training to work towards qualifications and career paths;

becoming involved in consumer voice programs; linking to other consumers to name, acknowledge and discuss culturally specific issues; having culturally relevant Community Educators for support to discuss and reflect on strategies proposed in counseling.

Secondly, some clients who come specifically for help about problem gambling do not share information about the key issue they wish to work on while they 'test' the disposition and trustworthiness of the counsellor. This may mean they leave a first session having worked directly on gambling prevention strategies but without receiving the assistance they need on a critical issue caused as a result of gambling and decide not to return. We informally term this "The Client's Hidden Agenda." Accessing the 'hidden agenda' requires attention to sensitive enquiry and listening for underlying issues.

Thirdly, establishing a positive connection to the individual counsellor can hold certain hazards. Clients who sense the genuine friendliness of the counsellor and their desire to help may feel ashamed to tell the truth when the intervention was not useful or when their gambling got worse, this can lead the client to lie to the counsellor about progress and cease contact. The desire not to embarrass the counsellor comes strongly into the equation.

Further, we note that there are more women accessing the counselling sessions than men, and our work with women has been more effective than with men. We are wondering what contributes to this. What are the gender differences when it comes to addressing problem gambling? This question requires further information.

Home visiting for women specifically, has been extremely beneficial in terms of boosting appropriateness of services and in terms of accessing other people with gambling problems within the client's networks. The home visits invite the counsellor to the client's territory which helps in developing trust and rapport and in helping the counsellor understand the cultural aspects of the client's world, as client can refer to "objects" around them such as photos, letters, videos... etc to explain and tell the story. In addition, on several occasions where home visits were conducted, the counselor often found other people with the client such as a friend(s) or a family member(s). This was to either support them, or for the other person to 'explore' and possibly consider whether they would also feel 'comfortable' to engage in counseling. On the 2 occasions when this happened, the accompanying people became engaged in counseling at a later date.

The availability of a familiar counselor via mobile phone after hours as a recognition that the 'addiction cycle' operates on a 24 hour cycle (not 9am – 5pm), has also contributed enormously by helping people stay on track with their journey to addressing gambling practices and related issues. The occasional telephone contact from the counselor at a negotiated time to ensure privacy has been very much appreciated and was interpreted as genuine caring about their wellbeing and not as invading

privacy and disrespect of the individual's decision, as is sometimes suggested by counselling professionals.

The timing in which a counselor decides to fill client registration and assessment forms and how to do it can influence trust and rapport. The later the better, this approach has been particularly useful with clients who question our motives of keeping records.

In the initial months of offering a counselling service we have struggled to engage clients who speak little or no English, despite our close connection with the community and the obvious presence of the Counselor at community gathering and festivals. Those who do seek specific counselling support mainly do so at a point of crisis such as involvement in the legal system or inability to feed or house their family due to lack of money. However, engagement with such clients does occur on a daily basis through 'non-counselling' interventions such as community education and personal support. For example, two young clients who had been in Australia for only three months stopped gambling altogether after they were supported to attend different English schools away from gaming venues and connected to supportive social networks.

One client who barred himself from entering the casino while attending counselling sessions at one of the mainstream counselling services indicated that he received a very friendly and culturally appropriate service, but felt embarrassed to go back after two years when he had a relapse. The client was clear that what he needed is something else to counselling, he needed to have a purpose in life since he no longer could work due to his health problems, age and language, he felt very isolated as his community were labelling him a "loser" (which we note is the exact translation of the word 'gambling' in the client's language). This client was then supported by PEACE to tell his community and others about the strengths that he had which helped him address the gambling rather than emphasise the problem. Validation and credibility were given to this client by PEACE staff in public. He became involved in volunteer work as well as in the Consumer Voice program. He is now heavily engaged with his own community challenging their views on gambling matters on radio and community newsletter. He is currently helping PEACE to produce an educational resource for the community in their own language and seeks relapse support if and when he needs it.

There have been insufficient participants recruited to formal research interviews at this stage to make useful comment. Suffice to say that trust is a major issue. We are targeting people who speak little or no English and are especially cut off from services. Although we can find such people by word of mouth and personal connections through our other services, and although some of these people will in fact approach us and attend meetings with the researcher, they are then highly suspicious of formal procedures such as signed consent forms, or audio taping of interviews and have withdrawn from participation. Our three participants to date have however made comments that concur with the above themes from our case study observations.

Summary and future ideas

This paper outlines why we believe problem gambling needs to be addressed differently within CALD communities. We ask ourselves how can mainstream practices be varied and flexible enough to meet CALD needs rather than how can CALD individuals be assisted to flexibly fit the mainstream system. We locate the problem of limited success in engaging CALD populations not with the client and not only with the individual skill set of the counsellor, but fundamentally with the service system and therapeutic methodologies currently being privileged. We seek examination of the power relations that exist between CALD communities and mainstream systems in order that we can strive to make space for the client to construct 'successful counselling practices' *with* us, rather than 'do successful counselling' *to* the client. This approach encourages genuine reflection on the potential rigidity of current western methodologies and invites practices that listen and respond to the cultural meanings of 'gambling', 'counselling', 'addiction' and 'shame' within culturally diverse groups.

The PEACE methodology perhaps offers a platform for developing more culturally effective counseling services. If we are genuine we must pay attention to the specific meanings of problem gambling experiences within each CALD population and discuss presenting issues through the client's own cultural world view. We must directly ask – how does your culture/your community react to these issues? What would be something that would help if this were happening in your country? Who would be supporting you? We can then create relationships and strategies to increase 'belonging' and 'purpose' as defined by the client. Within this 'matrix' we can provide formal therapeutic interventions that may be delivered in community settings and at home, spontaneously alongside education and community development activities rather than separate 'counselling' from other engagements.

Questions raised for the future

1. If CALD people are not talking about the problem in public how we can then accurately measure the problem and its impact so that proper funding can be justified
2. CALD communities make around 25% of the population, are they getting their quarter of the budget allocated for gambling rehabilitation? Or are we providing lip services?
3. How can we measure a service that is focused on prevention and minimising the harm of problem gambling on the people affected by it? What is considered value for money?
4. How can we effectively and accurately measure success when we are dealing with so many cultural groups and experiences?
5. Should one organisation wait for specific CALD allocated fund to help people work differently with CALD or should they be part of every service clientele?

Key words

Culturally appropriate

Counselling

Problem gambling

Service Model

Therapeutic

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