

CHAPTER TEN

Counselling Approaches for Gambling Disorder: Gambling Interventions for Indigenous Peoples

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The term “health” describes not just an absence of disease or infirmity, but a state of holistic physical, mental, and social wellbeing (WHO, 1948). For many Indigenous people, health is an even more holistic concept that includes both the individual and their community, and includes cultural, spiritual and ecological dimensions of wellbeing in addition to the physical, mental, and social (AIHW, 2018).

Connectedness between these dimensions underpins common philosophies of Indigenous health (Yanicki et al., 2011), wherein one person suffering from any type of adverse health or welfare disorder would be likely to also affect others in their community in some way. If an Indigenous person experiences persistent difficulty controlling their gambling, they and their family will usually be negatively affected, but it could also impact extended kin networks and community members broadly (Breen, 2012; Morrison & Boulton, 2013). Over time, financial losses, mental, physical and emotional stresses, arguments, family disruptions, and problems with housing or employment can erupt and spread through a community (Breen & Gainsbury, 2013)—all of which are symptoms of gambling disorder (GD; a DSM-5 behavioral addiction typified by recurrent maladaptive and persistent gambling; APA, 2013). While gambling disorder can entail impaired functioning and other adverse effects, subclinical gambling can also cause harm (Browne et al., 2016). Indigenous populations appear to disproportionately experience gambling harm in

Australia (Hing et al., 2014; Stevens & Young, 2009), New Zealand (Abbott et al., 2016; Ministry of Health, 2019), Canada and the United States (Westermeyer et al., 2005; Williams et al., 2021). This is exacerbated by low rates of help-seeking for disordered gambling among many Indigenous groups (Abbott et al., 2018a; Hing et al., 2014; Williams et al., 2016). To inform an evidence-based approach to this problem of experiencing gambling harms, this chapter aims to identify and examine the effectiveness of culturally appropriate problem gambling counselling interventions used by Indigenous peoples in Australia, New Zealand, Canada and the United States (US).

Mainstream Counselling Interventions, Effectiveness and Delivery

Interventions

Professionals have developed a suite of interventions used to assist people with gambling problems. A systematic review of such interventions by Rodda et al. (2018) identified 35 categories of psychological and self-help interventions. The most frequently used counsellor-led intervention was relapse prevention, followed by cognitive restructuring techniques such as cognitive behavioral therapy (CBT; Rodda et al., 2018) and motivational interviewing therapy (MI), mostly used to resolve ambivalence towards change (Yakovenko et al., 2015). For self-directed and remote interventions (e.g., workbooks, internet-based therapeutic exercises, and helplines) and support groups (e.g., Gamblers Anonymous [GA]), the most frequently used was behavioral substitution, followed by relapse prevention and cognitive restructuring (equally), and stimulus control (Rodda et al., 2018). Other interventions include residential treatment, pharmacological therapy, brain stimulation, and newer emerging modes (GREO, 2020).

A review of CBT, MI, and other psychological interventions by Cowlshaw et al. (2012) reported some short-term benefits and reduction in gambling using CBT and MI. Later reviews by

Yakovenko et al. (2015) and Petry et al. (2017) reported similar results. A more recent rapid review (GREO, 2020) reported CBT the most effective long-term intervention for disordered gambling across different gambling types and severity.

An emerging intervention for problem gambling is mindfulness, based on awareness, relaxation, and visualization techniques. A review by Maynard et al. (2015) found the mindfulness approach helpful for problem gamblers' ability to choose more adaptive coping behaviors instead of gambling (Maynard et al., 2015). Early results from the 13 studies reviewed were promising, but concepts of mindfulness differed between counsellors. However, as Williams et al. (2012) argue, most interventions work primarily due to the conscious effort it takes for a gambler to recognize their addiction and then to change.

Mode of Delivery

Interventions such as CBT and MI delivered face-to-face by counsellors are considered to be 'best practice' for gamblers seeking help (GREO, 2020; Rodda et al., 2018). For gamblers experiencing severe problems, Petry et al. (2017) concluded that counsellor-led interventions were very important because clients appeared to gain more benefits from CBT than self-directed interventions. Internet-based interventions reviewed by Van der Maas et al. (2019) appear promising for gambling treatment delivery, particularly in reducing barriers to access. A wide range of online interventions are available, including text chats with counsellors and peers, automatic personalized and normative feedback on gambling behaviors, and interactive CBT.

Overall, CBT and MI interventions are commonly and effectively used in face-to-face counselling with gamblers for many population groups (GREO, 2020). However, much less is

known about the effectiveness of culturally appropriate gambling interventions for Indigenous people experiencing gambling-related problems.

Counselling Interventions, Effectiveness and Delivery for Indigenous People

Identifying cultural influences that support the development of effective gambling interventions is essential for the reduction and prevention of disordered gambling within cultural groups (Raylu & Oei, 2004). International research indicates gambling disorders and resulting harms appear to be more widespread in Indigenous populations than in others (Barnes et al., 2017; Breen & Gainsbury, 2013; Dyall, 2010; Williams et al., 2011). Persistent health inequities experienced by many colonized Indigenous people are entrenched in legacy effects of a lack of self-determination (AHRC, 2010), marginalization, racism, trauma, dispossession from cultural lands (Gracey & King, 2009; King et al., 2009). One effect of such inequity appears to be with a tendency for a higher severity of gambling disorders among Indigenous people (Abbott et al., 2018b; Breen et al., 2010; Browne et al., 2016; Currie et al., 2013; Morrison & Boulton, 2013). Documented barriers to gambling help-seeking include, cultural issues that could be important among Indigenous populations such as sensitivity, shame and stigma about seeking gambling help (Browne et al. 2016; SHORE & Whāriki, 2006), lack of awareness and access to culturally appropriate services (Hing et al., 2014), heightened co-existing health and welfare issues (Bellringer et al., 2010), disadvantageous social conditions (Williams et al., 2021) and structural inequalities (ethnic, income and gender inequities) that shape health behaviors (Whitty et al., 2021).

In a systematic review of cultural variables influencing gambling behaviour, Raylu and Oei (2004) illustrate the importance of cultural beliefs and values and culturally determined help-seeking attitudes. If gambling is viewed favourably then it is likely to be an acceptable activity

with few social costs to engage in, and if attitudes to getting professional help are negative then problem gamblers will be less likely to seek help.

Two further systematic reviews specifically relating to Indigenous populations also found cultural factors to be important. Whitty et al. (2021) reported strong cultural factors influencing gambling-help and interventions including recognizing Indigenous cultural identity, promoting cultural safety and competency, and implementing ‘ground-up’ culturally designed health promotion activities. Structural factors underpinning effective gambling-help interventions comprised nurturing community engagement and participation, supporting self-determination and empowerment strategies, establishing an Indigenous and culturally skilled non-Indigenous workforce, and overcoming health inequities. And Whiteside et al. (2020) found community-led approaches informed by cultural and emancipatory principles were the most useful interventions to prevent gambling harm for Indigenous populations.

Like Rodda (2020), Whiteside et al. (2020) argue the lack of evidence to guide effective interventions for Indigenous gamblers shows an urgent need for intervention research. While no single intervention may represent ‘best practice’ in the development and provision of gambling interventions for Indigenous communities (CIRCA, 2011), cultural concepts and empowerment/emancipation principles appear to be critical components in their design and implementation.

New Zealand

A key principle of New Zealand’s *Strategy to Prevent and Minimise Gambling Harm* (Ministry of Health 2019, p. 11) for Māori groups is to achieve health equity using public health services, based on the World Health Organization’s Ottawa Charter for Health Promotion—and

on holistic Māori models of health, which focus on links between the mind, spirit, culture, whānau (extended family) and physical environment. Because prevention and minimization of gambling harm is a necessary component for promoting long-term health for Māori, dedicated Māori gambling services and activities are freely available through the Problem Gambling Foundation of New Zealand (PGF; Ministry of Health, 2019).

The PGF offers free counselling, advice and support to all gamblers and their families (PGF, 2019). Mainstream gambling interventions include multiple approaches such as CBT, MI, group interventions, relationship counselling, financial advice, and mental health services (Robertson et al., 2005). Specific Indigenous interventions and blended services (integrated Western interventions within Māori health models) are also available (Robertson et al., 2005). The PGF supports *Kaupapa Māori* or using Māori principles and ways. Māori help services may include cultural practices such as *karakia* (prayer), *rongoa* (herbal remedies), *mirimiri* (massage), *wai karakia* (blessing with water) (Matua Raki, 2014) plus *waiata* (song), *manaaki* (support and caring) and *haraeke raranga* (flax weaving; Morrison, 2017).

Cultural interventions are expected to be holistic, empowering, and equitable, emphasizing culturally appropriate protocol respecting family, whānau, and spiritual aspects of life (Dyall, 2003; Kolandai-Matchett et al., 2017). For some Māori, modern health services sometimes fail to recognize *taha wairua* (the spirit or life force). Overlooking Indigenous cultural and spiritual elements associated with interpretations of gambling harm may miss identifying unique harmful consequences (Browne et al., 2016). For instance, some documented adverse gambling effects unique to Māori have included loss of mana (prestige, status, spiritual power), and emotional harms to one's *wairua* (spirit/soul) and identity (SHORE & Whāriki, 2006).

Yet when cultural and spiritual elements are acknowledged, inclusive services can result. For example, the community-based health organization Tui Ora represents eight local *iwi* (nations or tribes) in the Taranaki region. The Tui Ora vision is to enhance whānau, wellness, and quality of life through supporting *whānau ora* (an inclusive approach). One service it provides is regional health promotion and problem gambling education to combat gambling-related harm, based on Ngā Uara or core cultural principles embedded in, and responsive to Māori needs. Thus, helplines and face-to-face counselling for gambling-related problems have been developed to build on and sustain personal and cultural strengths while reducing shame associated with seeking help (Tui Ora Ltd, 2023).

For interventions, Māori counselling services such as brief and full interventions, group work, counselling, and follow-ups saw active client numbers increase by 13% in the past year (PGF, 2019). Most problem gamblers and their significant others preferred individual counselling sessions, and few used group-based counselling or family/whānau interventions (Bellringer et al., 2010). Māori were over-represented among face-to-face clients of counselling services by one-third in 2015-16 (Ministry of Health, 2017). Māori also have dedicated phone-lines and community assessments at awareness raising events. Matua Raki (2014) reported almost 14% of their callers for the most recent year were Māori (Ministry of Health, 2017).

Regarding effectiveness, an evaluation of NZ gambling intervention services found almost all problem gambling services were ethnically matched (Ministry of Health, 2010). Services should ideally adapt to a person's ethno-cultural identity and influences to assess problem development and recommend treatment (Matua Raki, 2014). Multi-modal mainstream interventions have been moderately more successful than single mode treatments (Robertson et al., 2005), but there appear to be few documented evaluations of cultural interventions for Māori

people. One evaluation of the Ngā Pou Wāhine program, which is based on Māori culturally validated protocols, was developed and implemented by Morrison (2017) and colleagues. With 35 Māori women participants experiencing gambling problems, the authors reported program outcomes as enhanced identity, better whānau relations, increased self-esteem, and better relapse prevention skills. The intervention was found to be empowering, underscoring the benefits of using cultural symbols and resources within Indigenous-based gambling interventions.

Gambling-related harm continues to be an issue with significant health, welfare and economic implications in New Zealand, in spite of the availability of innovative interventions for all population groups (Ministry of Health, 2019; Robertson et al., 2005). Gambling at any level of risk is predicted by having Māori origins and being a current smoker (Thimasarn-Anwar et al., 2017). Cultural barriers to help-seeking include shame, low confidence levels, gender insensitivity, and normative attitudes towards gambling. Structural barriers include lack of availability and access, low community awareness of gambling harm, low workforce readiness, and embedded health inequities (Bellringer et al., 2008; Browne et al., 2016; Morrison & Boulton, 2013; PGF, 2019; SHORE & Whāriki, 2006). While culturally based gambling interventions appear to be used by Māori people, there seems to be a gap between those experiencing gambling problems and those using these services.

Canada

Each Canadian province has a variety of different organizations providing gambling help interventions. In Ontario, the Centre for Addictions and Mental Health (CAMH) offers free individual and phone counselling to all gamblers and their families, as well as self-help guides, online assistance and a 24-hour help lines (CAMH, 2019). CAMH also supports Shkaabe Makwa,

an Indigenous organization that offers culturally integrated health and wellness interventions for First Nations, Inuit and Métis people, provided by Indigenous staff. They offer therapeutic and psycho-educational treatment blended with cultural programming and ceremonies (e.g., Sweat Lodges) for clients as part of a holistic approach to care (The Centre for Addiction and Mental Health (CAMH), 2023).

First Nations groups who own and operate casinos on tribal lands usually have the legislative and financial means to ameliorate gambling problems by developing culturally relevant interventions (Belanger, 2010). In Saskatchewan, the First Nation Addiction Rehabilitation Foundation (FNARF) was established to ensure availability of effective gambling awareness, community education, prevention and treatment programs to First Nations people. The Touchwood Agency Tribal Council—made up of four First Nations: Muskowekwan, Gordon's, Day Star and Kawacatoose—offers community workshops for gambling education, awareness raising, and help services through referrals to FNARF (FNARF, 2023).

For Indigenous groups in Canada, the Medicine Wheel is a symbol representing traditional teaching of an ancient circle of life and the harmonious balance between physical, emotional, mental and spiritual well-being (Jiwa et al., 2008). Traditional healing includes ceremonies with dances, songs, prayer, storytelling and natural medicines. Teaching and sharing circles, role modelling, sweat lodges and other ceremonies where individual identity is inextricably linked to the collective identity (Yanicki et al., 2011) are led by traditional healers and Elders (Poonwassie & Charter, 2001). Although Indigenous collective health and cultural models contrast with Euro-western health models featuring the individual as the unit of health enquiry, blended interventions provided by culturally trained staff are generally perceived as suitable by Indigenous peoples (Stewart, 2009).

An assessment of effectiveness by Hagan et al. (2013) examined the lived experiences of one Métis and six First Nations women with self-reported histories of gambling-related problems and trauma. The women explained painful lifetime events, including the “three tigers” (p. 360) of emotional, physical, and sexual abuse. They used gambling to try to cope with and escape from trauma, expressing their feelings as “a big hole with the wind blowing through it” (p.362). One described their experience of gambling as feeling like “I’m somebody today” (p. 363): it almost made them feel normal by giving them some relief from their distress. Their story of healing and recovery was documented by writing letters explaining their histories, by reconnecting with others, by feeling drawn to their culture, by accepting traditional spirituality. and by allowing peace in their lives (Hagan et al., 2013). For some Indigenous Canadians, customary storytelling, sharing circles and participation in ceremonies are among traditional processes of helping and healing (Poonwassie & Charter, 2001).

Similarly, an earlier analysis of gambling interventions was conducted by interviews with five recovered gamblers from the Kainai (Blood) tribe of the Blackfoot Confederacy in southwest Alberta (McGowan & Nixon, 2004). Assisting their healing was a re-discovery of traditional knowledge and practices. Resolving their gambling-related problems became a personal stepped path to wholeness based on a search for authentic spirituality, renewing family and community links and heightened self-awareness based on a traditional Indigenous healing framework of achieving balance and harmony (Poonwassie & Charter, 2001). Seeking harmony and a desire to change their gambling behaviors, these participants participated in a holistic intervention framework and development of personal skills for restoring their Blackfoot identities (McGowan & Nixon, 2004). Treating gambling disorders among Indigenous people as isolated problems fails to address underlying structural disadvantages such as historical legacies of rejection, trauma and

inequity, and therefore may not to resolve their problems or achieve optimal recovery (Dion et al., 2015).

There are generally low rates of treatment-seeking for gambling disorders by Canadian Indigenous groups due to limited awareness, pressure from others to continue gambling, denial, boredom, and loneliness (Kowatch, 2017). Interviews conducted with 192 volunteers from 25 First Nations groups in Ontario and two in Manitoba, of whom 50% gambled at least a few times a week, reported denial and shame as their primary barriers to help-seeking. Interventions recommended by the participants to address their gambling-related problems included community gambling awareness and education programs, increased community-based activities, and healing resources with First Nations gambling counsellors (Oakes et al., 2004). Kowatch (2017) argues individual level explanations for low uptake of gambling interventions by Indigenous groups ignores culturally based, interrelated health and wellbeing philosophies. Exploring culturally based community influences on gambling attitudes and behaviors by local Indigenous groups may help build a foundation for the development and use of gambling interventions suitable for collective societies.

The United States of America

In the United States (US), state governments, tribal associations such as the Native Indian Gaming Association (NIGA), industry and nonprofits such as National Council on Problem Gambling (NCPG) and its affiliates work to prevent gambling disorders by creating policy, programs and helpful interventions (AGA, 2019; Palermo, 2019). NCPG affiliates and members provide gambling services in most US states, including a 24-hour national help-line, names of

treatment providers and the interventions they provide, links to information resources, self-help programs, support groups and residential care (NCPG, 2023).

As with other indigenous groups, Native Americans are at a higher risk for problem gambling than other Americans (Barnes et al., 2017). Some Native American tribes address this by funding problem gambling programs themselves, while others instead make contributions directly to organizations like the NCPG. Remarkably, however, few evaluations of interventions targeted at Native Americans have been published as publicly available peer-reviewed articles.

After the Indian Gaming Regulatory Act (IGRA) 1988 was enacted tribal casinos were permitted on tribal lands in the United States to assist their economic development, self-sufficiency and strong local tribal governments (AGA, 2019; Peroff, 2001). Because of this legal foundation, many evaluations of Native American gambling consist of socio-economic or politico-legal analyses (Conner & Taggart, 2009; Janes & Collison, 2004; NIGA, 2006).

One US study specifically addressing the effects of Native American culture on problem gambling used a diverse sample of 415 people across the nation from 17 different tribal groupings, hypothesizing strong identification with Native American culture would protect them from gambling-related problems (Patterson-Silver Wolf, 2015). Identification with Native American culture was measured with an orientation scale including dimensions of Native identity, exposure to reservation life, Native way of life, participation in Native activities, speaking a tribal language, and having a tribal name. Contrary to the hypothesis, higher scores on this composite was associated with a higher likelihood of being a problem gambler, while living by “the White way” of life (i.e., the general American culture) was associated with a lower chance, more than any other variable in the analysis. The author did not suggest cultural identity to be a risk factor for gambling

disorders, but did argue the necessity of gambling interventions that align with cultural values given the easy access to gambling by tribal communities (Patterson-Silver Wolf, 2015).

With a focus on cultural values and community education as interventions, Thompson (2015) maintains Native American leaders should educate their communities about potential dangers of reservation gambling in casinos. To assist this process, Momper (2010) suggests creating awareness that the modern commercial gambling that occurs in tribal casinos has little to do with the historical games and gambling (traditional spiritual beliefs, folklore and games), and educating young people about this difference may reduce their risk for gambling-related problems (Peroff, 2001; Thompson, 2015). This may be critical for shaping community members awareness of gambling risks and reducing adverse gambling influences on traditional values and customs (Peroff, 2001).

In Missouri, the Kansas City Indian Center provides a culturally secure space for Native American clients seeking help for dealing with gambling impacts in their lives. In an interview study of people coming to the Center by Johnston (2019), participants often reported motivations for their gambling including socio-economic hardship, neighborhood disadvantage and poverty, and said that problem gambling was not widely acknowledged as an issue in Native American communities. The centre is decorated with traditional Native American items like abalone shell, sweet grass, sage and feathers, to reduce barriers to help-seeking by making a culturally comfortable environment for clients.

Overall, a general understanding of the effects of gambling help interventions for Native Indians in the US is limited.

Australia

Like Canadian provinces, Australian states and territories have different organizations providing gambling help services including public education and awareness, advocacy, referrals, prevention strategies and interventions. The National Aboriginal Community Controlled Health Organisation (NACCHO) and The Royal Australian College of General Practitioners (RACGP) guidelines recommend screening all clients over age 12 for gambling-related problems during annual health checks within Aboriginal controlled health services (NACCHO & RACGP, 2018, p. 23). After assessing the impact of gambling on families and children, affected clients should be referred for appropriate interventions. Suggested individual interventions consist of brief treatments, MI, CBT, treatment for co-morbid disorders (e.g., depression and substance abuse), referral to gambling support services, financial counselling, and legal services. Suggested community-based interventions involve adopting community-focused activities that promote strategies to control gambling and related harms (RACGP, 2018). A new intervention being introduced is clinical yarning where more accurate capture of Aboriginal perspectives may be gained compared to standard closed-style questions. Clinical yarning comprises three themes: the social yarn, finding common ground and developing an interpersonal relationship; the diagnostic yarn, in which the practitioner facilitates and interprets the client's story; and the management / therapeutic yarn, using stories and metaphors with clients to help them understand an issue so a collaborative therapeutic approach can be adopted. There is cultural and research evidence that supports this approach (Burke, Welch, Power *et al*, 2022). The opportunity to discuss gambling concerns each year encourages clients to talk about gambling in a culturally safe setting where their culture, beliefs and values are respected. It allows trust to be built over time.

Mainstream gambling help services typically provide specific interventions for Indigenous clients if they operate in a location with a high Indigenous population. Others offer dedicated services for Aboriginal clients, such as the NSW GambleAware Aboriginal service managed by the New South Wales (NSW) Aboriginal Safe Gambling Service, the Bidyadanga Gambling Diversion Program in northern Western Australia, and the Victorian Aboriginal Community Services Association Ltd (VACSAL). The largest of these organizations, VACSAL, has core values based on self-determination and self-management for Indigenous communities. With Aboriginal representatives from across the state of Victoria, With Aboriginal representatives on the board from across the state providing advice to the Victorian government, VASCAL is now a major provider of Indigenous health and welfare services in urban and regional settings.

Combined, all these organizations offer a variety of culturally relevant problem gambling help and interventions. Based on results of lengthy community engagement activities, some successful strategies implemented include public health gambling awareness campaigns, safe education programs, and health promotion activities in local Aboriginal languages and dialects. Further, Aboriginal community members have been supported in developing local gambling action plans with small grants to organize art sessions, appoint trained Safe Gambling Ambassadors in local communities and implement therapeutic yarning circles focused on solving problems linked to disordered gambling. With the consent and help of Elders, young people have been encouraged through targeted gambling awareness sessions to take up alternative activities, building youth capacity to make informed gambling choices. These organizations also have access to state-based services such as free phone and online help, face-to-face counselling, financial counselling, and other resources. Most are led, managed and operated by Aboriginal staff, while any non-

Indigenous staff have undertaken cultural awareness training (Fogarty et al., 2018; Whiteside et al., 2020), in accord with aspirations for self-determination and self-management by Indigenous people (AHRC, 2010).

Despite the availability of these services, problem gambling recognition and help seeking by Aboriginal clients is low. In a survey of 1,259 Aboriginal participants, nearly half did not think they had a problem with gambling, but 57.7 % faced some risk with their gambling (Hing et al., 2014). To avoid shame and stigma linked to gambling problems, the participants first attempted to help themselves, then sought aid from family, friends and community members. However, due to cultural and social norms approving gambling, some family were challenged in assisting gamblers with problems, being gamblers themselves or unable to identify financial hardship being linked to their gambling. If professional gambling help was needed, then local Aboriginal services were preferred rather than mainstream services (Hing et al., 2014).

Barriers to helpful gambling intervention services can be structural and cultural. Structural barriers appear as uncertain cycles and levels of government funding for gambling services, a lack of services availability across urban, rural and remote regions, interventions based on individual rather than collective approaches, and embedded health inequities such as being omitted from consultations and a lack of input into decision-making. Cultural barriers can include gambling being an accepted pastime activity, cultural dependence on reciprocal obligations to fund and extend gambling activity after personal funds have been exhausted, low recognition of gambling problems, and embarrassment or shame in admitting to gambling problems (Breen, 2012; Fogarty et al., 2018; Hing et al., 2014; Whiteside et al., 2020).

Two case studies below explain programs and strategies developed from long-term community involvement and understanding of the health, wellbeing and cultural needs of

Australian Aboriginals experiencing difficulties including gambling-related problems. Note: capital letters were prescribed by the case study co-authors to indicate important concepts.

Case Study 1: Red Dust Healing

Designed and founded in 2007 by Tom Powell, an Aboriginal Warramunga man from the Wiradjuri nation, and written from an Aboriginal and Torres Strait perspective, the Red Dust Healing (RDH) program is a combination of traditional practices and cultural symbolism aimed at contemporary healing of Aboriginal and Torres Strait Islander men, women and families (Cull, 2009). The RDH program addresses issues such as Stolen Generations trauma, grief and loss, family and domestic violence, mental health, suicide prevention and substance misuse. It is targeted at the heart, not the head (Thompson, 2018). The core of the program is a journey of self-discovery wherein the pathway to healing lies within an individual and/or a community. Participants are given culturally relevant and accessible tools to encourage them to identify their problems, confront their pain and anger emerging from rejection and grief, and break cycles of intergenerational disadvantage (Cull, 2009). They also encourage clients to recognize and acknowledge their past decisions and the consequences arising from those decisions. Assisted by trained Aboriginal staff, the RDH supports participants' healing from within by focusing on personal and family relationships and embedded patterns of violence, abuse and neglect that leads to rejection (Thompson, 2018).

One tool in particular seems to have great resonance with participants: the symbol of a personal tree to represent them. The tree draws nutrients from the soil (representing people who have contributed to their upbringing) which gives the tree life, helps it to bear fruit and renew its leaves. If the tree were to take up poor nutrients it would wither, and the same is true for the person.

Both strength and rejection can travel from the roots up the tree trunk. The hurt of rejection can travel back down the trunk to those people in the roots and can also impact their life choices. The tree branches signify the choices a participant makes and the outcomes of those choices. When choices are based on love and respect, then this is passed onto those around them; but if choices are based on rejection, then rejection will be. By acknowledging this cycle, RDH helps participants realize that rejection is not their fault, and learn to develop the freedom to make choices to be a person who passes on “good nutrients,” particularly to their family members and their wider kin. This personal tree metaphor is considered essential for achieving real transformation for participants (Cull, 2009; Thompson, 2018).

An evaluation of the RDH service shows it has grown rapidly (Thompson, 2018), with over 17,000 people, mostly Aboriginal, in almost 400 communities having officially completed different stages of the RDH program, and only 11 have failed to finish. The program has been used by various government departments, service providers and Aboriginal communities for youth in juvenile detention centres, for people living with disability, with students and with community health workers. To increase cultural awareness and explain Aboriginal healing to others, RDH has also been adapted for medical staff, doctors, psychology students, police, legal and justice systems (Thompson, 2018).

Discussing RDH participants who experience gambling-related problems, an interview with Founder Tom Powell was conducted by author Ashley Gordon on October 19, 2020. He explained that for Aboriginal participants with gambling-related problems, interventions are based on the concepts underpinning the RDH philosophies of healing:

”[Gambling] is about Choices and ensuring that we are not sending back down rejection, without us knowing, to our family by using up money that goes to food,

clothes, medical concerns, school and the like. Just like we don't mention Drugs and Alcohol because they are choices, so too is Gambling. But this can be looked upon as financial abuse. Like Alcohol and Drugs and Social Media, it can be addictive. But how is it impacting our tree? We are sending back bad choices and a form of abuse (financial) to our family. In Red Dust Healing we would ask a question and (then) help identify alternatives. What are some other cultural concepts we could do to fill in the time of the gambling? Things like hunting, gathering, fishing, camping, visiting family, making artefacts, painting, sport, swimming, walking and music.”

Red Dust Healing also has a financial planning tool to assist clients in managing money and developing household budgets. It helps people see clearly how much money they are spending on different categories, including their gambling expenditure. Describing the tool, Tom said:

“It’s a housing concept where people are given a house plan or they sketch their own. They draw a rectangle representing a house relating to who sleeps in the house. Then they add up money in and money out from the people living in the house. How much is needed for food, rent, house payment, electricity, fuel and so forth. It shows how much is needed to operate the home, and if money is spent elsewhere we ask, how do we survive? As with all Choices, Who wins - Who Loses.”

In terms of developing a specific gambling intervention, Tom has considered a program based on the RDH philosophy and sought professional advice. He said:

“I spoke to a person from Aboriginal Gambling NSW about doing a poker machine concept as a tool. The pictures on the poker machine would be family, Mum, Dad, Nan, Pop, Sisters, Brothers, Sons, Daughters, Grannies, Friends, and the like. There

would also be material pictures like House, Car, Furniture, and other relevant materials on there too. Every time they push the button a family member or a material picture would disappear. This would happen until nothing is left. Then I would pose the question "Am I pushing my family away"? This concept is visual and people could really relate to it".

In summary, Tom explained the underlying strategy of empowerment, self-determination, and healing as the supporting framework for the RDH and its importance for Aboriginal and Torres Strait Islander people:

“Red Dust Healing is about equipping individuals, families, households, and communities with tools to be a part of their own solutions. Gambling is just one area it can go. But the common ground as with most addictions is that they do it to help deal with their Rejection. It can be linked back to their own Rejections. If you deal with peoples Rejection then you allow them to move forward in their life, empowering them to make better choices. That is what Red Dust Healing does. Through this process of dealing with Rejections. It restores families.”

By creating health and wellbeing programs founded in Aboriginal and Torres Strait Islander world views, Red Dust Healing provides culturally appropriate tools to facilitate healing from trauma and rejection, including gambling disorders. The program has emerged based on cultural concepts, acknowledging past collective hurt while recognizing that engagement, planning and decision-making by current participants can assist their recovery. Healing through processes of empowerment facilitates confidence and builds trust, Poonwassie and Charter (2001) maintain, enabling health and wellbeing restoration for individuals and communities.

Case Study 2: Marrin Weejali Aboriginal Corporation

With a vision for Aboriginal people to live lives free from addiction and emotional distress, Marrin Weejali Aboriginal Corporation provides culturally safe alcohol, drug and non-acute mental health counselling, referral, and advocacy services to members of the Aboriginal and Torres Strait Islander community, and others in western Sydney. Their core business is primary prevention using holistic personal and community development to reduce risk-taking behavior, providing in-house treatment services for people experiencing the effects of substance misuse and/or non-acute mental health conditions (Marrin Weejali Aboriginal Corporation, 2023).

Using comprehensive assessments, culturally trained staff carry out individual counselling, group and family counselling with clients of whom at least 90% are Aboriginal and Torres Strait Islander people. One type of intervention used here is dialectical behavior therapy (DBT), a type of cognitive behavioral therapy that focuses on psychosocial aspects of therapy by highlighting the importance of collaborative relationships, client support and skills development for dealing with intense emotions. When used with clients at Marrin Weejali, DBT skills have been shown to be beneficial for those suffering from mental health disorders and addictions. People undertaking DBT learn to develop and use change-oriented skills and acceptance-oriented skills commonly known as Mindfulness, Emotion Regulation and Distress Tolerance skills (Marrin Weejali Aboriginal Corporation, 2023).

Author Ashley Gordon interviewed Marrin Weejali counsellor Khoa Tran about Aboriginal participants with gambling-related problems on October 19, 2020. About the types of gambling services offered by Marrin Weejali, Khoa said:

“The gambling services and interventions mostly used are those ones available locally to the client. The clients who come to our service, mainly around the Mt Druitt (western Sydney) area, are offered individual gambling-specific counselling, Gamblers Anonymous (GA) groups and self-exclusion programs”.

Khoa went on to explain that they considered delivery of services to be as important as the interventions themselves using a blended therapeutic and psycho-educational approach. For instance, listening carefully, understanding local languages, common slang and using Aboriginal yarning (conversation) styles as culturally familiar means of communication was critical in making genuine client connections:

“So, initially we provide gambling clients individual counselling. Where necessary, some clients will choose to self-exclude in addition to attending individual counselling because the high number of local gaming venues, within close proximity, present too high a temptation and a distraction from their therapeutic goals. Thirdly, some clients will choose to also attend GA and they have found it to be effective because of the fellowship and the ongoing contact, growth, and sense of community they gain from it. Furthermore, the language, lingo, and words that group members use when sharing their story, can provide an instant connection for clients as opposed to the more sophisticated terms that some gambling counsellors are inclined to use.”

Khoa also described some challenges in providing interventions to Aboriginal clients with gambling-related issues, including inappropriate use of language, limited in-depth gambling knowledge, poor risk awareness, and a lack of ongoing support for people in need:

“A few types of challenges [arise] in the provision of gambling intervention services. The first involves local language. It is helpful to know what terms people in the client’s local area use to describe the various forms of gambling they engage in or an action they perform when gambling e.g., having a slap, having a press, betting on the Gee-Gees. These slang terms, and others, are helpful to use in counselling so that client and counsellor can be on the same level when communicating. ...

A second challenge is having concentrated, gambling specific knowledge such as how different forms of gambling work, the error in how gambler’s think their form of gambling works, and the skills to explain complex concepts and high density information in a simple and easy to understand manner. An effective approach for this is story-telling and using diagrams to perform corrective gambling cognitive therapy rather than merely conventional talk therapy. Clients find it helpful when they are educated and corrected in a way that preserves their sense of pride and competence while convincingly highlighting to them how they are being misguided and ripped off. ...

A third challenge involves finding support for clients to help with reducing gambling-related issues such as social and emotional wellbeing support, local Men’s and/or Women’s support groups, Domestic and Family Violence (DFV) programs, and Work Development Order programs to help clients pay off their fines. These types of additional services, if available locally, can be very helpful for people with gambling-related issues, although it must be remembered they are not the primary issues. These are particularly relevant for Aboriginal gambling

intervention services due to the high importance for social and emotional connection, the stresses of accumulating fines and debts, and in some cases the under-reported incidences of DFV that goes on as a result of gambling losses.”

A final observation highlighting genuine awareness of Aboriginal culture, the importance of building and strengthening relationships while using empathetic communication styles, Khoa argued for keeping things simple: “Services and programs at times can over-complicate their approach and treatment—building a connection is the key. We need to recognize the importance of yarning with Aboriginal people as it sets the foundation for a meaningful relationship and connection.”

Thus, the two case studies emphasize connectedness to cultural issues, empowerment through self-discovery, building personal skills, collaborating, listening and communicating in mutually shared ways and facilitating referrals to supportive agencies, as essential components of culturally appropriate interventions for Indigenous peoples experiencing gambling-related problems.

Effective interventions appear to be both cultural and structural. Cultural gambling interventions used effectively included ‘ground-up’ gambling interventions founded on identification of basic needs, genuine community engagement followed up by community-endorsed plans and actions, close alignment between traditional spiritual, social and emotional values, culturally based tools, effective communications using yarning, reflective self-discovery, making well-informed choices and practicing self-help to help deal with past rejection. Successful individual interventions often blended professionally based face-to-face counselling with psychological theories adapted for use with Indigenous people. Other beneficial interventions

encouraged group support where most participants shared a common language, a collective culture, and a joint goal focused on decreasing gambling through mutual help.

In addition, structural interventions were identified here that address barriers to gambling help. Positive structural interventions included respectful consultation and genuine involvement of Indigenous communities in developing gambling interventions, health and welfare service organizations being led by Indigenous people who were often role models, having trained Indigenous staff delivering gambling help and related health programs, having culturally trained and empathetic non-Indigenous staff, providing appropriate gambling education to empower client choices, offering holistic assistance with ongoing social and emotional support through self-help groups, delivering financial management programs, and help with finding safe housing.

Discussion

This chapter aimed to identify and examine the effectiveness of culturally appropriate counselling interventions used by Indigenous peoples experiencing gambling-related problems in Australia, New Zealand, Canada, and the United States. From these cases, holistic individual and community-based interventions founded on cultural and structural interventions that enhance principles of empowerment and emancipation appear to be critical factors for the effectiveness of gambling help strategies. Four prominent themes emerged from this analysis – connectedness to culture and traditional values through self-discovery, healing from trauma and rejection by self-help and trained assisted help, building trust through cultural safety and good communications and, empowering others through facilitating skills development and by reducing barriers to good health. Table 1 provides a summary of these key themes and many of the processes and practices contributing to gambling intervention effectiveness for Indigenous people.

Table 1

Key Themes with Processes and Practices Contributing to Gambling Intervention Effectiveness for Indigenous People

Key Themes	Processes and practices contributing to gambling intervention effectiveness for Indigenous people
Connectedness to culture and traditional values through self-discovery	<p>Recognizing and linking cultural connectedness within Indigenous people’s health and gambling interventions,</p> <p>Encouraging client reflection sometimes called ‘dadirri’, on traditional beliefs, spirits, symbols, identity and practices to help recovery,</p> <p>Building effective community relationships by collaborating in developing culturally appropriate gambling help to reduce vulnerability and strengthen resilience for individuals and communities,</p> <p>Identifying and incorporating cultural differences apparent within individual Indigenous communities into specific gambling interventions for those communities (e.g., desert vs coast peoples; urban vs rural communities),</p> <p>Acknowledging and respecting Indigenous relationships to land, to culture and to community within health and welfare services.</p>
Healing from trauma and rejection by self-help and trained assisted help	<p>Interventions aimed a holistic healing include blending Indigenous spiritual, cultural, emotional, psychological, ecological and physical elements,</p> <p>Indigenous led community-based health and welfare organizations with ‘ground-up’ interventions, those with foundations in Indigenous culture, assist clients in recognizing problems and facilitating holistic healing,</p> <p>Multi-modal mainstream interventions (such as CBT, MI, DBT), face-to-face counselling and blended interventions provided by culturally aware professional staff, both Indigenous and non-Indigenous, enable clients to identify causes of their gambling disorders and address them constructively,</p> <p>Self-help, help-lines, exclusions, group support & family counselling are important, useful interventions. People’s preferences depend on access, their capabilities and levels of stigma and shame felt about gambling.</p>

Building trust through cultural safety and good communications

Cultural safety, being treated with respect, accepted as an equal & sharing information allows Indigenous people to feel comfortable in non-Indigenous health and welfare organizations,

Within Indigenous annual health checks, asking a scheduled question about gambling and its effects opens communications for assessment and discussion about gambling in a safe setting.

Providing a safe space for clients to participate in culturally-based healing practices (art, artefacts, writing, sharing history, story-telling & encouraging yarnning circles) helps to reveal their gambling concerns,

Appropriate communications, use of familiar language styles and slang inspires some confidence for using two-way communications, allowing gradual growth of trust within participant groups and with some services,

Effective communication helps to educate clients about gambling risks.

Empowering others through facilitating skills development and reducing barriers to good health

Empowerment & self-determination facilitated by health & welfare organizations when Indigenous communities are asked for their input on gambling interventions,

With Elders consent, multi-level community gambling interventions in local languages resulting from a whole of community needs analysis, and, implementing locally developed action plans for gambling awareness and diversionary activities builds community skills to address gambling concerns,

Reducing barriers to good health meant access to helpful interventions provided by organizations with a skilled Indigenous workforce and a culturally aware non-Indigenous workforce,

Empowerment included developing individual skills to manage emotions, change-oriented skills, acceptance-oriented skills, managing gambling, relapses & budgeting,

Helpful interventions, ethnically matched services & providers, easy access, free gambling-help, dedicated gambling help-lines & the appointment of local Safe Gambling Ambassadors assist in reducing barriers to good health.

Connectedness to culture and traditional values through self-discovery were acknowledged here as renewed engagement with traditional Indigenous beliefs, symbols, identity, practices, and a deeper appreciation for customary bonds between people. Renewal arose from reflection and with assistance, often led to making more informed choices. Further, effective community relationships and collaboration in producing culturally appropriate gambling help programs appeared to reduce vulnerability and strengthen resilience among individuals and communities. Although limited in number and sample sizes, published findings from New Zealand (Kolandai-Matchett et al., 2017; Morrison, 2017), Canada (Hagan et al., 2013; McGowan & Nixon, 2004) and Australia (Fogarty et al., 2018; Whiteside et al., 2020) reported similar results when connections to cultural values and to community ideals were incorporated into gambling interventions for Indigenous groups. Research results were much more ambiguous in the US (Patterson-Silver Wolf, 2015).

Healing from trauma and rejection requires both self-help and trained care providers for many Indigenous people experiencing the legacy effects of colonial dispossession, marginalization and abuse. With professional help and personal effort, some clients have realized that immersion in gambling was their way of coping with trauma and rejection. Some gambling disorders emerged for individuals seeking escape or solace from long-held stress, hurt and isolation (Breen, 2012; Currie et al., 2013; Hagan et al., 2013, Morrison, 2017; Thompson, 2018). Thus, strategies developed to restore health and wellbeing to Indigenous people with gambling-related problems require a holistic emancipatory approach. In this research, interrelated spiritual, cultural, emotional, psychological, ecological, and physical elements were reported as integral for interventions aiming to heal the whole person. Indigenous led community-based health organizations such as Tui Ora in New Zealand, Shkaabe Makwa in Canada, Red Dust Healing

and Marrin Weejali in Australia show holistic interventions can help liberate clients from past trauma and improve healing, including those experiencing gambling harm.

Building trust through cultural safety and good communications was inextricably linked to enhancing community health. Cultural safety as in respectful sharing of knowledge and its meaning was established using familiar traditional artefacts, producing art works, writing, recounting history, storytelling, encouraging yarning circles and recently, clinical yarning.. Similar findings were reported by Burke et al. (2022), Johnston (2019), Matua Raki (2014), and Morrison and Boulton (2013). Cultural safety as in being treated with respect and accepted as an equal allowed Indigenous people to feel comfortable in non-Indigenous organizations, and encouraged participants to speak about their gambling-related problems and communicate in ways that led them to feel confident. These processes appeared to nurture the gradual growth of trust between participants themselves and with other services, particularly well demonstrated by interventions offered by Marrin Weejali in the case study. Creating a culturally safe environment and using Indigenous customary communication styles appear to reassure some people that trusting relationships can be rebuilt.

Organizations deeply engaged with strengthening their local Indigenous communities have shown that helpful gambling interventions can meet the needs of the whole community and raise aspirations for self-determination as a consequence (Whitty et al., 2020). Beneficial multi-level gambling interventions have been introduced through cooperation between Elders, Indigenous groups, businesses, and institutions. These activities have required a trained, skilled Indigenous staff and a culturally aware non-Indigenous skilled workforce (Hing et al. 2014). Further, the availability of ethnically matched service providers, easy access to free gambling-help services, and dedicated gambling helplines have helped to reduce barriers to access. Similar beneficial

interventions were also identified by CAMH (2019), Fogarty et al. (2018), Matua Raki (2014), and Ministry of Health (2019). Empowering others to gain budgeting skills, knowledge about gambling and how to manage relapse risk, and emotional management, reduced barriers to good health. The use of change-oriented skills to challenge past hurt and strive for a future without gambling-related problems were reported in the two case studies and related literature (see, Morrison & Boulton, 2013; Whiteside et al, 2020). Empowerment through skills development fosters independence and competence in making healthy decisions about reducing gambling.

Limitations

Explaining effective interventions for Indigenous people experiencing gambling-related problems is an under-researched field with little documented literature. Case studies were used to highlight important factors underpinning effective gambling interventions for Indigenous clients, but these are ungeneralizable by nature. Further, searching for published information about traditional healing methods and Indigenous healers in relation to healing for addictions was unproductive. Thus, there are many opportunities for future research in this field.

Conclusions

Notwithstanding these limitations, this chapter has synthesized current foundational knowledge and contributed to extending previous knowledge on this topic. This information provides an in-depth understanding of key emerging research themes and important cultural and structural factors that decision makers and help services may find useful in developing related policy and practice guidelines.

Based on empowerment / emancipation principles, culturally safe gambling interventions underpinned by beneficial structural supports have the potential to repair the health and wellbeing of Indigenous people struggling with gambling problems. Key emerging themes found to contribute to more effective gambling interventions were: (1) connectedness to culture and traditional values through self-discovery, (2) healing from trauma and rejection by self-help and trained assisted help, (3) building trust through cultural safety and good communications, and (4) empowering others through facilitating skills development and reducing barriers to good health.

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