



strategic  science

Reducing Public Stigma Towards People with Gambling Problems

Final Report

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Introduction

Previous research suggests that perceived stigma is a significant barrier to treatment and help seeking behavior. The Youth Gambling Awareness Program (YGAP) has identified stigma to be a high priority for knowledge and training, based on needs expressed by Youth Outreach Workers (YOWs) and on outcomes requirements from Ministry of Health and Long Term Care (MOHLTC).

This project is intended to enhance YGAP's ability to effectively target stigma, and contribute to the broader knowledge base. Therefore, the goal of this research is to:

- a. Assess the degree of public stigma associated with problem gambling; and
- b. Develop training materials to help Youth Outreach Workers (YOWs) of the YMCA's Youth Gambling Awareness Program (YGAP) address stigma in their work with youth and the general population more broadly.

A YOW Stigma Awareness Presentation was developed and informed by relevant stigma research. The presentation discussed the results of the study—the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work, as well discuss definitions of stigma, types of stigma, and key concepts for reducing stigma. A YGAP Stigma Workshop was developed for addressing stigma with a youth audience (ages 15-18). The materials will also be invaluable to informing the future development of additional stigma awareness content for YGAP website and social media, and awareness materials for community events/fairs and programs.

YGAP has identified the need to deepen the organizational knowledge and understanding of stigma related problem gambling. As an immediate priority, they have identified the need for training and materials to help YOWs target stigma reduction in their gambling awareness workshops.

Two key drivers for this strategic priority are:

1. Reducing stigma is identified as a high priority for and by YOWs in a recent review of training needs.
2. The Ministry of Health and Long Term Care has added the goal of reducing stigma for all responsible gambling programs in Ontario. YGAP is expected to explicitly address this goal in its programs, and to measure and report on outcomes.

The project aims are to:

1. Review key scientific literature.
2. Assess:
 - a. Public stigma associated with problem gambling
 - b. YOW's training needs to effectively address stigma in their work
3. Develop a YOW training presentation addressing:
 - a. Key concepts relating to stigma
 - b. Impact of stigma on help-seeking behaviours
 - c. Approaches to reduce stigma
4. Develop stigma module for YGAP gambling awareness workshops with youth.

There are four components to this study:

- I. **Literature Review** (on problem gambling stigma).
- II. **YOW Surveys and In-Depth Interviews** (to assess YOW perception of others' stigma towards problem gamblers).
- III. **Development of a PG Stigma Awareness Workshop** (to be used for the YGAP workshops). This module will include a PowerPoint presentation, group activities, and a video, showcasing a problem gambler's experiences. YOWs will receive training on stigma as it relates to problem gambling, and detailed instructions for use of the stigma module.
- IV. **Evaluation of Stigma Awareness Workshop**

Project Background

YMCA's Youth Gambling Awareness Program

The Youth Gambling Awareness Program (YGAP), run by the YMCA, offers educational prevention programs designed to raise youth awareness about gambling, healthy/active living, and guides youth to make informed decisions. Working with the Ontario Ministry of Health and Long-Term Care (MOHLTC), the YMCA believes that educational awareness programs are an essential component to personal development, to help youth reach their potential, and the creation of healthier communities. The YGAP uses a **harm reduction** approach to raise awareness about gambling, healthy/active living, and making informed decisions. The purpose of the YGAP workshop is to:

- Teach youth to make informed choices about gambling and other high-risk activities.
- Teach youth about odds/randomness and the impact on winning and losing.
- Teach youth about financial literacy, to make informed decisions about financial matters, budgeting, spending, borrowing, and saving.

The YGAP is offered in 19 locations across Ontario (Durham, Toronto West, Toronto East, French GTA). 19 Youth Outreach Workers (YOWs) in each area can be contacted to book an interactive workshop. Previous evaluations identified that the YGAP had a significantly positive effect on youth knowledge, attitudes, and self-determination, that youth really enjoyed the program, that they learned about the risks associated with gambling, and that they learned necessary skills to deal with any potential future gambling concerns. Learning outcomes associated with the YGAP include:

- Understanding the definition of gambling and having an in depth understanding of the definition to be able to apply it to activities outside of what is traditionally considered gambling.
- Understanding that gambling should be viewed as a source of entertainment as opposed to a source of income.
- Developing an understanding of potential risks associated with gambling.
- Able to identify the possible consequences if one chooses to participate in gambling activities (possible consequences not only to oneself but to those involved in their lives).
- Understanding the role probability and randomness play in games of chance.

- Using critical thinking skills when engaging in activities that have an inherent level of risk.
- Gaining an understanding of harm reduction, particularly how harm reduction strategies can be employed if one chooses to gamble.
- Able to identify and differentiate between PG behaviour and RG behaviour.
- Recognizing the signs of problem gambling and identifying strategies to reduce the harm associated with gambling including informed decision-making and coping strategies.
- Having knowledge of community resources and where to seek additional information and support in local communities regarding a potential gambling problem.

Ministry of Health Objectives for the YGAP

The MOHLTC has set a number of goals for the YGAP.

Table 1. Ministry of Health Goals for the YGAP workshops

Goal	Overview	Objectives/Outcomes (to measure)
1. Awareness of Risk	Increase awareness of risks associated with gambling.	1A. Number of participants with increased awareness that gambling has the potential to cause harm to health, social, and financial well-being.
		1B. Number of participants who are able to recall low risk gambling practices.
		1C. Number of participants reporting reduction in their misconceptions regarding gambling.
2. Awareness of Services	Increase public awareness of services available for the treatment of problem gambling and how to access them.	2A. Number of participants reporting increased awareness of services available to assist problem gamblers.
		2B. Number of participants reporting increased awareness of how to access problem gambling services.
		2C. Number of participants referred to treatment.
3. Prevention Programs	Prevention program provide effective, evidence-based services that are culturally, linguistically, age, and gender appropriate.	3A. Number of participants reporting that the program has met the needs of their specific community.
		3B. Number of population-specific agencies that received training on problem gambling.
		3C. Number of additional populations/groups identified for whom services need to be strengthened.
4. Negative Attitudes	Decrease negative attitudes towards problem gamblers.	4A. Number of participants reporting decrease in stigma associated with problem gamblers.
		4B. Number of participants reporting more positive attitudes towards potential treatment.
		4C. Number of participants referred to treatment.

Of particular relevance to the current project MOH Goal #4 which is to “decrease negative attitudes towards problem gamblers.” To meet this goal, the MOHLTC assigned two objectives:

1. Increase the number of participants that report **decrease in stigma** associated with problem gamblers.
2. Increase number of participants reporting **more positive attitudes** towards potential treatment.

Recent YGAP Stigma Research

A recently conducted evaluation on the YGAP (March, 2017) assessed the impact of the YGAP workshop on students’ attitudes awareness of risks associated with gambling, awareness of services available for treatment of problem gambling and how to access them, and on negative attitudes towards problem gamblers. Five-hundred and one students from the 19 regions in Ontario were surveyed prior to and after participating in a YGAP workshop. While stigma was not the focus of that evaluation, five questions were included in the survey to assess: a) The degree of public stigma held by students; b) the impact of the workshop on stigma.

As indicated in Figure 1 & 2, youth were found to hold some negative beliefs about problem gamblers (pre-workshop). Based on the mean responses from both pre- and post-workshop surveys, most students agreed that “anyone can develop a gambling problem” (Q1) and that “once a person becomes a problem gambler, they will always be a problem gambler” (Q2).

Responses to Q1 “anyone can develop a gambling problem” did not change significantly after participating in the YGAP workshop. Although a minimal difference, responses to Q2 “once a person becomes a problem gambler, they will always be a problem gambler” did change significantly from pre- to post-workshop ($p = 0.0007$), and surprisingly in an increased negative direction post-workshop.

On average, both pre- and post-workshop, students disagreed somewhat that “people with gambling problems tend to be unreliable” (Q3) and “have no self-control” (Q4). However, students agreed that “if [they] knew that someone was a problem gambler, [they] would think less of them.” (Q5; See Figure 2). There were no significant differences in pre- vs. post-workshop responses to Q3-5.

Figure 1. Mean responses to stigma questions from the YMCA Impact Study

Responses options from (1) strongly disagree to (6) strongly agree.

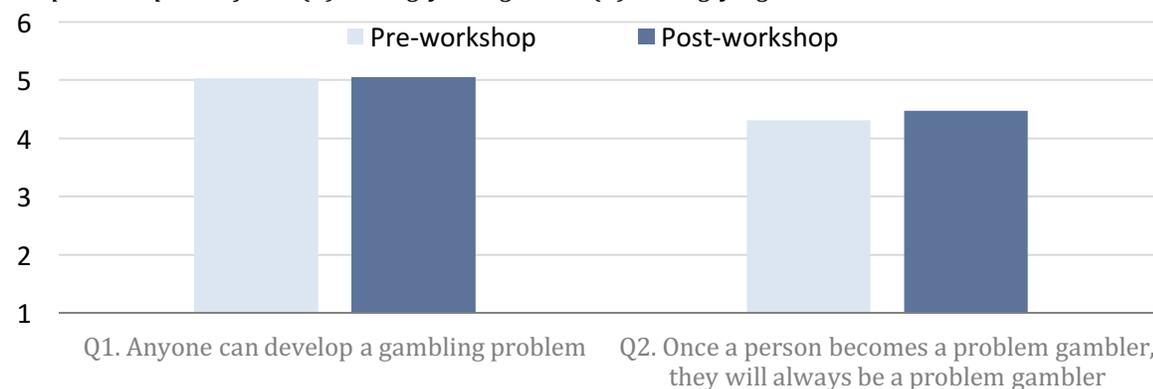


Figure 2. Mean responses to Stigma questions from the YMCA Impact study

Responses options from (1) strongly disagree to (6) strongly agree.



Overall, youth showed some negative attitudes and beliefs towards PGs, and responses did not show any less PG stigma post-workshop than pre-workshop. These results suggest that there is room for improvement in the current YGAP workshop on achieving the MOH objective of reducing PG stigma.

Current Stigma Study: Reducing Public Stigma Towards People with Gambling Problems

The current study is intended to enhance YGAP's ability to effectively target stigma, and contribute to the broader knowledge base. Therefore, the goal of this research is to:

- Assess the degree of public stigma associated with problem gambling; and
- Develop training materials to help YOWs of the YMCA's YGAP address stigma in their work with youth and the general population more broadly.

Target Audiences

Target audiences for this research include YGAP's primary and secondary spheres of influence.

Primary Audience

YGAP YOWs – The most immediate target audience for the current project. It is critical for YOWs to have knowledge about stigma and its impact on treatment seeking behaviour and recovery so that they can relay that information to the various YGAP audiences (effectively and consistently).

Secondary Audiences

Youth – YGAP workshop attendees and youth participating in youth engagement projects.

General population – Individuals YOWs meet through community events/fairs and community involvement programs.

Gamblers & problem gamblers – Gamblers and problem gamblers may be aware of YGAP work in their community. This work on public stigma may also help reduce gamblers and problem gamblers' own stigma towards themselves (internalized stigma) and may encourage help-seeking behavior.

In addition, YGAP is positioned to share this knowledge with its many partnership organizations, so they can in turn share with their additional target audiences:

- OLG RG committees
- Ontario Aboriginal RG Program
- School board and teachers
- CAMH
- Advisory committee
- Virtual presence (social media and websites)

I. Literature Review

This section will provide an overview of the literature review conducted to inform development of the YOW Stigma Training Presentation and the Stigma Awareness Workshop. The literature review methodology will be detailed. Next, the findings from the review will be reported, including definitions and components of stigma, findings from empirical studies about problem gambling stigma, negative associations with problem gambling, and ways of intervening and addressing stigma.

Literature Review Methodology

Relevant research on problem-gambling related stigma was found through searching social sciences databases. Academic articles were obtained primarily through PsycINFO. Studies that empirically examined stigma associated with problem gambling specifically were of particular interest. Because a preliminary review only uncovered 13 articles, a Google search followed, in order to capture government reports and other documents. Keywords for both searches included “problem gambling,” “stigma,” “solving stigmas,” “media and stigma,” “stigmas around gambling,” and “reduce problem gambling stigma.” Years searched were 2000 to present. Other articles examining stigma in other mental health and addictions domains were selected as well. Government reports were obtained directly from government websites. A number of other Internet resources were used, including the website of the Canadian Mental Health Association.

What is Stigma?

Stigma is defined as “an attribute that is deeply discrediting that reduces an individual from a whole and usual person to a tainted, discounted one” (Goffman, 1963, p.3). Stigma can be associated with physical attributes (including disability), group membership (including ethnicity or religious affiliation), or other personal traits that are viewed negatively in society, including mental illness or addiction (Hing, Nuske, Gainsbury, & Russell, 2016).

There are three main types of stigma. Self-stigma encompasses internalized stigma and perceived stigma. Internalized stigma pertains to how members of stigmatized groups view themselves. Closely related, perceived stigma pertains to how members of these groups believe others see them. Social stigma refers to how the general public views members of such groups. Finally, structural stigma refers to how professionals who work with stigmatized groups, including counselors, doctors, and police, view members of stigmatized groups (Livingston, Milne, Fang, & Amari, 2011).

Stigma has further been investigated according to its constituent dimensions. The six dimensions of stigma are concealability, course, disruptiveness, aesthetic qualities, origin, and peril (Jones, Farina, Hastorf, Markus, Miller, & Scott, 1984). Concealability refers to the extent to which the stigmatizing behaviour is visible to others, and/or can be hidden or minimized. Course refers to the pattern, outcome, or life course of a behaviour – particularly the extent to which a behaviour is inevitable or permanent. Disruptiveness pertains to the behaviour’s impact on an individual’s daily social functioning. The aesthetic dimension refers to the extent to which the behaviour makes an individual attractive or repellent. The origin dimension comprises the circumstances of the onset of the behaviour, as well as attributions of responsibility for it. Finally, the dimension of peril describes the extent to which the behaviour is dangerous to others (Donaldson, Langham, Best, & Brown, 2015)

Problem Gambling Stigma

Stigma associated with problem gambling is an under-researched priority, with only 13 empirical studies on problem gambling stigma. One involved the validation of a problem gambling stigma scale (Donaldson et al., 2015), two investigated self-stigma among problem gamblers (Horch & Hodgins, 2015; Hing, Nuske Gainsbury, & Russell, 2016), one investigated gambling counsellors' perspective on stigma (Hing, Nuske, Gainsbury, Russell, & Breen, 2016), and eight were surveys, focus groups, or interviews with non-problem gamblers about stigma associated with problem gamblers (Dhillon, Horch, & Hodgins, 2011; Feldman & Crandall, 2007; Horch & Hodgins, 2008, 2013; Hing, Russell, Gainsbury, & Nuske, 2016; Radermacher, Dickins, Anderson, & Feldman, 2016; Hing, Russell, & Gainsbury, 2016; Baxter, Salmon, Dufresne, Carasco-Lee, & Matheson, 2016). Table 1. provides a more detailed outline of each of the 13 studies on PG and stigma including the study purpose, methodology and key results. One such publication is a review of the literature (Hing, Holdsworth, Tiyce, & Breen, 2014).

Table 2. Problem Gambling Stigma Research

Citation	Purpose	Methodology	Results
Hing, N., Holdsworth, L., Tiyce, M., & Breen, H. (2014). Stigma and problem gambling: Current knowledge and future research directions. <i>International Gambling Studies</i> , 14(1), 64-81.	Identify gaps in the literature on PG-related stigma	Review of the literature on PG-related stigma	Dimensions of PG-related stigma, except for origin, have yet to be investigated. Also unexplored: processes of stigma creation, characteristics of public and felt stigma, and coping strategies used to manage stigma
Horch, J. D., & Hodgins, D. C. (2008). Public stigma of disordered gambling: Social distance, dangerousness, and familiarity. <i>Journal of Social and Clinical Psychology</i> , 27(5), 505-528.	Explore PG stigma in relation to stigma associated with other health conditions	University students (117 male, 132 female) rated vignettes describing males with five health conditions (schizophrenia, alcohol dependence, disordered gambling, cancer, and a no diagnosis control with subclinical problems) on a measure of attitudinal social distance	PG is more stigmatized than cancer or the control condition. Perceived dangerousness was associated with social distance.
Feldman, D. B., & Crandall, C. S. (2007). Dimensions of mental illness stigma: What about mental illness causes social rejection? <i>Journal of Social and Clinical Psychology</i> , 26(2), 137-154.	Understand the characteristics of mental disorders that lead to social rejection and stigmatization	Participants (N = 270) read case histories depicting individuals with 40 mental disorders, rated those individuals on 17 dimensions.	Pathological gambling was the 13 th most rejected mental disorder. Three dimensions account for social rejection: personal responsibility, dangerousness, and rarity of the disorder.
Horch, J., & Hodgins, D. (2013). Stereotypes of problem	Explore the stereotypes that people hold about problem gamblers	University students (41 male, 110 female) generated words when	"Problem gamblers:" compulsive, impulsive, desperate, irresponsible,

<p>gambling. <i>Journal of Gambling Issues</i>, 28, 1-19.</p>		<p>presented with one of three labels: “gambler,” “problem gambler,” and “gambling addict”</p>	<p>risk-taking, depressed, greedy, irrational, antisocial, aggressive</p> <p>“Problem gambling” and “gambling addict:” more negative consequences of gambling</p> <p>“Gambler:” more miscellaneous words (e.g., casino, money)</p>
<p>Dhillon, J., Horch, J. D., & Hodgins, D. C. (2011). Cultural influences on stigmatization of problem gambling: East asian and caucasian canadians. <i>Journal of Gambling Studies</i>, 27(4), 633-647.</p>	<p>Examine cultural influences on PG stigma</p>	<p>Students of East Asian ($n = 64$) and Caucasian ($n = 50$) ancestry recruited from a Canadian University rated a vignette describing either an East Asian problem gambler or a Caucasian problem gambler</p>	<p>East Asians display more stigma than Caucasians, particularly towards East Asian targets exhibiting PG behaviours.</p> <p>PGs were not generally viewed as dangerous, but those who did view them as dangerous wanted more social distance from them.</p>
<p>Hing, N., Nuske, E., Gainsbury, S. M., & Russell, A. M. T. (2016). Perceived stigma and self-stigma of problem gambling: Perspectives of people with gambling problems. <i>International Gambling Studies</i>, 16(1), 31-48.</p>	<p>Examination of perceived stigma and self-stigma among PGs, and how stigma impacts coping and treatment-seeking.</p>	<p>In-depth interviews with 44 people experiencing gambling problems were analyzed using interpretive phenomenology.</p>	<p>PGs fear rejection, hostility, negative stereotypes.</p> <p>PGs internalize stigma and experience low self-esteem, low self-worth, and poor mental and physical health.</p> <p>Vast majority of PGs experience shame and use secrecy to cope.</p> <p>Perceived stigma and self-stigma are major barriers to treatment-seeking.</p>
<p>Donaldson, P., Langham, E., Best, T., & Browne, M. (2015). Validation of the gambling perceived stigma scale (GPSS) and the gambling experienced stigma scale (GESS). <i>Journal of Gambling Issues</i>, 31, 162-199.</p>	<p>Validation of a tool to measure PG-related stigma</p>	<p>Reviewed measures of stigma associated with non-gambling behaviour and constructed items relevant to PG stigma</p> <p>Validated with large community sample ($N = 1366$)</p>	<p>GPSS: Two dimensions: Contempt and Ostracism</p> <p>GESS: single dimension of experienced PG stigma</p>

<p>Horch, J. D., & Hodgins, D. C. (2015). Self-stigma coping and treatment-seeking in problem gambling. <i>International Gambling Studies</i>, 15(3), 470-488.</p>	<p>Examination of the effect of perceived public stigma and self-stigma on affect and behavioural coping efforts.</p>	<p>155 individuals with gambling problems completed measures on self-stigma, coping orientations, self-esteem, treatment seeking attitudes, gambling severity, shame and guilt, and discrimination</p>	<p>Self-stigma was associated with reduced self-esteem and increased shame. Shame predicted use of secrecy and withdrawal coping. Endorsement of negative stereotypes of ‘problem gamblers’ was associated with decreased treatment-seeking while greater self-stigma predicted increased treatment-seeking.</p>
<p>Baxter, A., Salmon, C., Dufresne, K., Carasco-Lee, A., & Matheson, F. I. (2016). Gender differences in felt stigma and barriers to help-seeking for problem gambling. <i>Addictive Behaviors Reports</i>, 3, 1-8.</p>	<p>Men and women display help-seeking behaviours differently. This study explores men and women’s perceptions of stigma as a barrier to seeking help for gambling problems.</p>	<p>A panel of 10 men and 18 women participated in group activities about positive and negative aspects of gambling. Their statements were parsed and reduced to themes. Participants also completed measures of their perception of how stigma impacts help-seeking.</p>	<p>Shame was perceived as a barrier to help-seeking by men and women.</p> <p>Men: addictive and emotional aspects of gambling were barriers to help-seeking</p> <p>Women: seduction by excitement of gambling, addiction denial, belief in luck, and shame were barriers to help-seeking</p>
<p>Hing, N., Russell, A. M. T., & Gainsbury, S. M. (2016). Unpacking the public stigma of problem gambling: The process of stigma creation and predictors of social distancing. <i>Journal of Behavioral Addictions</i>, 5(3), 448-456.</p>	<p>Understand the stigmatizing attitudes the public holds against PGs</p>	<p>An online panel of adults from Victoria, Australia ($N = 2,000$) was surveyed. Measures were based on a vignette for problem gambling and included demographics, gambling behavior, perceived dimensions of problem gambling, stereotyping, social distancing, emotional reactions, and perceived devaluation and discrimination</p>	<p>PGs attracted negative stereotypes, social distancing, emotional reactions, status loss, and discrimination</p>
<p>Radermacher, H., Dickins, M., Anderson, C., & Feldman, S. (2016). Perceptions of gambling in Tamil and Chinese communities in Australia: The role of saving face in perpetuating gambling stigma and hindering help. <i>Journal of Gambling</i></p>	<p>Explores cross-cultural perceptions of gambling, problem gambling, and help-seeking, as well as the role and nature of stigma and “saving face” (stigma management)</p>	<p>Focus groups and semi-structured interviews about perceptions of gambling with participants from Chinese and Tamil communities in Australia</p>	<p>Tamil community: any gambling behaviour is associated with loss of face</p> <p>Chinese community: problem gambling associated with loss of face</p>

<p><i>Issues, 34, 77-99.</i></p>			<p>Both communities reported preferring to deal with gambling/PG alone, within family, or within community, and were hesitant about seeking “Western” counselling</p>
<p>Hing, N., Russell, A. M. T., Gainsbury, S. M., & Nuske, E. (2016). The public stigma of problem gambling: Its nature and relative intensity compared to other health conditions. <i>Journal of Gambling Studies, 32</i>(3), 847-864.</p>	<p>Examine the stigma-related dimensions of PG as perceived by the general public compared to other health conditions, and determine whether the publicly perceived dimensions of PG predict stigmatization.</p>	<p>A sample of 2000 Australian adults was surveyed, weighted to be representative of the state population by gender, age and location. Based on vignettes, the online survey measured perceived origin, peril, concealability, course and disruptiveness of problem gambling and four other health conditions, and desired social distance from each.</p>	<p>PG seen as: caused by stressful life circumstances, highly disruptive, recoverable and noticeable, not perilous.</p> <p>PG more stigmatized than recreational gambling, but less than alcohol use disorder and schizophrenia</p> <p>Stronger stigma against PG associated with: perceptions it is caused by bad character, is perilous, non-recoverable, disruptive and noticeable</p>
<p>Hing, N., Nuske, E., Gainsbury, S. M., Russell, A. M. T., & Breen, H. (2016). How does the stigma of problem gambling influence help-seeking, treatment and recovery? A view from the counselling sector.</p>	<p>Examine gambling counsellors’ perspectives on stigma’s impact on help-seeking, treatment, and recovery</p>	<p>In-depth interviews with 9 gambling counsellors in Victoria, Australia</p>	<p>Stigma increases burden of PG.</p> <p>Stigma delays help-seeking and causes anxiety about treatment.</p> <p>Counsellors need to address self-stigma in order for clients to begin recovery.</p>

Impact of Stigma – Shame, Victimization & Barriers to Treatment

Pathological gambling is the 13th most stigmatized among 40 mental disorders, equal with alcohol dependence and schizophrenia (Feldman & Crandall, 2007). Stigma has several significant negative impacts on problem gamblers, including negative psychological outcomes, and acting as a barrier to self-disclosure and seeking of treatment.

Stigma faced by individuals with mental health and addictions problems is associated with low self-esteem and fewer social relationships (Carroll, 2013). People with mental health issues have also reported increases in depression and anxiety after viewing stigmatizing media coverage (Baun, 2009). Stigma can also serve as a justifying force for bullying and victimization of those with mental illness (Canadian Mental Health Association). Further, Davidson (2002) notes the bidirectional relationship between mental illness and stigma, with stigma against the mentally ill being associated with subsequently more severe psychopathology. Similarly, gambling counsellors report that stigma increases the burden felt by those struggling with gambling problems (Hing, Nuske, Gainsbury, Russell, & Breen, 2016). People with gambling-related problems report experiencing feelings of shame, guilt, and self-blame (Thomas & Lewis, 2011), and higher rates of self-stigma are associated with increased feelings of shame and decreased self-esteem. Problem gamblers tend to fear rejection and hostility from others (Hing, Nuske, Gainsbury, & Russell, 2016). Stigma, therefore, causes profound psychological harm to individuals who are already vulnerable.

Moreover, stigma serves as a significant barrier to seeking treatment. Research shows stigma and shame are major barriers to help-seeking behaviour and treatment for problem gambling (Gainsbury, Hing, & Suhonen, 2014; Hodgins & el-Guebaly, 2000; Tavares, Martins, Zilberman, & el-Guebaly, 2002). This is true among men and women (Baxter et al., 2016). Only one in ten problem gamblers feel they can seek help (Horch & Hodgins, 2015). Problem gamblers who do seek treatment cite stigma as a reason for having avoided or delayed seeking help (Suurvali, Cordingley, Hodgins, & Cunningham, 2009), and many heavy gamblers identify stigma as a barrier to self-identification as a problem gambler and help-seeking (Carroll et al., 2013).

In order to increase access to treatment and support services, tackling stigma associated with problem gamblers is essential. Stigma's impact goes far beyond negative psychological effects on members of stigmatized groups, and extends as far as to reduce willingness to disclose gambling-related problems and access effective treatments for these problems.

Negative Associations & Stigma About Problem Gamblers

Research shows that problem gamblers tend to be viewed very negatively – one study found that problem gamblers are often associated with negative adjectives including, “compulsive, impulsive, desperate, irresponsible, risk-taking, depressed, greedy, irrational, antisocial, and aggressive” (Horch & Hodgins, 2013, pg. 12). Research has also shown that disordered gambling may be more stigmatized than conditions like cancer (Horch & Hodgins, 2008), that gambling problems are often attributed to personal failings, and that problem gamblers are subject to social distancing and negative emotional reactions (Hing, Russell, & Gainsbury, 2016). Problem gambling is seen as highly disruptive and noticeable (Hing, Russell, Gainsbury, & Nuske, 2015).

Stigma may also be influenced by cultural factors, with research showing that stigma associated with problem gambling is expressed more strongly by people from East Asian cultures, especially in reference to East Asian problem gamblers (Dhillon, Horch, & Hodgins, 2011). Admitting to having problems with gambling can be seen as a “loss of face” in some cultural communities (Radermacher et al. 2016).

A recent study introduced the first validated tool to measure problem gambling-related stigma (Donaldson et al., 2015), comprising two scales: the Gambling Perceived Stigma Scale (GPSS), measuring perceptions of stigma associated with gambling and problem gambling, and the Gambling Experienced Stigma Scale (GESS), measuring one's own experience with stigma.

The GPSS comprises items adapted from scales of stigma used in other domains, and identifies two dimensions: contempt and ostracism. Contempt pertains to negative judgments of the problem gambler's personal, psychological deficits. This dimension aligns closely with Jones et al.'s (1984) stigma dimension of peril. Scale items loading onto this dimension include "Most people think [gamblers / problem gamblers] are liars; Most people think that [gamblers / problem gamblers] are lazy; Most people think that [gamblers / problem gamblers] are greedy" (Donaldson et al., 2015, pg. 199).

The second dimension, ostracism, pertains to avoidance and mistrust of the problem gambler. This dimension aligns closely with Jones et al.'s (1984) stigma dimension of aesthetic. Scale items loading onto this dimension include "Most people think less of a [person who gambles / problem gambler]; Most people would be suspicious of a person if they knew they were a [gambler / problem gambler]; Many people would avoid a person who [gambles / had a gambling problem]" (Donaldson et al., 2015, pg. 199).

The GESS comprises a single dimension of experienced gambling-related stigma, and includes such scale items as "Others view me as morally weak because I am a gambler; Once they know I'm a gambler, most people will take my opinion less seriously" (Donaldson et al., 2015, pg. 200).

Donaldson and colleagues' (2015) work demonstrates the extremely negative views that are held against people with gambling-related problems, and highlights the stigmatizing nature of these judgments.

Intervening and Addressing Stigma

Education is often the first line of intervention in combatting stigma surrounding mental health (Davidson, 2002). However, research has shown that education efforts, in the form of providing facts and emphasizing the unacceptability of stigmatization, are not very effective, and any effects tend to be short-lived (Davidson, 2002). However, it is possible that education that includes more personal stories and interactions with members of stigmatized groups can be more effective in reducing stigma than traditional educational approaches (e.g., Ladouceur et al., 2005).

Research investigating stigma associated with other mental health and addictions issues reveals promising trends. A systematic review of evaluations of substance use disorder-related stigma interventions suggests that self-stigma and shame can be reduced through interventions such as group-based acceptance and commitment therapy (Livingston et al., 2011). This review also revealed that social stigma towards those dependent on drugs or alcohol can be somewhat reduced using educational campaigns (e.g., leaflets) and through brief motivational interviews (Livingston et al., 2011). Furthermore, the review suggests that structural stigma can be reduced through clinicians' interactions with individuals with substance use disorders. Similarly, clinicians' comfort with working with individuals with substance use disorders is increased through these interactions (Livingston et al., 2011).

There is some promising evidence suggesting that stereotypes and stigma can be reduced through interventions. However, limited research has investigated interventions to reduce stigma associated with problem gambling specifically. One such study had a primary aim of increasing knowledge about problem gambling and to reduce the risk of problem gambling among youths. Using a 20-minute video depicting problem gamblers sharing the stories of their addictions, researchers examined, along with their primary hypotheses, if exposure to the video had any impact on stereotypes against problem

gamblers. They found that, after viewing the video, youths reported decreases in negative stereotypes about problem gamblers (Ladouceur, Ferland, Vitaro, & Pelletier, 2005). This is a promising finding, suggesting that youth's stereotypes and stigma may be malleable, and that this may be an opportune age at which to intervene and address stigma.

Conclusion – Literature Review

There is a wide range of highly effective treatment options for people experiencing gambling-related problems. However, research suggests that stigma related to problem gambling serves as a powerful barrier to accessing these supports and resources. Access to treatment, and so, reduction of gambling-related harm, can be achieved through reduction of stigma associated with problem gambling.

Overall, there is some preliminary evidence to suggest that problem gambling-related stigma has the potential to be assuaged through intervention. Lessons from the literature suggest that the most effective interventions include direct interactions with the stigmatized group, alongside educational campaigns and messaging. Consistent with Allport's (1954) Contact Hypothesis, these findings suggest that direct interaction with members of stigmatized groups, including problem gamblers, can help to reduce prejudice and stigmatization. Subsequent interventions to reduce problem gambling-associated stigma should therefore incorporate personal stories and, if possible, direct contact with individuals who struggle with gambling problems.

II. YOW Surveys & In-Depth Interviews

Surveys and in-depth interviews were conducted with YGAP YOWs in order to determine YOWs' perceptions of stigma's role in their work, YOWs' perceptions of learning needs, and ideas for development of a Stigma Awareness Workshop. This section will detail the methodology of the surveys and interviews, report findings, and identify main themes communicated by YOWs.

Participants

YOWs play a key part in the YMCA's YGAP. There are currently 19 YOWs representing 19 YGAP locations across Ontario. YOWs' roles include:

- Coordinating and conducting the YGAP workshops/presentations to youth.
- Providing information and gambling awareness education at community events/fairs.
- Managing community involvement projects.
- Managing youth engagement projects.

All 19 YOWs were recruited to participate in this study.

Procedures

The project involved a combination of a Stigma Survey to be completed by all YOWs ($N = 19$), followed by in-depth interviews with a subset of YOWs ($n = 5$).

YOW Stigma Survey

All 19 YOWs were invited to complete an online survey on public stigma as it relates to their YGAP work. Participants were sent a link to complete the survey online via *SurveyMonkey* (see **Appendix A** for a copy of the YOW Stigma Survey).

Table 3. YOW Stigma Survey items

Survey Section	# of items	Response Type
<i>YOW's Perception of Perceived Stigma</i>		
a) Gambling Perceived Stigma Scale (GPSS)	13 items	4-point scale (1=strongly disagree to 4=strongly agree)
b) Help-Seeking & Recovery	3 items	4-point scale (1=strongly disagree to 4=strongly agree)
c) Role of Stigma in YOWs Work & Previous Training	5 items	Combination of "yes/no" responses and open-ended free-text fields.
<i>Training Needs & Concerns to Effectively Address Stigma in YGAP Work</i>		
d) YOWs' Feedback (on design, development, and implementation of a Stigma Module to incorporate into the YGAP workshops)	5 items	Combination of open-ended and scale responses.

a) Gambling Perceived Stigma Scale (GPSS) – 13 items

YOWs' perception of public stigma associated with problem gambling was measured using the Gambling Perceived Stigma Scale (GPSS, Donaldson, Langham, Best & Browne, 2015). The GPSS is a 13-item scale developed to assess perceptions of stigma associated with problem gambling—that is, how one thinks

problem gamblers are generally perceived by others. Each item is rated on a 4-point scale ranging from 1 (*strongly disagree*) to 4 (*strongly agree*), with higher scores indicating greater endorsement of stigmatized views.

The GPSS is comprised of two composite scales: one measuring Contempt: Negative judgment of the personal (psychological) deficits of the gambler (Q1-7); and another measuring Ostracism: avoidance and distrust towards the problem gambler (Q8-13)

b) Help-Seeking and Recovery – 3 items

Two items were used to assess YOWs' perception of the public's attitudes on help-seeking and recovery:

- Q1. People with gambling problems know how to get help.
- Q2. Stigma can prevent problem gamblers from seeking help and hinder recovery.

One additional question was asked about changing stigma:

- Q3. It is possible to change people's biases about problem gamblers, or stigma towards problem gamblers.

c) Role of Stigma in YOWs' Work – 5 items

Five items assessed YOWs' training needs and concerns in terms of being able to effectively address stigma in their YGAP work:

- Q4. Do you speak about problem gambling stigma at your workshops or events? (yes/no, with space to provide some examples)
- Q5. Do you see examples of problem gambling stigma in your work as a YOW? (yes/no, with space to provide some examples)
- Q6. Do you feel confident and comfortable addressing gambling stigma in your work as a YOW? (yes/no)
 - If no, is this because of: lack of training; need for more tools; confidence in implementing; other
- Q7. Have you received any training on how to address stigma in either problem gambling or other contexts? (yes/no/some, with space to describe training)
- Q8. Do you think YOWs' attitudes, assumptions, and biases about gamblers may influence their YGAP work? (open-ended)

d) YOWs' Ideas on YGAP Stigma Modules

Four items were used to assess YOWs' opinions on an effective design and mode of delivery for a stigma module:

- Q9. Do you think a training module for YOWs on explaining and addressing stigma would be helpful? (yes/no, with space to explain why or why not)
- Q10. Which topics would you most like to see included in this module? (open field)
- Q11. Which age groups do you think would benefit most from the stigma workshop module that will be developed? 8-10, 11-14, 15-18, 19-24, adults (rank order of importance to the program from 1 (most important) to 5 (least important))
- Q12. In what format do you think the student workshop stigma module would be most effective? (select all that apply: PowerPoint slides, group activities, other)

YOW Stigma Interviews

Once the survey data were analyzed, in-depth telephone interviews were conducted with a small sub-sample of YOWs ($n = 5$). These interviews were intended to:

- Identify further elements of public stigma that YOWs find challenging to explain and address to their audiences.
- Explore methods for conveying knowledge around public stigma to YOWs and subsequently to YGAP audiences (youth and general population).

YOWs discussed their involvement with the YGAP (5 questions) and their experience with stigma (8 questions), focused around the following key points:

- Creation of stigma and its impact on problem gamblers.
- Problem gambling stigma in YOW work.
- Confidence addressing stigma.
- Previous training on stigma.
- Ideas for future stigma module.

The YOW Interview Guide (script and questions) is included as Appendix B. Although interviews were not recorded, the interviewee recorded detailed notes during the interviews (see Appendix C for copies of detailed notes of responses for the five YOW Interviews).

Data Analysis

a) Quantitative

Survey data were analyzed using both Microsoft Excel and Statistical Analysis Software (SAS). We calculated Cronbach's alpha to determine the correlation of the GPSS items across the two scales, and compared the scores to those determined by the GPSS authors. We also calculated means and proportions for each of the survey items (scale: strongly disagree=1, somewhat disagree=2, somewhat agree=3, strongly agree=4).

b) Qualitative

General themes were extracted from the interview notes. The interviews were coded using Microsoft Word, and were loosely grouped under three themes:

1. Current understanding of stigma
2. Learning needs: knowledge, tools, and confidence to reduce stigma among youth
3. Other insights

Appendix D - Results of Qualitative Interviews includes the key themes and feedback extracted from the YOW Interviews.

Results

a) Quantitative Analyses: Stigma Survey Results

Sample. A total of 19 participants (15 females; 4 males) with an average age of 34.7 years completed the online survey. The majority of YOWs (78.9%; 15 of 19) had been their role for 2 years or more.

i) GPSS – Perceived Stigma

Table 4 presents the YOWs' mean responses to all questions on the GPSS. Response options for each question ranged from 1 (strongly disagree) to 4 (strongly agree). Higher responses indicate that YOWs perceive others to stigmatize against problem gamblers. Only the mean responses for Q5 and Q8 were

below 2.5, suggesting that YOWs do not perceive that others think that problem gamblers are lazy, or that others would admit that they feel uncomfortable communicating with a problem gambler. Note that the means for Q5 (2.47) and Q8 (2.21) are not far from 2.5, the point where the YOW would neither agree nor disagree.

Table 4. Mean (standard deviation) response to the 13-item GPSS

	Question	Mean (SD)
Contempt	1. Most people think problem gamblers are liars	2.89 (0.57)
	2. Once they know a person is a problem gambler, most people will take his or her opinion less seriously	2.84 (0.76)
	3. Most people think that problem gamblers tend to be unreliable	3.16 (0.60)
	4. Most people think that problem gamblers are unable to handle responsibility	2.89 (0.88)
	5. Most people think that problem gamblers are lazy	2.47 (0.90)
	6. Most people think that problem gamblers are greedy	2.79 (0.85)
	7. Most people believe that problem gamblers have no self-control	3.50 (0.51)
Ostracism	8. Many people would be uncomfortable communicating with a problem gambler	2.21 (0.79)
	9. Most people would think less of a problem gambler	3.00 (0.75)
	10. Most people would not hire a problem gambler to take care of their children	2.83 (0.92)
	11. Most people would be suspicious of a person if they knew they were a problem gambler	2.95 (0.52)
	12. Most people would not want to enter into a committed relationship with someone they knew had a gambling problem	3.32 (0.67)
	13. Many people would avoid a person who had a gambling problem	2.63 (0.76)

The questions with the highest level of agreement (somewhat to strongly agree), suggesting the YOWs perceive to be the most stigmatized were:

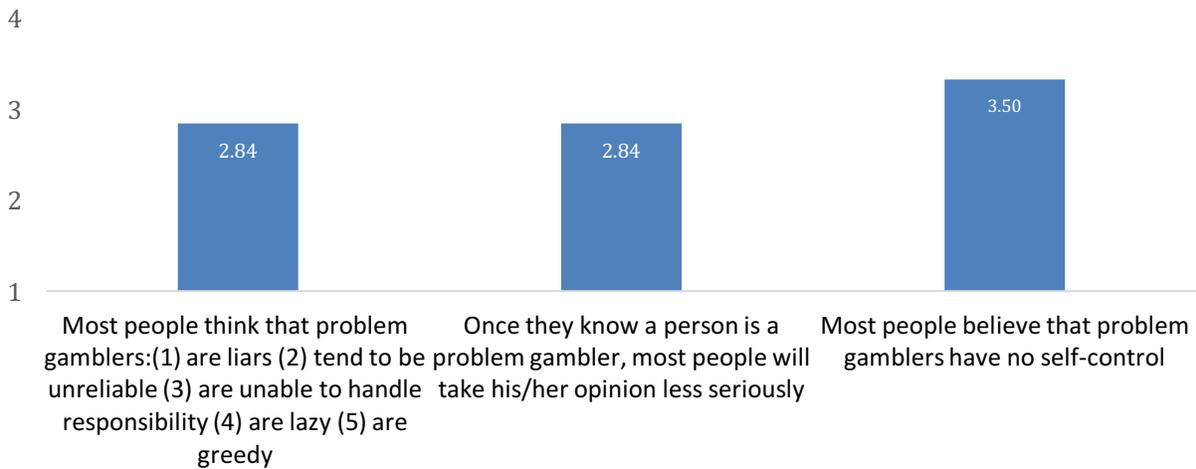
- Most people believe that problem gamblers have no self-control (3.50)
- Most people would not want to enter into a committed relationship with someone they knew had a gambling problem (3.32)
- Most people think that problem gamblers tend to be unreliable (3.16)

The question with the lowest level of agreement (somewhat disagree):

- Many people would be uncomfortable communicating with a problem gambler (2.21)

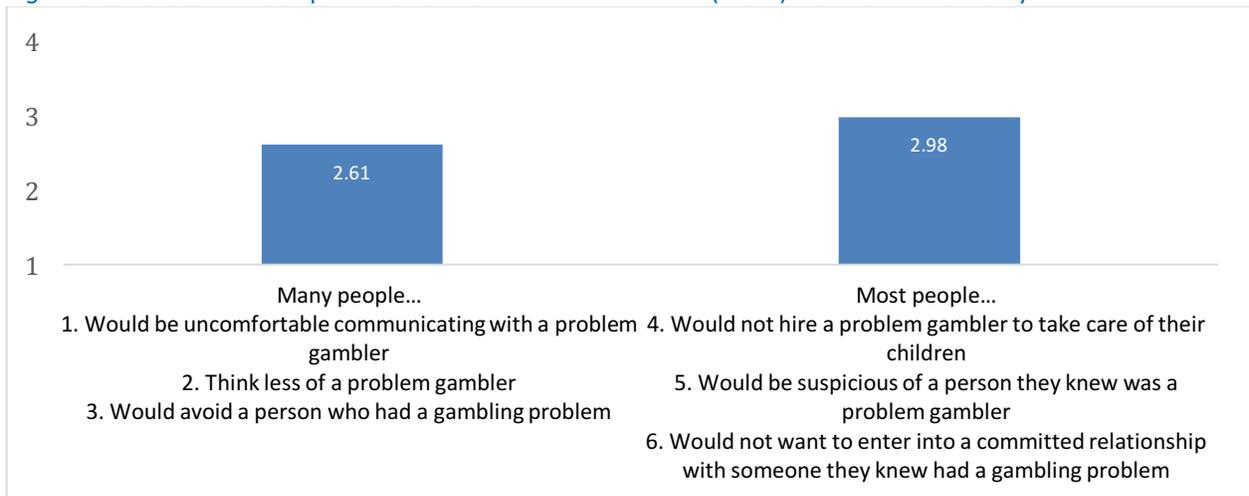
Contempt: Q1-5 were grouped together, since all questions were related to how YOWs perceive of “most people” and their thoughts about problem gamblers. Results from Q6 and Q7 are presented on their own.

Figure 3. YOWs' mean responses to the Contempt subscale (GPSS) of the online survey



Ostracism: As per Figure 4, the six ostracism questions were divided into two composite measures - three focused on how YOWs perceive many people, and the other three focused on how YOWs perceive most people to view the public's perception of problem gamblers. All YOWs agreed to that the public would ostracize problem gamblers.

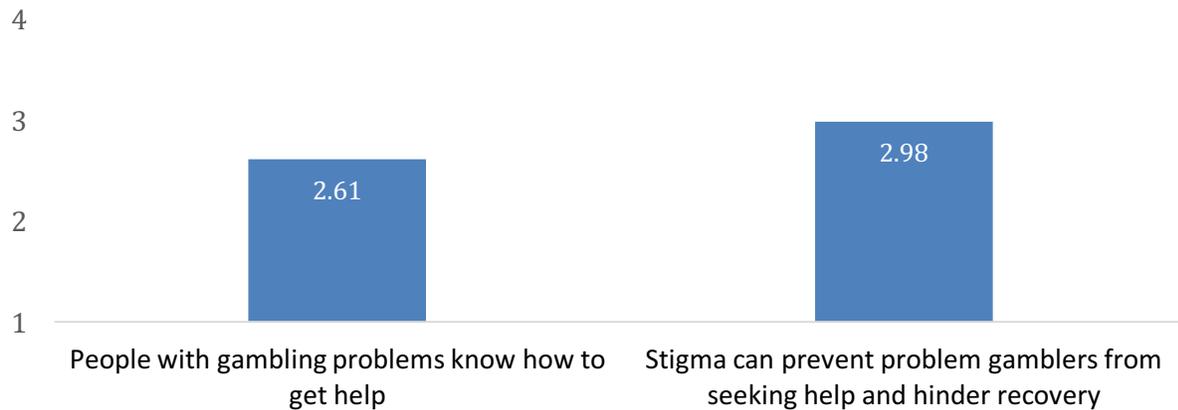
Figure 4. YOWs' mean responses to the Ostracism subscale (GPSS) of the online survey



The mean responses for both contempt and ostracism indicate that YOWs perceive that the public stigmatizes against problem gamblers, and that there is room to improve these perceptions.

ii) Help-seeking and Recovery: On a scale of 1 (strongly disagree) to 4 (strongly agree), YOWs indicated their level of agreement about people with gambling problems knowing how to get help (2.61 - somewhat agree) and that stigma may prevent problem gamblers from seeking help and hinder recovery (somewhat to strongly agree – 2.98).

Figure 5. YOWs' mean responses to help-Seeking and recovery items on the online survey



All YOWs responded that they either somewhat agreed (4, 21.1%) or strongly agreed (15, 79.0%) that “it is possible to change people’s biases about problem gamblers, or stigma towards problem gamblers.”

b) Qualitative Analyses: Stigma Survey and Interview Results

YOWs provided some important insight and feedback about problem gambling stigma and stigma modules. Qualitative analysis, in addition to the quantitative analysis discussed above, was performed on the surveys ($N = 19$), as well as on the interview responses ($n = 5$).

Survey Results

The majority of the 19 YOWs (18/19, 95%) speak about problem gambling stigma at their workshops or events. Some YOWs provided examples:

- Ask students about thoughts and experiences with gamblers.
- The older groups (18+) sometimes bring up the fact that there is stigma associated with problem gambling, which opens up the opportunity to talk about resources.
- Some YOWs pose questions during presentations, such as “do you think that people can get help for their problem gambling? Are people with problem gambling unreliable? Do you think that people with an addiction are bad people?”.
- Try to avoid stereotypes by focusing on “anyone” can develop a gambling problem.

One YOW mentioned that he or she often asks his or her participants if they know what stigma is, and follows it up with an explanation about stigma.

Another YOW provided his or her description of perceived stigma (shame, embarrassment, disappointment, guilt, weakness, failure) and social stigma (exclusion, not as trusting, fear of theft).

All YOWs (19/19) see examples of problem gambling stigma in their work as a YOW.

Examples of gambling stigma in work as a YOW

- New-comers have never heard of gambling, or what they'd heard is negative, so they are unwilling to learn about it and avoid visiting booths.
- Many believe it is a problem that can be easily fixed – someone that gambles can stop since they are only playing games, not as bad as substance use.
- Many perceive gambling to be bad and addictive, so they think that YOWs are there to tell them not to gamble.
- Mostly adults – youth are naïve.
- There's a stereotype attached to gambling and what a problem gambler would look like – this is overcome after the workshop.
- People are often nervous to approach the booth for fear that they'd be seen as a gambler.
- “Don't gamble” or “gambling is stupid”.
- Kids receive lots of messages from their parents – “poor people gamble rather than work,” or “gambling is for people who don't want to work”.

Only one respondent indicated that he or she did not feel confident or comfortable addressing gambling stigma in their work as a YOW. This lack of confidence was due to a lack of training, a need for more tools, and lack of confidence in implementing training and/or tools. However, this YOW also indicated that it was his or her third week as a YOW and that they address many difficult issues in their professional life.

Some YOWs have received training to address stigma in problem gambling or other contexts.

YOWs were asked whether their attitudes, assumptions, and biases about gamblers influence their work. 59% (12/19) of the YOWs believed that their attitudes, assumptions, and biases influence their work, while the other 7 did not. Despite this, YOWs agree that biases should be pushed aside for work, as YOWs and the YGAP program is designed to be gambling-neutral. Research and education help YOWs remain gambling neutral, YOWs explained the importance of stressing and explaining the balanced perspective of YGAPs – gambling institutions benefit communities, OLG contributes to the economy; online, however, is non-sanctioned gambling that can lead to worse financial, legal, and health problems

Examples of previous training

- Crisis prevention intervention training.
- Mental health, disorders, and suicide prevention.
- Discussions about stigma.
- Workshops/training about substance addictions and associated stigmas.
- Advisory/committee discussions.

Interview Results

Upon completion of the survey, 5 YOWs were selected for in-depth interviews. The five YOWs who participated in the interviews have had significant experience in the field, and work in multiple contexts (workshops, youth engagement and community involvement events, advisory committees). All YOWs

worked in different regions in Ontario. 4 of the 5 YOWs were females. All YOWs agree that it is important to reduce problem gambling stigma, and that this should be a priority.

Analysis of the qualitative interview data included extracting key themes through coding, summarizing and grouping of topics and quotes. See Appendix D for the results of the qualitative interviews.

Interview topics included:

- Stigma and its impact on problem gamblers
- Problem gambling stigma in YOWs' work
- Confidence addressing stigma
- Previous training on stigma
- Ideas for future stigma module

Interviews were coded loosely under the following three themes and described below:

Theme 1: Current Understanding of Stigma (and experience with stigma in YOW work)

Theme 2: Learning Needs (knowledge, tools, and confidence to reduce stigma among youth)

Theme 3: Other Insights

Theme 1: Current Understanding of Stigma

All five YOWs understood stigma as it relates to problem gambling and other addictive behaviours. YOWs rarely explain what they believe a problem gambler to look like. Instead, YOWs have the groups that they are presenting to come up with a description of problem gamblers. For the most part, people describe:

- Not getting enough sleep
- Not eating properly
- Affecting work, school, social life
- Overall health
- Financial problems
- Messy hair
- Overgrown facial hair
- Smoking/drinking

Almost all drawings tend to look the same. The YOW then tries to untangle why this is occurring and where people are capturing this unrealistic image from.

YOWs were asked to indicate what they thought contributes to the creation of stigma. Some common explanations included:

- Lack of education – not relating that gambling is an addiction and not a behavioural problem.
- Assumption that gamblers can “just stop.”
- Misunderstanding of problem gambling and a miscommunication about gambling and why people participate in gambling.
- Lack of knowledge of resources available for problem gamblers.

- Misconceptions due to media portrayal - media, movies, news reports, and word-of-mouth – often gambling is sensationalized in media.
- Fear of the unknown – people fear what they don't know.
- Discomfort, shame, and embarrassment – often, people don't want to talk about gambling because there's shame associated with it and they feel embarrassed; fear losing respect, fear of others knowing, fear of things they don't know.

All YOWs agreed that the effects of stigma are related to problem gamblers' help-seeking behaviour and recovery. This may be due to the **shame** some problem gamblers feel, or because of wording used for problem gambling. One YOW mentioned the importance of “taking away the ‘you have a problem’ and to frame it more positively, so that those with problem gambling would be more likely to seek help now than they used to be. They shouldn't feel scared or stigmatized.” YOWs agreed that problem gamblers shy away from seeking help because they are:

- Ashamed, and therefore hide their problems from others.
- Unwilling to admit, even to themselves and therefore, they avoid seeking help.

YOWs also explained that many (the public) do not understand problem gambling or feel stigma because there is less information (fewer resources) on where to seek help for problem gambling, in comparison to other addictions.

One YOW mentioned that when she sets up a booth in the mall, she notices that people will not approach because they are afraid that others might see them and assume that they have a gambling problem.

YOWs also explained that, many times, people disregard that problem gambling can have an effect on the person, and not just their finances. It seems to be “engrained in their heads that you can just stop; people don't realize that [gambling] can have an impact on health, the brain (dopamine).”

YOWs expressed that they sometimes see examples of problem gambling stigma in their work at both workshops and community events. For example, they find that those attending their workshops tend to feel that gambling is a “problem that can be easily fixed, that the person who plays games a lot can stop and that they are only playing games – it's not as hard to stop as a substance addiction.” This tends to be particularly prevalent among older people, the belief that gambling is easy to fix – “just stop, just don't gamble,” without realizing the root cause of why there is so much gambling. One YOW mentioned that she wants participants to understand that the majority of people participate in some form of gambling – they discuss the definition of what it means to gamble, and apply the definition to some activities that youth/workshop participants engage in. After this activity, many more begin to realize that so many participate in gambling and enjoy it for its entertainment.

“Many people feel that it's a problem that can be fixed easily, that the person who plays games a lot can stop and that they are only playing games, it's not as hard to stop as a substance addiction”

“I see it a lot even in my outreach efforts. Many schools don't want us to come in and talk to their students about gambling – saying their students are not gambling and don't have a problem with gambling. I find a lot of people assume it's mostly a problem in elderly – not youth.”

One YOW provided some examples about some of the misperceptions and misunderstandings about gambling in general. Most do not know who “runs” gambling; for example, many youth think that “Las Vegas is run by the mafia,” and that the “Ontario gambling is still run by the mob.” The thought that gambling historically is tied to the mob and crime is all negative. Most do not realize that casinos are accredited, must receive certification, regular checks, and must follow regulations and practices. Most of this is created through media and movies. Similarly, people still often believe that “oxygen is pumped into casinos, casinos want people coming in to get drunk and play longer,” while casinos truly do not let people get too intoxicated if they want to gamble. Casinos have a social conscience and host responsible gambling events.

YOWs even drew on their own experiences when answering these questions. One YOW expressed knowing two people that struggle with gambling; neither seeks help even though they are aware of the problems, and likely feel stigmatized and ashamed.

Most frequently mentioned, though, is that many schools pass on the opportunity to have the YOWs and the YGAP visit, since “students don’t have a problem with gambling.”

Some YOWs encounter someone at their workshop or community event that expresses feeling stigmatized because of their problem gambling. This does not mean that these people do not attend the workshops, rather that “not many disclose that they have a gambling problem,” and that “they won’t admit to anything.” Similarly, one YOW mentioned that when she asked if people gamble, she noticed only “half-hands.” She emphasizes that she is not there to judge, that she gambles herself as a form of entertainment – once she demonstrates her neutrality towards gambling, she notices that more people put their hands up. When asking why people are nervous to admit their gambling, she often hears, “if you gamble, it’s a problem,” which is a stigma.

Theme 2: Learning Needs

All YOWs discuss problem gambling stigma at their workshops or events. Some do this by posing questions to their audiences, such as: “do you think that people can get help for their addiction to gambling? Are people who have gambling problems unreliable? Do you think that people with an addiction are bad people?” YOWs discuss different types of games to show that gambling is not always a bad thing, but that it can become problematic; however, they explain that only 3% of the population has a gambling problem. One YOW compared this to casual drinking – some people choose to drink 1 glass of wine per day, but they are not considered alcoholics. This is similar to playing games and gambling recreationally – people just need to ensure that they are engaging in these behaviours safely. Another YOW explains that gambling, when done responsibly, is a form of entertainment, just like bowling/going to the movies, and that playing does not mean that there is a problem. It can be compared to other behaviours that might be considered problematic if done in excess – shopping, exercising, over-eating. One YOW plays icebreakers in her workshops, simulating gambling scenarios and discussing the outcomes of the games where participants have made personal choices around gambling and gaming activities when very little is actually at stake. Her participants are often surprised by how easy it is to get caught up in risk-taking activities. With this, she explains the concept of gambling, garners and judges the reaction, and can launch into the workshop. From her experience, she finds that drawing on real-life experiences and examples really helps the students understand.

YOWs also ask their students/attendees what they think a gambler would look and/or act like. As listed above, often the responses are incorrect and come from a misconception/stigmatized view, including: “older man, poor looking, long coat, dirty, ripped jeans,” or “man in a suit with lots of money.”

When YOWs encounter stigma during their workshops/presentations, they work on educating people, and “touch on the fact that everyone gambles and that it has become a part of our culture.” YOWs explain that there are resources and places to seek help for problem gambling; “no one can do it on their own – they need gambling support.” One YOW even finds it difficult to recruit schools to participate in the YGAP workshop and to host events – schools respond with, “we would have you come in, but we do not have a problem with gambling here.” She finds that people are frequently afraid to participate in events because they do not want to be known as a problem gambler.

When asked what additional tools or training might be helpful for addressing stigma:

- To remain neutral, it is important to stay educated (harm reduction, YGAP messaging).
- Education on other topics can be helpful – other addictions, crisis prevention, mental health – more is always better for professional development.
- Bring in a gambling counselor or group to talk about stigma: provide a range of what it means to have problem gambling, different age groups of clients that they work with, how they’ve gotten help before.
- A way to guide the dialogue or conversation.
- Scholarly research is helpful, but conversations are more helpful, especially with other YOWs.

When discussing the possibility of a training module for YOWs on explaining and addressing stigma, YOWs unanimously agreed that this would be helpful and beneficial to them. This would be especially helpful for new YOWs, providing them with specific training on stigma to assist them in remaining neutral in the work that they do. Further, a training module would allow for everyone to clearly understand what stigma is, and to have a set description to use for their workshops so that all YOWs are delivering the same message. One YOW expressed the importance of a training module because she comes up against biases in her field, and this would help to address concerns and educate those working with youth about gambling or gaming activities.

Theme 3: Other Insights

One YOW mentioned very strongly believing that the YGAP should change its name, since assumptions are so quickly and easily made that it is a program opposing or talking about only the harms associated with gambling. Another YOW discussed the implications of introducing new casinos, since a new casino recently opened in Belleville, and both North Bay and Peterborough are investigating the possibility of introducing new casinos. He believes that “prevention begins with awareness,” and that the YGAP should be invited to present to the new casinos.

“I ask the group what their thoughts and experiences are regarding gamblers. This gives us a good opportunity to discuss some things individuals have gone through with family and friends.”

“We explain that it is an addiction like any other addiction (drug, alcohol) and that it can be treated”

All YOWs interviewed are confident and comfortable addressing gambling stigma in their work. For the most part, this was because they have spent so many years in the field and that gambling has become second-nature to them. YOWs are in-tune with current research and the media. For example, one mentioned that she attends meetings, watches for responsible gambling information, listens to commercials on responsible gambling, and listens to the news. Another YOW mentioned that this “is just something [she] really believes in. [She] gambles herself (not every YOW does) and sets a limit.” This same YOW is friends with gambling counselors, so she has sat in on some group treatments to better understand the side of the problem gambler.

When asked what could increase YOWs’ level of confidence or comfort addressing stigma, there were suggestions for training (any kind of training) sessions, particularly as it relates to stigma.

All YOWs (19/19, 100%) agreed that a training module for YOWs to explain and address stigma would be helpful.

Benefits of a training module stated by YOWs:

- Any training is helpful, especially for new YOWs
- Helpful for professional development
- While many feel confident, they believe that additional training would be helpful, because it would encourage conversation and formal discussion around the most effective treatment
- Ensures that all YOWs have the same understanding of gambling and gambling stigma
- More research and education to address it better in groups
- Will help all YOWs convey the same message to all audiences

Future Stigma Module

Through the surveys and interviews YOWs provided some ideas to make future stigma training, workshop modules, or campaigns more effective.

Some topics of interest for YGAP workshops:

- Dispel myths of stigma about problem gamblers
- Influence of friends and family on problem gambling perception
- Online gambling among youth, money problems, family concerns for adult finances
- Mental health and asking for help
- Comparing stigma related to problem gambling compared to other addictions
- Stereotypes, bullying, harsh judgments and related resources for gambling/gaming treatment providers
- Age ranges of problem gamblers and lifestyle differences
- Gambling and mental health, addressing stigma in politically correct terms
- Explore attitudes, beliefs, discrimination, prejudice, ignorance associated, and language associated with stigma related to PG

Similar to the literature, YOWs all agreed that the Stigma module would be best presented and would have the longest lasting impact through group activities. 41% of YOWs thought that group activities could be combined in a PowerPoint presentation.

All YOWs agreed that a future campaign aimed at reducing stigma at community events would be important. One mentioned that, “delivering this message and information to the masses is great – the more you can break the stigma, the more those with problem gambling will feel comfortable.” seeking help.

Additional topics mentioned in the interviews that might be of interest for a stigma module:

- Process of developing stigma for problem gambling compared to other conditions.
- Stereotypes, bullying, harsh judgements.
- Resources available for those working in the field of problem gambling.
- Information on how to best dispel or approach stigma in a workshop without risking sounding too positive about gambling (maintaining neutrality).

Targeted Age Group

YOWs were asked to prioritize which age group they thought would most benefit from a stigma workshop module (8-10; 11-14; 15-18; 19-24; Adults). The age group that was considered to be most important to target was the 15-18 year olds (31.6% of YOWs; 6 of 19), while the 8-10 year olds were considered least important (63.1% of YOWs; 12 of 19).

The 5 interviewed YOWs provided some ideas to make future stigma training, workshop modules, or campaigns more effective:

- Small group case studies (working through problems together)
- Videos
- Hands-on activities
- Highlighting personal experiences, true stories from problem gamblers
- Multiple activities mixed into PowerPoint presentations
- Working on harm reduction strategies
- Community events – have those with lived experience with stigma talk about their stigma experiences – hear stories and the hurt in their voice.
- Providing examples of problem gambling through celebrities and some of the methods that celebrities use to reduce their problem gambling (i.e., Ben Affleck bringing in security guards with him to set a limit).

All YOWs agreed that a future campaign aimed at reducing stigma at community event would be important. One mentioned that, “delivering this message and information to the masses is great – the more you can break the stigma, the more those with problem gambling will feel comfortable.” seeking help.

Conclusions – YOW Surveys & In-Depth Interviews

Results from both the online survey and the interviews suggest that the YOWs perceive a public stigma related to problem gambling. These results are similar to those of the YGAP Impact Study, where youth demonstrated negative attitudes towards problem gamblers, attitudes that were not shifted after delivery of a YGAP workshop. These results suggest an important need and priority to address problem gambling stigma in the YGAP work, in age-appropriate and engaging ways. Results have guided the development of a stigma module to be incorporated into the YGAP workshop, which will be tested in different age groups to tailor them appropriately. The YOWs provided some important feedback and suggestions for development of a Stigma module to be incorporated into the YGAP workshops, and are eager to receive training to use the module in their practice.

III. Development of a PG Stigma Awareness Workshop

This section will provide an overview of the development of two knowledge translation products from this phase of the project – a stigma training presentation for YOWs, and Stigma Awareness Workshop materials for YOWs to deliver to youth audiences.

Knowledge Translation

YOW Stigma Training

YOWs attended a session on April 18th to receive training on stigma awareness. The YOW training included:

1. Results of the literature review (6 dimensions of stigma, gambling and other literature)
2. The YGAP Stigma Awareness Workshop

The YOW stigma training presentation was developed to educate YOWs about the issue of stigma towards problem gambling, and how it can be addressed in their work. The presentation encompassed information from the scientific literature on stigma to highlight the complexity of the issue of stigma, as well as evidence-based approaches to stigma reduction. The PowerPoint slides from this presentation can be found in **Appendix E**.

Stigma against problem gambling was found to be an under-researched priority, with only 13 empirical studies concerning PG stigma found. Furthermore, no evaluation of a problem gambling stigma reduction program was available. This review of the literature revealed the significant harm of PG stigma, including its role in causing intense shame, as well as its role as a significant barrier to people with gambling problems disclosing their problems and seeking help. The literature also described several facets of PG stigma, including the 6 dimensions of stigma in general (i.e., concealability, course, disruptiveness, aesthetic qualities, origin, and peril), as well as 2 dimensions of problem gambling stigma specifically (contempt and ostracism).

Because of the limited available literature about stigma specific to problem gambling, literature about stigma pertaining to other groups (including those with addictions and other mental health problems) was reviewed to look for insights from more intensely-studied fields. This literature emphasized the negative impact of stigma on individuals in stigmatized groups, and also revealed that traditional education-based stigma reduction interventions are typically ineffective in reducing stigma over the long-term. What was found to be effective, however, was direct interactions with

Stigma Awareness Workshop

Based on the above findings from the literature, a Stigma Awareness Workshop was developed for youths 15-18 years old. The Workshop incorporated a PowerPoint presentation, videos with someone affected by PG, and activities. The activities include brainstorming activities, celebrity gambling guessing-games, asking anticipation/recall questions before/after the videos, and “the YGAP Progression of Gambling activity.”

The workshop addressed 7 key topics of stigma using the PowerPoint slides, Videos, and Activities:

Key Topics in Stigma Workshop	PowerPoint	Videos	Activities
1. Defining stigma	X	X	X
2. Types of stigma	X	X	
3. Perceptions of PGs	X	X	X
4. Impact of stigma	X	X	
5. Contempt & ostracism	X	X	
6. Ways to address and reduce stigma	X	X	X
7. Emphasize PG is treatable	X	X	

For greater impact, and consistent with the contact hypothesis, a focus was put on integrating contact with and personal stories about problem gamblers. To do this, a recovered problem gambler and CAMH speaker, Jason Applebaum, was recruited to record a footage of his personal journey with problem gambling.

In telling his story, Mr. Applebaum was asked to consider the following topics, and to speak about any other issues he thought were important for the workshop to address:

- Anyone can become a PG (ordinary life, road to addiction)
- Examples of public stigma (how did you think others thought of you?)
- Examples of self-stigma (what did you think of yourself?)
- 1 or 2 examples of feeling stigmatized (excluded, treated unfairly, etc.)
- Impact of Stigma on feelings & coping (help seeking, admission of problem to self and others)
- Treatment & road to recovery (PG is treatable, possible to regain full active life after problem gambling)
- What is one thing you wish people understood better about problem gamblers?

Video footage of Jason speaking about his story was recorded, and short clips were edited to together and create 5 videos. The duration of each video ranged from 0.33mins to 3:35 minutes, with a total duration of approximately 11 minutes. The videos covered the following topics:

<p>I. Problem Gambling Experience (2:34)</p> <ul style="list-style-type: none"> • Jason's story • Impact of PG (financial, emotional, physical) • Anyone can become a problem gambler <p>II. PG Stigma (2: 48)</p> <ul style="list-style-type: none"> • Self stigma • Public stigma • Stigma in the workplace <p>III. Treatment & Recovery (3:35)</p> <ul style="list-style-type: none"> • Barriers to treatment • Relapse • Shedding the stigma <p>IV. How can others help? (1:56)</p> <ul style="list-style-type: none"> • How can others help? • How to show support? <p>V. Rethinking the term "Problem Gamblers" (0.33)</p>
--

Note. Additional video footage that was not edited into the clips is still available, should discussion of different themes be desired in future versions of the workshop materials.

The Stigma Awareness Workshop materials were also inspired by existing YGAP materials, including slide decks and descriptions of interactive activities, to ensure that the Workshop is consistent with the tone and themes of YGAP's programming. The PowerPoint slides for the Stigma Awareness Workshop can be found in **Appendix F**. The full version of the PowerPoint slides has the video clips embedded into the presentation. Alternatively, Videos are uploaded in a private YouTube channel and are available from this link:

<https://www.youtube.com/RethinkingTheTermProblemGambler>

IV. Evaluation of Stigma Awareness Workshop

An initial evaluation of a draft version of the Stigma Awareness Workshop was conducted with 2 YOWs and 1 other YGAP staff member prior to the YOW Stigma Training Session. This initial evaluation was used to generate ideas for Workshop materials and to ensure that particularly important topics were covered in the Workshop. After YOWs' first use of the Stigma Awareness Workshop materials, a preliminary evaluation of was conducted. This section will detail YOWs' evaluation of the Stigma Awareness Workshop, including evaluation methodology, quantitative results from the evaluation survey, and YOWs' feedback and ideas for improvement of the Workshop.

Evaluation Methodology

The Stigma Awareness Workshop was distributed to YOWs, who were asked to deliver the workshop to an audience, and then to provide feedback on the materials provided. Feedback was solicited through the online survey platform, SurveyMonkey. The full survey given to YOWs can be found in **Appendix G**.

The survey comprised 20 items, including both scale and open-ended questions; 5 items addressed general information about the YOW and the presentation, and 15 addressed content, delivery, perceptions of student engagement, and feedback and ideas for improvement.

Evaluation Survey Results

Participants

Ten responses were received, from 9 different YOWs. One YOW delivered the Workshop to 2 different audiences, and recorded an answer to the first question of the survey only for one submission.

- Online survey (SurveyMonkey)
- 10 YOWs partially completed (52.6% response rate)
- 9 YOWs provided responses to all questions
- 9 YOWs delivered workshop once
- 1 YOW delivered workshop twice
- Audience included both students and adults (parents)

9/10 YOWs presented to an audience between the ages of 14 and 24; 1 YOW presented to adults.

Length of Presentation

Because YOWs may sometimes face constraints on their time when delivering workshops, YOWs' perceptions of the Workshop's length was an important factor to evaluate. Survey results indicate that the length of the Workshop is appropriate for the contexts in which YOWs work. The majority of respondents (6/10) reported that it took between 55 and 65 minutes to present, and just under half (4/10) reported that it took 75-90 minutes to present. Most notably, no respondents reported that they did not have sufficient time to deliver the content.

Content

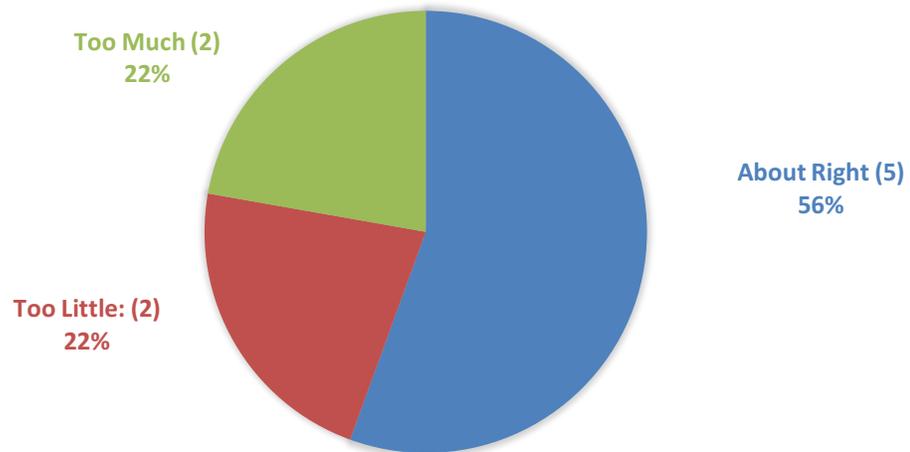
It was highly important to assess YOWs' perceptions of the content of the Workshop. Overall, the feedback about the content of the Workshop was very positive. Responses reveal that the breadth and level of difficulty are largely appropriate for the target audience. The vast majority (8/9) of respondents reported that the level of difficulty of the Workshop was "about right." Further, over half of the respondents (5/9) reported that the breadth of the Workshop's content was "about right." These results suggest that the Workshop is well-tailored for the target audience, and that YOWs are confident that the content is appropriate for youth.

Figure 6. Breadth of workshop content

Question: *The breadth of the workshop content was:*

Scale: 1 = far too little, 2 = too little, 3 = about right, 4 = too much, 5 = far too much

N = 9



Delivery of Materials

It was also important to ascertain if YOWs felt comfortable and confident in delivering the Workshop materials. Lack of confidence or comfort with the materials would suggest a need for further training or an overhaul of the Workshop materials and use guide. However, the vast majority of respondents (8/9) agreed or strongly agreed that they did feel comfortable and confident delivering the Stigma Awareness materials. Only 1 YOW reported disagreement with feeling comfortable and confident.

Student Engagement & Feedback

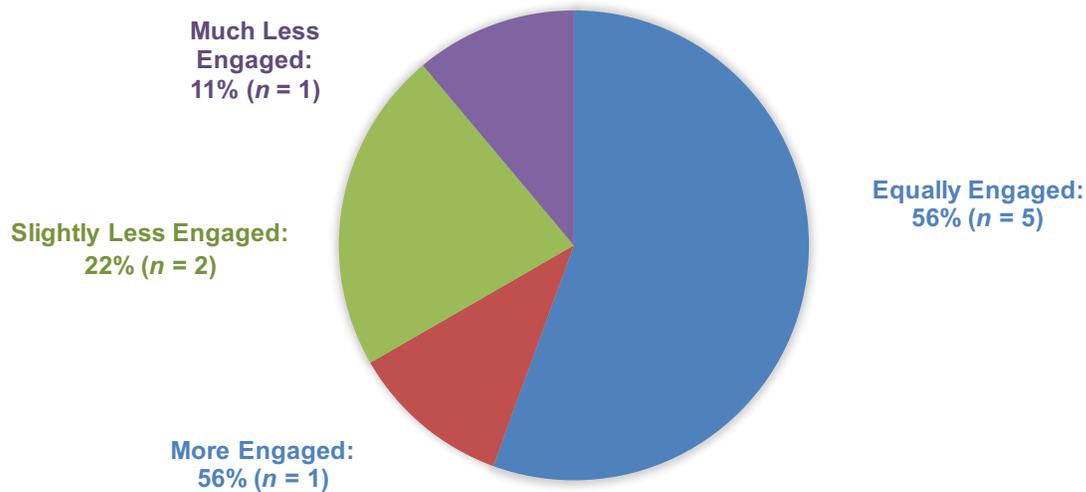
Significantly, YOWs reported a high level of student engagement with the Stigma Awareness Workshop. All respondents reported that they either agreed or strongly agreed that the students were engaged in the module, and that the students actively participated in the Workshop. Comparisons to engagement with other YGAP workshops were also made, and the results are similarly encouraging. Just over half (5/9) reported that students were just as engaged with the stigma material as with other YGAP modules, while 1 respondent reported that students were more engaged. One-third of the respondents (3/9) indicated that the students were slightly less or much less engaged with the stigma content.

Figure 7. Level of engagement – comparison

Question: Relative to other YGAP Modules, were students more or less engaged in the Stigma Awareness Module?

Scale: 1 = much less engaged, 2 = slightly less engaged, 3 = equally engaged, 4 = more engaged, 5 = much more engaged

N = 9



YOW Feedback & Improvement

Themes from the survey's open-ended questions revealed YOWs' impressions of the Workshop materials. Complete answers to open-ended questions can be found in **Appendix H**. The major themes extracted from YOWs' responses to open-ended questions included:

Additional Topics to Include

- **Broaden discussion of stigma**
 - Not only PG, but other mental health issues
 - Make more relatable
- **Youth and gambling**
 - Relevance of gambling among youth
 - Enhancing students' coping skills
- **More on Help Seeking & Recovery**
 - How someone moves towards change
 - More on Jason's recovery process

Enhancing Visual Appeal

- **YMCA branding**
- **Embed videos into presentation**

- **More images**
- **Increase discussion time (reduce video time)**
- **Increase flow**
 - Spread out videos
 - Include interactive activities
- **Include multiple testimonial videos to ensure relatability.**
 - Emphasize that anyone can develop gambling problems (regardless of gender, age, etc.)
 - Youth testimonial would be ideal
 - Examples: documentaries – Growing up Gambling; Drawing Dead (online poker)

Additional Activities to Include

- **Move the “PG Signs” activity to the middle instead of the end.**
- **Structure “Paths to PG” and “Paths to Recovery” as an activities instead of discussion**
- **Enhance “Progression of Gambling”**
 - Allow students to earn back some lost items
- **“How Can I Help to Reduce Stigma”**
 - Group activity with handouts
- **“Guess Who” activity**
- **“Good guy vs. Bad guy”** - Split class – Same photo of neutral; judging & labeling

One YOW drew on personal experience:

“I can't think of the name of the experiment, but I remember in a psych class taking four students out of class and explaining to two of them that when they come in they will look at a picture of a man. We told them this guy was the scum of the earth and was evil. The other two students were told the opposite; [the man] is like Mother Theresa, saved many lives in the war, etc. The other students in the classroom are told what each group had been explained and to take note of how the pictures are described. The picture of the older man is very neutral. The group told that the man is evil say bad things about the man, while the other group says all these nice things. The face never changes...it shows how easily our minds can be made to judge and label”

Strategies for Promoting the Stigma Module

- **Paired or integrated workshop**
 - E.g., delivered after the “What’s at Stake” workshop
- **Target Health & Physical Education**
 - Grade 7/8 health/physical education curriculums
 - College/university students
- **Workshop for teachers**
 - Promotional flyers to school board, principals, and teachers.
 - Highlight awareness of mental health/stigma issues.

Some YOWs thought it would be worth incorporating these workshop slides into a pre-existing workshop, while others thought it would be worth having it as a standalone workshop.

Additional Comments

- **Very Positive**
 - “I think that this is already my favourite workshop”

- Videos great, shared real life experience.
- Straightforward, effective, without too much irrelevant information.
- **Mixed Feedback:**
 - Module should be an added component to a more general presentation.
 - One YOW was elated that this has been made into a full workshop.
 - Shorter vs. longer duration
- **Improvement**
 - Add more engaging activities/exercises to promote discussion.

Conclusions

This project comprised four components:

- I. **Literature Review**
- II. **YOW Surveys and In-Depth Interviews**
- III. **Development of a PG Stigma Awareness Workshop**
- IV. **Evaluation of Stigma Awareness Workshop**

With the aim of addressing MOHLTC goals of decreasing stigma towards people with gambling problems and improving attitudes towards treatment of problem gambling, this project implemented evidence-based approaches in reaching out youth in Ontario.

The literature review revealed that problem gambling stigma is an under-researched priority, and highlighted stigma's significant negative impact on people with gambling problems. A review of the literature on stigma in other domains revealed that personal contact with members of stigmatized groups is effective in reducing stigma. This knowledge was used in the development of the YOW Stigma Training Presentation and the PG Stigma Awareness Workshop.

Assessing YOWs' perceptions of stigma and their identification of learning needs served to underscore the need for a PG Stigma Awareness Workshop, and provided direction to guide development of Stigma Awareness Workshop materials.

The PG Stigma Awareness Workshop was informed by the review of the literature, the surveys and interviews with YOWs, and an initial evaluation session with YOWs and YGAP staff. The Workshop was developed to use evidence-based approaches to stigma intervention and to address both MOHTLC goals and YOW-identified learning needs.

Evaluation of the Workshop revealed predominantly positive feedback. With a delivery time of 1 – 1.5 hours, the YOWs reported having sufficient time to cover the Workshop material. The content was suitable in both breadth and level of difficulty, and kept students engaged. Ideas for improvement included the addition of more images, discussions, and activities, and integrating the stigma content into a larger YGAP workshop with some revisions to the current content. Additional video footage from the session with Jason Applebaum is available, allowing for the content and themes of the Workshop to be adjusted as needed.

Recommendations – Next Steps

The recommendations below are intended to ensure that YGAP workshops work towards meeting the MOHLTC goals of reducing stigma towards problem gambling and increasing positive attitudes towards treatment of problem gambling. Recommendations and next steps are visualized in **Figure 8**.

It is recommended that a second draft of the Stigma Awareness Workshop materials be developed, integrating the above feedback from YOWs. Alternative versions of the Workshop materials can also be developed to target other age groups. For older youth (19-24), some material from the YOW stigma training presentation can be integrated (e.g., dimensions of stigma). It is further recommended that this

second draft of the Workshop materials be pilot tested with a student focus group. This will require development of a focus group moderator guide and student survey.

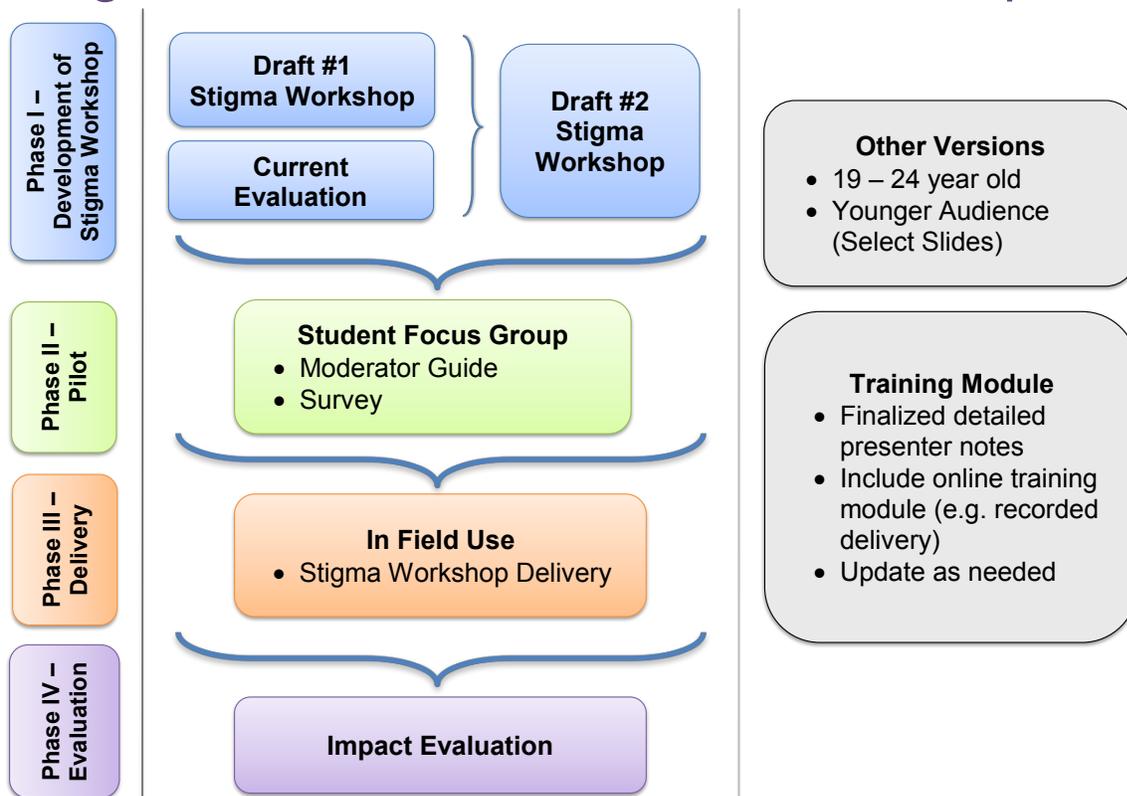
It is recommended that a final version of the Workshop materials be developed, integrating feedback from the student focus group. This final version of the Workshop will be implemented for delivery by YOWs across the province. Delivery of the Workshop by a strong YOW can be recorded for training purposes and knowledge sharing.

Finally, it is recommended that a large-scale impact evaluation of this Stigma workshop be conducted, to measure its efficacy in reducing stigma towards problem gambling.

These steps will ensure that Workshop materials are developed in consultation with direct users of the information, and that YGAP's programming meets both the goals of the Ministry and the needs of Ontario's youth.

Figure 8. Stigma Workshop – next steps

Stigma Recommendations – Next Steps



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Appendix A: YOW Stigma Survey

YGAP has identified the need to provide you with enhanced training to equip you with the necessary skills and knowledge to facilitate gambling awareness workshops that address YGAP program's objectives of:

1. increasing awareness of risks associated with gambling;
2. promoting healthy and informed decision making;
3. increase public awareness of services available for the treatment of problem gambling and how to access them; and
4. reducing stigma.

The purpose of this survey is to assess:

1. Perception of public stigma associated with problem gambling
2. Training needs and concerns in terms of being able to effectively address stigma in their YGAP work

Gambling Perceived Stigma Scale: We are interested in your thoughts about people who gamble. For each of the following statements, please consider how you think people who gamble are generally perceived by others. *Important:* When you think about gambling DO NOT include lottery tickets, instant scratch tickets or raffles, but DO include all other types of gambling such as poker machines, card games, racing, sports betting, day trading, bingo and casino games. The purpose of this scale is to assess perceptions of stigma associated with problem gambling – how you think others generally perceive problem gamblers.

1. Most people think problem gamblers are liars

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

2. Once they know a person is a problem gambler, most people will take his or her opinion less seriously

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

3. Most people think that problem gamblers tend to be unreliable

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

4. Most people think that problem gamblers are unable to handle responsibility

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

5. Most people think that problem gamblers are lazy

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

6. Most people think that problem gamblers are greedy

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

7. Most people believe that problem gamblers have no self-control

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

8. Many people would be uncomfortable communicating with a problem gambler

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

9. Many people think less of a problem gambler

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

10. Most people would not hire a problem gambler to take care of their children

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

11. Most people would be suspicious of a person if they knew they were a problem gambler

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

12. Most people would not want to enter into a committed relationship with someone they knew had a gambling problem

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

13. Many people would avoid a person who had a gambling problem

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

14. People with gambling problems know how to get help

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

15. Stigma can prevent problem gamblers from seeking help and hinder recovery

Strongly disagree Somewhat disagree Somewhat agree Strongly agree

16. It is possible to change people's biases about problem gamblers, or stigma towards problem gamblers

- Strongly disagree Somewhat disagree Somewhat agree Strongly agree

YOW Gambling Stigma Survey

We are also interested in the role of stigma in your work as a YOW

17. Do you speak about problem gambling stigma at your workshops or events?

- Yes
 No

Please describe some ways that you speak about problem gambling stigma:

18. Do you see examples of problem gambling stigma in your work as a YOW? (both at workshops and community events)

- Yes
 No

Please provide some examples:

19. Do you feel confident and comfortable addressing gambling stigma in your work as a YOW?

Yes

No

20. If you answered "no" above, is this because of: (please select all that apply)

Lack of training

Need for more tools

Confidence in implementing

Other (please specify)

21. Have you received training on how to address stigma in either problem gambling or other contexts?

Yes

No

Some

Please describe your training:

22. Do you think YOWs' attitudes, assumptions, and biases about gamblers may influence how their work YGAP work?

Yes

No

Please describe how:

Training Module

A YOW Stigma Awareness Presentation will be prepared to discuss the results of this study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

23. Do you think a training module for YOWs on explaining and addressing stigma would be helpful?

Yes

No

Why or why not?

24. We are also developing a stigma module for students in YGAP workshop. Which topics would you most like to see included from this module?

25. Which age group do you think would benefit most from the stigma workshop module that will be developed? (please rank)

<input type="checkbox"/>	<input type="text"/>	8-10
<input type="checkbox"/>	<input type="text"/>	11-14
<input type="checkbox"/>	<input type="text"/>	15-18
<input type="checkbox"/>	<input type="text"/>	19-24
<input type="checkbox"/>	<input type="text"/>	adults

26. In what format do you think the student workshop stigma module would be most effective? Please select all that apply

- Powerpoint
- Group activities
- Other

Please explain:

YOW Gambling Stigma Survey

Please tell us a little bit about who you are

27. Name (first and last):

28. Age:

29. Gender:

30. Years of experience as a YOW:

Appendix B: YOW Stigma Interview Guide

Purpose of the Interview with YOWs:

- Supplement and probe in depth further elements of public stigma that YOWs find challenging to explain and address to their audiences.
- Explore methods for conveying knowledge around public stigma to YOWs and subsequently to audiences.

Introduction and Consent:

Hello. My name is ___Rachel Laxer_____. I am working with Strategic Science and the YMCA to assess perceived stigma as a barrier to treatment and help seeking behaviour.

We appreciate you taking the time to complete the online survey, and for participating in this phone interview with me today. Your answers to the questions that I am asking today will help Strategic Science, in partnership with the YMCA YGAP program, to develop stigma awareness content for YGAP workshops, and to assist you in delivering these workshops. We are also hopeful that this material will increase awareness of stigma related to gambling, and to create awareness materials for community events/fairs and programs.

The interview should take approximately 20 to 30 minutes.

I would just like to ask some additional questions related to the questions asked on the online stigma survey, and about your experience as a YOW teaching about gambling in the community.

There are no anticipated benefits or risks from your participation in this telephone interview. You can stop your participation in this telephone interview at any time. While the call will not be audio-recorded, I will be taking very detailed notes while we talk. Direct quotes, if captured, might be used in the report; however, all responses will be kept anonymous, and your name will not be mentioned in the report. Only investigators from Strategic Science and myself will have access to this information.

Now, I'd just like to make sure that you consent to participate in this telephone interview. There are no right or wrong answers. The intention is just to gather some additional information to help us understand and assess the degree of public stigma associated with problem gambling, and to develop appropriate training and workshop materials to help you, the Youth Outreach Workers, address and reduce public stigma related to problem gambling in your work.

But first, I'd like to warm up by asking you a few questions about your involvement with YGAP.

- In what contexts do you usually work?
(i.e., workshops, community outreach)
- When was the last time you conducted a YGAP workshop?
- With what age groups do you typically work?
- What are some terms that you might use to describe problem gamblers?
- Do you think that reducing problem gambling stigma is a high priority?

Main content questions:

1. What do you think contributes to the creation of stigma?
 - a. Misunderstanding of what problem gambling actually is? That people can recover from PG?
 - dominant social groups distinguish and label human differences
 - labelled persons are assigned negative categories and stereotypes are applied
 - labelled persons are separated, distinguishing “us” from “them” – normal from other
 - those stigmatized experience loss of status, discrimination, social exclusion, and unequal outcomes
2. Do you think stigma impacts problem gamblers’ help-seeking behaviour and recovery? If so how?
3. Do you speak about PG stigma at your workshops or events? If so, please describe.
4. Do you see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)? If so, what are some examples of stigma have you seen?
5. Have you ever encountered someone at a workshop or community event that expresses stigma towards someone with problem gambling? Please describe.
6. Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.
7. How have you addressed stigma in these situations?
8. Do you feel confident and comfortable addressing gambling stigma in your work as a YOW? Why or why not? (e.g., lacking training, tools, or confidence in implementing)
9. What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)
10. What are some challenges you face when explaining/addressing stigma?
11. Have you received any training on how to address stigma in either PG or other contexts?

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

12. Do you think a training module for YOWs on explaining and addressing stigma would be helpful? Why or why not?
13. Do you think a Stigma workshop module for YOWs to explain stigma to students would be helpful? Why or why not?

14. Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?
15. Do you have any ideas to make future stigma training, workshop module, or campaign most effective?
16. Is there anything else you would like us to know or consider about PG stigma and your work with YGAP?

Thank you for sharing your time with me today. Your opinions will be very valuable as Strategic Science and the YMCA continue to work together to improve awareness of public stigma as well as training needs/concerns to effectively address stigma in your YGAP work.

Appendix C: YOW Stigma Interview Responses

Interview #1:

In what contexts do you usually work?

YOW – go out and work on curriculum based workshops in schools and with other children and youth and adult

Youth outside of schools – after-school programs, treatment centres where they've been mandated to do a program (i.e., court-ordered treatment, 10-week process), youth shelters, group treatment centres

Adults – usually employment situations, ESL or a link class (higher English speaking – level 3 or higher)

When was the last time you conducted a YGAP workshop?

Friday

On average, speaks to about 300 people/month – higher numbers in the rest of the province

Cover Toronto East – Yonge Street East to York Region (Newmarket/Aurora) and Durham region

Highest # in this region – up to 3000/year

With what age groups do you typically work?

All of them – numbers that need to be reached in all of them.

The younger ages – 8-10, 11-15, 16-19 tend to have higher numbers, whereas the adult presentations are smaller numbers and less presentations.

Do you think that reducing problem gambling stigma is a high priority?

YES – it is one of those things that if people have one addiction, they have more than one – alcohol is usually the 2nd.

This is something that everyone engages in, regardless of their age, and the stigma attached to it must be addressed

People don't realize the magnitude and availability of it.

Main content questions:

What do you think contributes to the creation of stigma?

Lack of education

Misunderstanding of what problem gambling actually is? Yes – just not knowing – even when talking to older people, they only realize after it's explained. They know it exists, and they know the reason, but gambling is not looked at as a regular addiction that affects

Also the DSMV is changing – realize that it is an addiction and not a behavioural problem, it is real and it needs to be looked at and treated in the same context.

That people can recover from PG? Yes – think it's an ongoing thing.

When you compare this to another addiction and their effects and explain the treatment, then they have an understanding.

Do you think stigma impacts problem gamblers' help-seeking behaviour and recovery? If so how?

Yes, guaranteed

There have been several years where they're offered the RGRC, but the problem is the wording used.

They're going through a revamping now to frame it in a positive light – come and find out how to play safely (implementing responsible gambling).

Taking away the “you have a problem/shame” to frame it more positively – so people are likely to go seek help now than they used to be. Don't feel scared or stigmatized.

Not enough information on where to get help for gambling – there's information on other addictions

and where to get help, but not enough publicly for gambling. There should be more information out there.

On your survey, you mentioned that you speak about PG stigma at your workshops or events? If so, please describe.

I ask questions when doing presentations such as; do you think that people can get help for their addiction with gambling? Are people who have gambling problems unreliable? Do you think that people with an addiction are bad people?

Talk about games and experiments to show that gambling is not all a bad thing, but it can become problematic and that only 3% of the population DOES have a gambling problem, but if they do, it's likely correlated with another addiction.

Helps others see that everybody gambles, so we can't point fingers at those with a problem – compares to those that have 1 glass of wine/day but are not alcoholics. We just need to make sure that we do it safely.

You mentioned on your survey that you do see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)

Many people feel that it's a problem that can be fixed easily, that the person who plays games a lot can stop and that they are only playing games, it's not as hard to stop as a substance addiction.

People will always point fingers, saying that she should talk to "so and so." They don't understand how to get help for it, even if they see it.

Working in Toronto, there's lots of street games that are played (dice); through that, CAMH student health survey broke the province down and found that Toronto is the only city that has dice (played at schools too). This is seen as a problem, but older people see the stigma attached to it (think they're not trustworthy, hiding). Kids don't see this as a negative thing, rather as a money-making thing.

Young people see it as a thing that benefits them – she tries to teach them that they won't win if they play for long.

Have you ever encountered someone at a workshop or community event that expresses stigma towards someone with problem gambling? Please describe.

There's always at least one in a workshop

With older people, they think that gambling is so easy to fix – "just stop, just don't gamble" – they don't realize that you need to get to the root of why they're gambling so much

Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.

Not many disclose that they have a gambling problem.

Wont' admit to anything -

How have you addressed stigma in these situations?

Continue to educate people – many appreciate these workshops

Tough on the fact that everyone gambles and it's apart of the culture. It's not that an addition means that someone can't get help. People just need to find the right resource to know that there is help out there. And no one can do it on their own – they need gambling support

What a PG looks like –

Talks about Charles Barclay and his gambling and the effects of gambling on someone that doesn't make much money

You mentioned that you feel confident and comfortable addressing gambling stigma in your work as a YOW. Can you explain why?

Gambling is part of her life now. She's in tune. She always watches out for stuff. She goes to the RGRC meetings. She's looking to see if there's responsible gambling information around, tries to listen to the commercials, news, etc.

What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)

It was hard for her when she first started to stay neutral; being educated is the best thing. This might include that making sure that new YOWs understand harm reduction – what YGAP messaging is (standard, value, mission), and reading. Have a pile of research.

You mentioned that you've received training on how to address stigma in either PG or other contexts- Would this be something that you'd be interested in receiving?

I have been taught about how deal with all types of stigma associated with all addictions through my Child Youth Worker education, my work with young offenders and street youth. Classes that I have been certified in are: Crisis Prevention Intervention training, Mental health and disorders and suicide prevention.

More – always good for professional development

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

You mentioned that a training module for YOWs on explaining and addressing stigma would be helpful.

With New YOWs this may be very beneficial since they would be able to have specific training on stigma and this would help them to remain neutral with the work we do in the communities where we work.

11-14 year olds should be first, followed by 8-10. This doesn't need to be presented as much to the older kids.

8-10 age group – it might be hard for them to understand

parents also let their kids participate in the activities; even if educated young, their parents will learn from the kids

information is the key!

Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?

Yes, for sure. They get overlooked because they're looking more at employment, youth activities, or volunteering. If she had a big drug awareness sign everyone would come over to her.

Explaining that they go hand-in-hand really helps to increase awareness. Even among professionals, they only understand when she talks about the co-occurrence of health behaviours.

Do you have any ideas to make future stigma training, workshop module, or campaign most effective?

Doing cases where you work in small groups

Has done PD with teachers and finds that this works the best
Having some videos / multiple activities, not just sitting and explaining things on powerpoint. Working on group work (case studies, working through the problems together)
Harm reduction strategies, like what's done with kids in the YGAP

Is there anything else you would like us to know or consider about PG stigma and your work with YGAP?

No

Interview #2:**In what contexts do you usually work?****(i.e., workshops, community outreach)**

- does it all – workshops, community outreach, youth engagement, community involvement, and sits on committees (youth service providers committee – 2 – Guelph and other regions; chair of an alternative schools committee with principals and teachers, social workers; harm reduction committee – event annually to reduce stigma and discuss the harm reduction)

- Runs advisory group – YGAP advisory group.

- Gambling exclusively

When was the last time you conducted a YGAP workshop?

4 yesterday, 1 the day before, and 6 tomorrow

conduct 4-8/week

cover Guelph, Kitchener, Cambridge, Waterloo, Selbourne, Elora, Fergus, Mount Forest, Orangeville

With what age groups do you typically work?

- The whole range

- Targets that need to be hit – range from 8 to 24, and adult presentations as well

What are some terms that you might use to describe problem gamblers?

I know that you've received some training on stigma and that you've been working as a YOW for 9 years. You want everyone to understand stigma as it relates to problem gambling.

She doesn't normally describe it herself, rather has the group discuss it themselves – has them come up with the answers and then shows the description

Not getting enough sleep, not eating properly, it's affecting work, school, social life, overall health, finance

Also works on a group for stigma – harm reduction – did a whole thing for downtown Guelph on stigma

Do you think that reducing problem gambling stigma is a high priority?

Not sure if it is a high priority in the presentations, but it should be

In general, yes, definitely should be a high priority (for all stigma – drugs, gambling, etc.)

Main content questions:

What do you think contributes to the creation of stigma?

Media, movies, news reports, other people talking to other people

Misunderstanding of what problem gambling actually is?

→ not sure – depends on the person and the family, and how they've been affected by the problem. If a family member has a problem and they're stealing, then there might be stigmatization about lying/bad person, when that's not the case

That people can recover from PG? → people waiver on this – more often, she hears that people don't think you can recover from gambling. It's very much in the society, that once you get help, you can't do it anymore. Through YGAP, know that is not the case. Connected to counsellors- referral cards with phone numbers, problem gambling helpline, websites, and local agencies that they can refer clients to.

Do you think stigma impacts problem gamblers' help-seeking behaviour and recovery? If so how?

YES, for sure

Many times when talking to people, they don't talk about how PG can have an effect on the person (not just finances) – why can't they just stop?

It's engrained in their heads that you can just stop; people don't realize that it can have an impact on health, brain (dopamine)

Probably are also told so often to stop –

Some don't know that there's resources out there

Same with gaming – parents tell the kids to just stop and that they've been on too much; blurred line between gaming and gambling

Do you speak about PG stigma at your workshops or events? If so, please describe.

We talk about who gambles and that it's all types of people.

I asked questions on what people think a gambler would look like and or act like.

Responses that she usually hears– older man, poor looking, long coat, dirty, ripped jeans; or man, in a suit, with lots of money. This is when she's with younger people (grades 3-5)

With older groups, she hears "grandparents go to the casino or to bingo" – older people or retired people

Admits to gambling herself – so she's neutral – asks if they'd have pictured her as a problem gambling Help-seeking – sees people aged 15-80, explains demographics as varying

Average age of a gamer – (kids usually assume 15-18), then she clarifies that it's a 33-year-old male

Do you see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)?

Sometimes she hears comments from people – not much of the time

Types of comments, if she hears them – usually just the assumption that someone has a problem

If so, what are some examples of stigma have you seen?

Have you ever encountered someone at a workshop or community event that expresses stigma towards someone with problem gambling? Please describe

- probably has been – you get the little comments (kids talking about family wasting money at the casino)

Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.

Yes

(this is a good question)

Asking if people gamble – she gets half-hands- more in high school and the 19-24 year groups

Mentions that she's not here to judge – she gambles herself as a form of entertainment, then gets more hands. Then she gives examples of what gambling is, and more people put up their hands.

She asks why people are nervous to admit to gambling – "if you gamble, it's a problem") – stigma.

How have you addressed stigma in these situations?

Talk about how it's a form of entertainment, like bowling/going to the movies. Just because you "play," doesn't mean you have a problem

Then she talks about what a problem might look like, how it is affecting other aspects of life.

Then talks about how other behaviours could be considered problematic – shopping, exercising, eating too much

You mentioned that you feel confident and comfortable addressing gambling stigma in your work as a YOW. Can you explain why?

It's something that she really believes in. She gambles herself (not every YOW does) but she sets a limit. The gambling counselors are also her friends, so she's sat in on group treatments. Just from time and knowledge, experience as a YOW, she feels comfortable. She's had so many experiences with it.

What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)

Would be good to bring in a gambling counselor or group to talk about stigma

Provide a range of what it means to have problem gambling, different age groups of the clients that they work with, how they've gotten help before. Show the continuum and from that standpoint

What are some challenges you face when explaining/addressing stigma?

When people don't believe that people can develop a problem; it affects people similar to drugs and people have a hard time understanding that

Compares it to "raging" in gaming – get excited, angry, chemical balance changes, and then they break stuff.

You described some of your training on how to address stigma in either PG or other contexts? Do you have any other examples?

We have discussed stigma at trainings and discussed that anyone can develop a problem. In previous trainings we had to draw a picture of what we thought a problem gambler looked like. We realized we were stigmatizing a certain look which is not the case. Also that it is not just how someone looks but people also tend to look down on people who have a problem with gambling. The thing is people could have a problem with gambling and you do not even know.

Discussion with the group

Draw a picture – could just draw yourself because it could be anybody

Stigma in presentations – talk about famous people that gamble. Many believe that if you have money and gamble, it's not a problem (because they're rich), but it'll have an impact on other facets of their lives

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

You mentioned that a training module for YOWs on explaining and addressing stigma would be helpful, because then everyone understands clearly what stigma is.

Good for everyone to have the same information and be on the same page – good for all YOWs to be delivering the same message

Do you think a Stigma workshop module for YOWs to explain stigma to students would be helpful? Why or why not? You mentioned that the most important age group to target would be adults, followed by 15-18 year olds

—because this information is passed down.

If she presents to grade 3s, and they tell their parents, if their parents haven't had much training, they won't take any stock in it. She sees it as a top-down effect. Wants to teach all, but teach those that will be doing the teaching.

Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?

FOR SURE – thinks that getting stuff out to the masses is great. The more you can break the stigma, the more those with problem gambling can get help. Or those at-risk can be prevented from developing a problem

Do you have any ideas to make future stigma training, workshop module, or campaign most effective?

Community event: lived experience with stigma talk about their stigma – hear stories and the hurt in the voice. She's done this before and it was effective

Classroom – actual stories from people. Right now there are blurbs asking if they think the "famous" person has a problem. But would be helpful to have real life snapshots of people with real problem gambling.

Ways for students to relate

This could come through a picture or a blurb (doesn't have to be a real picture)

Or have people willing to be video-taped or audio-recorded

Is there anything else you would like us to know or consider about PG stigma and your work with YGAP?

No, nothing else

Interview #3:**In what contexts do you usually work?**

(i.e., workshops, community outreach)

YOW, all workshops for Durham region

Youth engagement and community involvement events (YGAP event hosted to the community)

Also run advisory committees – have to run one in their community to talk about gambling issues, but also to understand and make YGAP get out there.

Some have a strong gambling focus, but this one is more community-focused. She has all the city and town people that do program coordination for the towns/cities

Other local people on any committees (Y, Youth centres – anyone working with youth that might benefit) – network and share ideas

When was the last time you conducted a YGAP workshop?

Today

5/week

when schools are out, do summer camp

this is different region-to-region - some

With what age groups do you typically work?

Work with all of the age groups

What are some terms that you might use to describe problem gamblers?

When it impacts you in a negative way – if you were participating in gambling excessively, not being able to fill up your car with gas, lose the job, a negative cycle

Realistic ideas where one thing affects the next

Do you think that reducing problem gambling stigma is a high priority?

Yes – when talking gambling, it's assumed that people have problems with money, and that they are unreliable with money. But it goes so much more beyond that.

She's talked to groups for 9 years about gambling; most don't realize that everyone is a gambler, everyone gambles. But when you talk about the activities of gambling, so many fall into that. So most can be classified as gamblers. We all need to know harm reduction strategies as well.

Also important to understand the stigma around problem gambling, and of course around anything related to mental health

Main content questions:

What do you think contributes to the creation of stigma?

Media – the things that we see in the media about gambling

So much miscommunication about gambling and why people participate

Why people get caught up in gambling – someone there to break legs, things that kids see in movies are the things that they believe about gambling. They don't understand the reality of it.

Misunderstanding of what problem gambling actually is?

Yes

That people can recover from PG? lack of understanding – when you tell people that someone lost \$X, they ask “why can't they just stop?” they don't often understand that it's something that you can just stop if you have a “problem.” Comparing to any type of addiction helps, but then often people think – don't go to the casino. But they don't realize that gambling is so accessible, and is much easier to hide

than taking substances.

Do you think stigma impacts problem gamblers' help-seeking behaviour and recovery? If so how?

Yes, definitely

Stigma for anything impacts people – feel embarrassed or ashamed that no one wants to admit that they are engaging in the behaviour

Feel ashamed, even though there's nothing to be ashamed of.

Do you speak about PG stigma at your workshops or events? If so, please describe.

You mentioned that you aim to have participants understand that the majority of us have participated in some form of gambling. We discuss the definition of what it means to gamble, and participants apply the definition to activities they currently take part in. Participants are always surprised at how many gambling experiences they have actually been involved in.

In workshops youth express a stereotype of what a problem gambling looks like: not clean, messy hair, overgrown facial hair, and smoking/drinking. Once we debrief on the variety of gambling activities youth have participated in, they begin to realize so many of us participate in gambling and we enjoy it because it's fun and entertaining AND because it's fun, exciting and entertaining people can run into problem gambling.

See this at almost all workshops

Used to run an activity (not predominant, but still can) – ask youth to draw a picture of what a PG looks like. Almost all of them look the same – male, smoking, beard, scruffy, dirty, and unclean. Where is this stereotype from? Where are they seeing this information? Movies, things on YouTube – won't see realistic images, just the one perception of male gambling.

Everyone sees others' drawings and how they are almost all the same – next question- what do you see? Why is this happening? Then get them to explain where they get the stereotypical ideas from, and they're very quick to say it's from the media. This is where they learn about gambling. There aren't many programs out there that talk about gambling. They are exposed but don't have much background knowledge aside from TV, movies, and at home.

Do you see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)?

Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.

This hasn't happened, but they'll talk about knowing someone that it's happened to, or that has had a problem with excessively gambling. They haven't explained much about the stigma around it, but have expressed that they don't understand why they can't stop. Then she reviews that it's not something that can just be turned off.

Talk about how gambling is fun, exciting, and if done in a responsible way, there's no issue with it. But then of course, people can get carried away and it can cause negative impacts on life.

You mentioned that you feel confident and comfortable addressing gambling stigma in your work as a YOW. Can you explain why?

Likely because of experience

It's a comfort level with talking about gambling – talked about it for a long time. When she interviewed for the position, she admitted that she was OK talking to kids about gambling. Need to understand that YGAP comes from a neutral standpoint. Educated on harm reduction and how to help people with problem gambling.

What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)

Training (any kind of training) sessions would be helpful

Has received lots of training, but not really any on stigma

A piece built into the workshop would be helpful – nothing specifically related to stigma – explain what stigma actually is.

What are some challenges you face when explaining/addressing stigma?

Just that some people feel the way that they do; she can express her feelings and the information/research, but some won't change from just one workshop. It's giving them the tools, information, and the hope that the information sinks in.

You mentioned that you have not received training on how to address stigma in either PG or other contexts? You did mention, however, that you have discussed this as a team. What would you like to see in some training materials?

Each year, there's annual training where the YOWs get together as groups – guest speakers, those from PG; stigma has been touched on. There was an open discussion.

When talking to youth about gambling, and in their role, they are constantly doing research on this.

Training materials – tidbits, maybe a few stats (doesn't love stats) that could help change perspective. Maybe some hands-on (role play?) or something that makes people feel things. This gives them a sense of what they're trying to grasp.

Agrees with recordings or video

When you can put yourself in their shoes and think, "wow, I can't believe I judged that person"

Especially high school students, because they are very "judgy"

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

You mentioned that a training module for YOWs on explaining and addressing stigma would be helpful, because more information and training is always useful. What other reasons might a module for YOWs on addressing stigma might be helpful?

→ gives her more relevant information to draw from, will feel more educated on what she's talking about, and a solid background.

What topics might be of interest to see in this module?

Some examples include:

Process of developing stigma for PG compared to other conditions (i.e, addictions)

Stereotypes

Bullying, harsh judgments

Resources available for those working in the field of PG

Information on how to best dispel or approach stigma in a workshop without risking sounding too positive about gambling

Do you think a Stigma workshop module for YOWs to explain stigma to students would be helpful? Why or why not? You mentioned that the most important age group to target would be 15-18 year

olds, followed by 19-24 year olds. Why is this so? → they have a lot of overlap, going into college and university, this is when things happen (credit card, student loan) – and won't want to admit to a problem because of the stigma. They're coming out of the high school age, still somewhat judgmental about what's going on in the world.

Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?

Yes – it's something important to get out there.

There's stigma in general about gambling – even in workshops when she says that she's talking about gambling, there seems to be a roadblock. But it seems to be OK to talk about drugs and alcohol. Any awareness in regards to gambling is helpful.

Do you have any ideas to make future stigma training, workshop module, or campaign most effective?

Videos, hands-on activities, personal experiences – all of that is relevant and powerful, and makes workshops more unique and interesting to participants.

Interview #4**In what contexts do you usually work?**

Classrooms usually, and then camps
All age groups
Colleges and universities as well

When was the last time you conducted a YGAP workshop?

Yesterday morning
Varies monthly – usually runs 8-15/month
Catchment area – just outside of Peterborough and just the inside of Ottawa

Do you think that reducing problem gambling stigma is a high priority?

Moderate priority – initially it was difficult to sell the YGAP message, mentioned in the survey that just the name YGAP is problematic – so many in the community have mentioned that it doesn't give them the idea that there's harm reduction – awareness causes alarm; makes people think that they're going to teach about how to gamble. Stress that they're neutral and want to give youth information about informed choice. Schools didn't see it that way – didn't want information on a topic about gambling. They think it's not an issue, and there's stigma against introducing a whole new set of problems and open their eyes to an area that they wouldn't even know is a problem.

Has been working for >10 years at this – develop contacts and context.

Advisory committee is one of the best (and most helpful and beneficial resource) around – each on the committee are from the treatment sector and they specialize in problem gambling. Also has someone from credit counseling; they have lots to do at the casino. With Belleville opening up, they're working on self-exclusion

Provide feedback, resources and contact.

Main content questions:

What do you think contributes to the creation of stigma?

Fear of the unknown – people fear what they don't know. And if they lack information
Don't know what they don't know

Misunderstanding of what problem gambling actually is?

Absolutely this – a misunderstanding

People don't know of the resources

Mental health and addiction resources are all amalgamating now – people were being sent to so many different care providers

That people can recover from PG?

Think so – feeds back – people still don't understand or grasp the concept that gambling is an issue

There's been nothing really to highlight gambling as an issue. And because it's the invisible "addiction," - you can see those with alcohol, drug, or smoking problems.

Do you think stigma impacts problem gamblers' help-seeking behaviour and recovery? If so how?

Yes

Notice that even when providing information workshops

Set up at the mall – problem gambling prevention and intervention week

Addiction and mental health services – people wouldn't come up initially to the booth, afraid that

others would see and assume that they have an issue or someone in their family has an issue
Afraid of what others might think (that they have a gambling problem)
Many that the YGAP group and treatment providers work with – families are quick to give up on them and think that it's not something that they can get help for or recover from.

On your survey, you mentioned that you speak about PG stigma at your workshops or events? If so, please describe.

I play icebreakers that simulate gambling scenarios and we often discuss the outcome of the games in which we have made personal choices around gambling and gaming activities when very little is actually at stake. It is always interesting and sometime surprising for participants to see how easy it is to get caught up in risk taking activities. Most responses tend to be embarrassment and alarm.

This is what gets the ball rolling – games/activities introduce the concept of gambling (chance and randomness) – event though they don't risk anything of value

The concept grasped – feedback on their reaction

Roulette budgeting exercise with a mock budget – peer pressure – watching the dynamics of the groups and how they react

Talk about fearful and anxiety, not wanting the blame on them

Have them do activities that are so real – talk about losing rent and grocery money and how they would present this to their loved ones – how they would feel ashamed and how they could come up with so many other things to do before admitting that there is a problem

Tempted to steal, tempted to go to other creditors to borrow money and hide

You mentioned on your survey that you do see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)

I have been working in this field for 10 years and yet it is still difficult at times to get schools to participate in workshops and events. The response is "We would have you come in but we do not have a problem with gambling here. During events people are frequently afraid to approach our booth or participate in our event, as they may be seen by others, or people may think they have a gambling problem if they speak to us.

Advisory committee is made up of many treatment providers – she gets them to join her at the workshops – youth won't necessarily come up and admit to anything, they'll ask questions more generally and will chase the instructors out during breaks or into the parking lots.

Hand cards/information out to everyone – instead of suggesting that people come up and collect a card if they want additional information

Treatment providers on the referral cards will get calls after the fact because people don't want to admit anything out loud

Have you ever encountered someone at a workshop or community event that expresses stigma towards someone with problem gambling? Please describe.

Had family members that are bitter or angry because a loved one or significant other has a problem

Some comments might be biting or judgmental

People just don't understand casinos and how they run their business (even self-exclusion, setting limits)

Angry, jaded, and don't understand how it's a problem

Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.

Something to note – one of the main providers (treatment) missed an entire week because her son is

a gambler – she could see it, call it in anyone. Everyone else could see it, but she didn't want to admit it.

Lack of information or what are people going to think

How have you addressed stigma in these situations?

Just offering the information. She tries to do it through the icebreakers/activities – can hide behind these. Get message across in a fun and interactive way. Feed the information without zoning in on them specifically, they can retrieve the info and do with it what they want/would

What a PG looks like – plays a game, having students compare what a PG might look like compared to someone with a meth addiction. They may never know.

You mentioned that you feel confident and comfortable addressing gambling stigma in your work as a YOW. Can you explain why?

→ it's just experience. She wasn't comfortable at first. She hates saying what YGAP stands for. She hates working with just gambling. But through research, interacting with people, and doing the job, she started to really understand it and feel comfortable.

What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)

YGAP to change their name

Doing it and interacting with people. And as you work with them, people are sharing stories and they're

You mentioned that you've received training on how to address stigma in either PG or other contexts- Would this be something that you'd be interested in receiving?

I have participated in several workshops/training sessions around both process and substance addictions. The focus for each of these has been to educate front line treatment providers and to offer awareness around resources that are available to address stigmas that exist within our community .

Group really tries to focus – RGC committee for 6 years in the Kingston area, working very well
Always open to more training – you can never have enough. Always shifting and changing.

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

You mentioned that a training module for YOWs on explaining and addressing stigma would be helpful, particularly because you come up against biases in the field. You also mentioned that it would be helpful to address concerns and to educate those working with youth of all ages when it comes to gambling or gaming activities

- Gambling is moving up – closer to the front lines – especially with all of the other casinos opening up
- Internet and social media – the message can be spread on a grander scale
- getting out there, level of awareness has been raised, and people are finally starting to acknowledge that this can be problematic. DSM has shifted and adjusted and will continue to do so (internet gambling, as an example). It's being taken seriously – problem area, must be addressed

Do you think a Stigma workshop module for YOWs to explain stigma to students would be helpful?

Why or why not?

- Absolutely

Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?

- Absolutely

Do you have any ideas to make future stigma training, workshop module, or campaign most effective?

topics that you'd like to see in the stigma module: Stereo Types, bullying and harsh judgements and resources available to those of us who work within the field of gambling and gaming.

lecture style does not work well when most students have trouble focusing for long periods of time

Even the PowerPoints aren't great – the activities putting them into the scenario are most helpful

Interview #5

In what contexts do you usually work?

(i.e., workshops, community outreach)

Conduct a great deal of workshops

Committees – youth advisory, drug committees

Gambling advisory committees

Partnerships with community – present there on a regular basis (some schools, others: family health centre, Alderville for a parent information day, employment planning and counselling)

Workshops for several schools – Central East Ontario – Peterborough, City of Kawartha Lakes, Hastings County

Work is engaging, rewarding, conversations are fun – workshops are great.

When was the last time you conducted a YGAP workshop?

This month has been slow – last time was January 6th – mostly because of other projects (youth engagement), 2-day conference in Toronto,

Next month 17 presentations

Workshop targets – monthly for youth participation – but # annually reported

With what age groups do you typically work?

Program services youth ages 8+

Most commonly working with 11-14, 15-18 and 19-24 are most popular, mostly 11-14 and 19-24

If a high school, usually doing full-day presentations 2 days in a row; elementary schools he's conducting workshops all over the days

19-24 – employment counselling youth job placement

Colleges – programs for police foundations, CY, where people are going into becoming professionals

Looks at any presentation as an opportunity to increase outreach

What are some terms that you might use to describe problem gamblers?

Often when looking at signs of PG, he avoids using the word “addiction” (lexicon is moving away from addiction to PG)

Looks at signs – in the presentation there are slides

Discussion will vary by age group

Adults – appearance of PG differs from someone with narcotics or drinking. Can clearly see someone with an alcohol problem (slurring words)

Problem gambler – might be in a bad mood, look tired – point is, it's difficult to spot someone that has a problem with gambling – unless they tell you or you can somehow see their credit history

Every 6 months, he attends GA meetings, where they welcome him – they say that they were able to hide it for a long time because no one could tell

Do you think that reducing problem gambling stigma is a high priority?

Yes – one of the workshops – Kids Help Phone attended – talked about the services that they offer.

Gambling wasn't listed under behaviour or mental health, rather under financial health. This ties into the comment from adults – believe that there's a misconception that PG are just bad with money – carries a different stigma – people think of mental health second

Charles Barclay – admitted to losing \$10M to PG – he has a problem with gambling but can afford to do it. Barclay has recently admitted to losing 3x that.

Ben Affleck has admitted to being a PG – spends up to \$20,000/night (online gambling)

Comes in with 2 security guards that escort him out (harm reduction after a certain amount of time)

Main content questions:

What do you think contributes to the creation of stigma?

Discomfort – usually when discussing, he'll admit that his background is not psychology, but he knows it's a negative concept with a negative connotation. What contributes to it is discomfort. *Bell Let's Talk day* – catharsis by being able to talk about what's going on in your life.

The things that people don't want to talk about – do it because there's shame associated; may be embarrassed

Many don't want to admit that they have something like this going on.

Physically ill – likely will tell you quickly that they are ill.

Good news is that the conversation is and can happen – but can't expect people to change overnight.

What it is that causes stigma is discomfort – fear of losing respect, fear of others knowing, fear of things they don't know.

Misunderstanding of what problem gambling actually is?

Yes – many believe that PG is a case of not being able to handle money.

Do you think stigma impacts problem gamblers' help-seeking behaviour and recovery? If so how?

Yes

Also, it's a lack of awareness.

Belleville just got a new casino (2 weeks ago). Peterborough is going through hearings to determine if they can open a new casino; North Bay wants to put in a casino too (Reservations)

Society-wide implications, negative social impacts, lack of awareness

Too bad the YOWs can't bring awareness to those places. Lots don't know that the program is there.

Of those that do, 80% will have him present within 6 weeks

"Prevention begins with awareness"

On your survey, you mentioned that you speak about PG stigma at your workshops or events? If so, please describe.

Gambling carries a negative perception or stigma

Have participants describe what they think stigma is, and then you explain it

Gambling neutral – explain both harm/risk and the benefits of gambling as an industry in the community

Example: 15-18 presentation (general awareness for high school)

Who runs gambling? Talk about the OLG. 2/3 of the time they say Ontario Lottery and Gambling – but it's gaming. Kids think it sounds better. But is it because gambling carries negative thoughts or feelings?

That is stigma – there's something negative in this idea, perception, thoughts

Then he asks what people think about gambling? Las Vegas run by the mafia. Before Ontario took over gambling, it was run by the mob

Thought that gambling historically is tied to the mob and crime, it's all negative.

Now there are accredited places that have to earn certification to do it, regularly checked, have to follow certain regulations and practices.

Many don't realize this, and they tend to follow misconceptions and myths about casinos in general

Perception because of TV, movies, the media – almost always shown to be glamorous.

Points out the signs of PG, talks about treatment facilities – explains that it's a problem, a health risk, it can be detrimental. But it doesn't mean that it's always going to affect every person that picks up

and rolls the dice

You mentioned on your survey that you do see examples of PG stigma in your work as a Youth Outreach Worker (both workshops & community events etc.)

- you often need to remind those that attend your program or know of your program that you are gambling-neutral

Pumping oxygen into casinos

Want people coming in to get drunk to play longer

Any representation from casinos told him that they don't allow anyone to get too intoxicated if they want to play

New policies against allowing people grand prizes if they are visibly intoxicated

Awareness, signs of PG, talking about harm reduction strategies and referrals to agencies – often gets comments about not being happy about a casino coming in

Casinos want people to know that they have a social conscience. RG events – Shorelines, in partnership with the YGAP, ran their 7 inning stretch

Have you ever encountered someone at a workshop or community event that expresses stigma towards someone with problem gambling? Please describe.

Not really; maybe because the conversation is so moderate and relaxing – any hostility or negative feelings towards PG tend to go away (or they don't come up)

Have you ever encountered someone at a workshop or community event that expressed feeling stigmatized because of their problem gambling? Please describe.

Not really; maybe – there are people that make comment about a bet, but feel embarrassed to tell him. They'll give examples of what they've done, but will justify their behaviour

Example – about a workshop – 2 presentations last year at 2 colleges – a slide asks gambling vs. a game. Example was pool – is pool gambling? Police foundations students said no, it's a game of skill. but all 4 students were seen the week before betting on a pool game. When asking other groups of students about that – a student admitted that they bet their clean needles on pool games.

How have you addressed stigma in these situations?

- Nothing wrong with it – but make sure that you are doing it responsibly (explains especially when talking about gaming with kids)

Doesn't call anyone out

When people are being protective about their behaviour, he lets the conversation flow. If people make comments, he'll make sure that people are staying safe.

Tries to keep the conversation comfortable, no judgments

You mentioned that you feel confident and comfortable addressing gambling stigma in your work as a YOW. Can you explain why?

He does – but he knows his background. It's a general background and understanding – he could have discussion

What could be done to increase your comfort/confidence in addressing stigma? (e.g., What additional tools/training might help you when addressing stigma?)

Good question – can do online, scholarly research – but it only gets you so far. Conversations help, with other YOWs, or those qualified to discuss it. You can know some things about stigma, but people can't necessarily know everything to guide a full conversation.

Would love a way to guide the dialogue, conversation, = this seems like something they should already be doing

What are some challenges you face when explaining/addressing stigma?

– Tends to deal with negative perceptions or connotations – he thinks that some pull back or shut down in the conversation. People feel comfortable and shut down – but then it’s hard to have a conversation about something they feel uncomfortable talking about.

Have you received any type of training on how to address stigma in either PG or other contexts?

Would this be something that you’d be interested in receiving?

No- he reads up when he can because the words come up, but never had anything that specifically says “what is stigma?”

Would absolutely be interested in this.

A **YOW Stigma Awareness Presentation** will be prepared to discuss the results of the study— the degree of perceived public stigma, concerns and comfort with addressing stigma in YGAP work; definitions of stigma, types of stigma, and key concepts for reducing stigma. The Presentation will introduce a Stigma Module and a guide to using the module as part of YGAP Gambling Awareness Workshops with youth.

You mentioned that a training module for YOWs on explaining and addressing stigma would be helpful, particularly because it would help you address it effectively through a more formal discussion – you’d like to have the supporting information to discuss facets of mental health and stigma

Topics of interest: understanding how to dispel or approach stigma in a workshop without risking sounding too positive about gambling

Important just to have the conversation in and of itself

Even if nothing else, we’ve all dealt with something negative in our lives; when this happens, many can talk about it liberally and they can get through it, others can’t talk about it, but don’t realize the need is there.

De-stigmatizing particular topics

Do you think a Stigma workshop module for YOWs to explain stigma to students would be helpful?

Why or why not?

Yes – but would it be aimed to specific demographics?

15-18 years olds – lots of focus is on the transition-age of youth

Bounce between adults and 19-24 year olds

Often the perpetrators of negative stigma is adults – may not be aware of the modernization of casinos

PlaySmart, Know your limit – adults don’t necessarily realize that the message is to set limits, and rather think it’s just a slogan from OLG

Focus on increasing the conversation with adults – more than doubled the annual targets for adults because he knows how important it is

Adults and parents need to understand themselves – they can permeate the ideas to their children and youth – this will help them have the right discussion at home and know all of the important facts and help the youth that they’re working with do it.

Do you think a future campaign aimed at reducing PG Stigma at community events would be important? Why or why not?

Yes – difficult to make it a stand-alone; pairing with stigma in mental health in general

Do you have any ideas to make future stigma training, workshop module, or campaign most effective?

Can always use social media – but sometimes people are so immersed and bombarded in social media that minds get numb

Is there anything else you would like us to know or consider about PG stigma and your work with YGAP?

Even having the workshops that they do, in and of themselves, has changed the conversation. Many schools will have him return, keep talking, keep having conversations, or bring different workshops. Teachers and principals are having dialogue and they're starting to notice things themselves.

Approach or breach the topic might help both the YGAP and mental health awareness – bringing in other programs that teachers will consider more, or have teachers think about it

Stigma Module for the YGAP that is based in evidence and is customizable to age groups and the allotted time available for stigma training. This tool can be adaptable to other YGAP activities, such as community events (campaigns), social media/print materials, and can help guide student engagement activities

Appendix D: Results of YOW Stigma Interviews

Key Themes and Feedback from YOW Interviews

Do you speak about problem gambling stigma at your workshops/events?

<p>Many people (aged 18+) bring up the fact that there is stigma associated with problem gambling. Because of this I often talk about making problem gambling resources available for everyone in public places like washrooms, guidance offices, Doctors offices etc.</p>
<p>I ask questions when doing presentations such as; do you think that people can get help for their addiction with gambling? Are people who have gambling problems unreliable? Do you think that people with an addiction are bad people?</p>
<p>Usually a student will tell a story about someone they know that is a problem gambler and it unfolds from there in an open discussion about how people would feel about that person and I give different situations. Followed by discussing the reality.</p>
<p>Give examples of what some people believe (no help for problem gamblers, they are "addicts" and always will be, etc).</p>
<p>i will once i start delivering them. I am still new.</p>
<p>We aim to have participants understand that the majority of us have participated in some form of gambling. We discuss the definition of what it means to gamble, and participants apply the definition to activities they currently take part in. Participants are always surprised at how many gambling experiences they have actually been involved in.</p>
<p>Trying to avoid stereotypes by focusing on 'anyone' can develop a gambling problem (knowing that young men are more susceptible)</p>
<p>I play icebreakers that simulate gambling scenarios and we often discuss the outcome of the games in which we have made personal choices around gambling and gaming activities when very little is actually at stake. It is always interesting and sometime surprising for participants to see how easy it is to get caught up in risk taking activities. Most responses tend to be embarrassment and alarm.</p>
<p>I often mention that the term 'gambling' carries a negative perception, or stigma, and I often ask the participants if they know what stigma is. Many reply by defining it similar to 'a negative thought or feeling that comes up when thinking about something,' or 'feeling uncomfortable when thinking about something.' I often explain that stigma is often a negative perception about something, and the idea of being able to discuss gambling openly in our workshops can help to remove the stigma of thinking about it. As our program is gambling-neutral, we can explain both the harm/risk and the benefits of a gambling industry in a community in order for our participants to increase their understanding about gambling and make informed decisions about this and other potentially risky behaviors.</p>
<p>We talk about who gambles and that it's all types of people.</p>
<p>I talk about how prominent and normalized gambling is in our culture and that it is the same as any other addiction. I discuss how there is more of a stigma because it is not talked about.</p>
<p>We explain that it is an addiction like any other addiction (drug, alcohol) and that it can be treated</p>
<p>During discussions we cover problem gambling their thoughts and the reality of it all.</p>
<p>We offer referrals. Disordered gambling is treatable. It is possible for anyone to get too focused on one thing and other things can fall away. Anyone can develop a problem with gambling.</p>
<p>Perceived Stigma: ashamed, embarrassed, disappointed, guilty, weak and like a failure Social Stigma: exclusion, not as trusting, fear of theft</p>

Do you see examples of stigma in your work as a YOW?

<p>Many new-comers have never heard of gambling and what they have heard is negative so sometimes they're unwilling to learn about it and don't visit my booth at fairs and events.</p>
<p>Many people feel that its a problem that can be fixed easily, that the person who plays games a lot can stop and that they are only playing games, its not as hard to stop as a substance addiction.</p>
<p>Most clients think I am there to tell them not to gamble as they perceive gambling as bad and addictive 100% of the time.</p>
<p>I mainly see it with adults. The youth are still very naive when it comes to the stigma behind problem gamblers.</p>
<p>i know two people who struggle with gambling and the fact that they don't get help even though they identify they need to slow down, means they are worried about something. Stigma may be the issue.</p>
<p>In workshops youth express a stereotype of what a problem gambling looks like: not clean, messy hair, overgrown facial hair, and smoking/drinking. Once we debrief on the variety of gambling activities youth have participated in, they begin to realize so many of us participate in gambling and we enjoy it because it's fun and entertaining AND because it's fun, exciting and entertaining people can run into problem gambling.</p>
<p>I see it a lot even in my outreach efforts. Many schools don't want us to come in and talk to their students about gambling - saying their students are not gambling and don't have a problem with gambling. I find a lot of people assume it's mostly a problem in elderly - not youth.</p>
<p>I have been working in this field for 10 years and yet it is still difficult at times to get schools to participate in workshops and events. The response is "We would have you come in but we do not have a problem with gambling here. During events people are frequently afraid to approach our booth or participate in our event, as they may be seen by others, or people may think they have a gambling problem if they speak to us.</p>
<p>When discussing our program and its purpose, many agencies tend to assume that our agency opposes casinos, the OLG and other gambling institutions or that we see these institutions as entirely harmful. I often have to remind them that we are gambling-neutral. When I was invited by Great Canadian Gaming this past September to attend their 7th Inning Stretch event at Shorelines Slots at Kawartha Downs, I had several patrons of the casino comment that they were surprised to see an awareness program such as ours at an event hosted by the casino. I explained that our outreach workers often sit on RGC's, and that members of the casino's teams also tend to sit on our advisory committees in order to keep a transparent relationship.</p>
<p>I asked questions on what people think a gambler would look like and or act like.</p>
<p>Most people have negative feelings towards gambling. Reactions are commonly "don't gamble" or, "gambling is stupid". Most people do not see it from a neutral perspective until they are more educated on the topic.</p>
<p>As a YOW we have youth telling us stories about parents/grandparents etc and how they feel they are addicted. In the community at events often times people will disclose that they have/had a gambling problem</p>
<p>- Thinking that problem gamblers can not have a happy family life - Not reliable workers</p>
<p>Yes. People tend to distance themselves from the topic of problem gambling. It would seem having a problem with gambling is perceived as negative; more so in my opinion than alcohol or substance misuse. Problem gambling continues to be a 'taboo' topic in my community.</p>
<p>Younger kids tend to say stuff heard from their parents "poor people gamble rather than work" "Gambling is for people who don't want to work", etc.</p>

Notes:

All but one YOW feel comfortable and confident addressing PG stigma in their work; this was because of a lack of training, need for more tools, confidence in implementing

Asking the YOWs if they'd received training on how to address stigma in problem gambling or other contexts, 5 had received none, 5 received some, and 7 had received training. See below for some examples of training from the YOWs

I have been taught about how deal with all types of stigma associated with all addictions through my Child Youth Worker education, my work with young offenders and street youth. Classes that I have been certified in are: Crisis Prevention Intervention training, Mental health and disorders and suicide prevention.
I feel that we bounce ideas off each other all the time as YOWS via email or phone calls as well as annual training. We give examples of what we have heard from participants and how we dealt with it.
We are trained to remain neutral on the topic of gambling. We are given material to help us associate the flip side of the stigmas (facts).
Some training so far has been done, but it is a matter of knowing my material to back it up at this point. addressing issue is not something i struggle with.
No specific training workshops, but it is something we have discussed as a team.
I have participated in several workshops/training sessions around both process and substance addictions. The focus for each of these has been to educate front line treatment providers and to offer awareness around resources that are available to address stigmas that exist within our community .
We have discussed stigma at trainings and discussed that anyone can develop a problem. In previous trainings we had to draw a picture of what we thought a problem gambler looked like. We realized we were stigmatizing a certain look which is not the case. Also that it is not just how someone looks but people also tend to look down on people who have a problem with gambling. The thing is people could have a problem with gambling and you do not even know.
Mental Health Stigma training workshops.
I used to work for OLG so I have received a lot of training on problem gambling and the services available
During initial training & annual training
Discussions with Advisory members - treatment providers. Workshop trainings through YGAP - though never labeled training on stigma associated with disordered gambling we certainly challenge the stigma associated through various workshop elements.
general context through school, work place training

10 YOWs believe that attitudes, assumptions, and biases about gamblers may influence how their YGAP work is done.

I think we're all as neutral as we can be! We're presenting facts and giving people information. Our biases are put to the side for our work.
When I first started with YGAP it was hard to remain neutral since I had a family member affected by

<p>a gambling problem, I saw how it affected our family and the individual. I have been able to remain neutral in my own beliefs by doing research and educating myself around the stigmas and problem gambling.</p>
<p>I feel like we all have the education and knowledge of reading articles, watching commercials, advertisements that we have a strong understanding. I also feel that the current YOWS are more them professional and bring that into the work place.</p>
<p>i believe it would influence their work, but it doesn't mean it would effect their work. Everything influences you to some degree, but that does not mean it will effect you.</p>
<p>It's shouldn't. Our program is neutral so we are all trying to look at both positives and negatives in regards to gambling.</p>
<p>It is very difficult to separate who you are from what you do at times. I have had family members who have and do struggle with gambling issues which at times has tainted what I do within this field. I also have to admit that I do not like that we are called YGAP as it makes it very hard to get into schools when we are known as a gambling awareness program.</p>
<p>When I was hired for this job, I already knew my predecessor and have been friends with them for several years. One of the comments that they made was that I may find myself successful in this program because I gamble on occasion. They admitted that it was sometimes difficult to explain the entertainment or excitement that comes when gambling as they did not gamble. I play poker a few times a year and I enter a fantasy sport pool once a year, as well. Despite this, I understand the importance of setting limits, as I don't enter more than one pool, nor do I play gambling games with people that I don't know. I do believe that bias and attitude could influence an outreach worker, which is why I feel it's important to stress the balanced perspective that we explain in our workshops. Gambling institutions can benefit a community; OLG posts their contributions to the economy on their website. However, casinos, online gambling sites and non-sanctioned gambling can lead to financial, legal and health problems if left unchecked and uneducated. Despite the possibility of bias or assumptions even on the part of the YGAP outreach worker, I am confident that outreach workers can promote a neutral learning atmosphere for youth to understand the terms, benefits and risks associated with gambling. I feel that, as long as they can effectively explain harm reduction strategies as opposed to only suggesting abstaining, they can help youth make informed and healthy decisions about gambling, regardless of any potential bias on the part of the YOW.</p>
<p>If you're not staying neutral or have a certain bias that will come out in your presentation. This could potentially influence others.</p>
<p>I believe being more educated on gambling and mental health in general helps to alleviate bias and have the ability to want to help as opposed to judge. If a YOW has a negative bias towards gamblers, the workshops will be more negative, thus affecting the "neutral" approach.</p>
<p>Because of my additional training I don't find this in my case but am certain that some YOW's do have a stigma about problem gambling</p>
<p>I think we all come to the table with different experiences and understandings. It is important to explore and reflect on those. Training and opportunities for learning help us to understand our own biases and make us better facilitators of learning.</p>
<p>assumptions good or bad can influence peoples attitudes and delivery, I do however believe that our YOW's are encouraged and trained on offering a balanced perspective, in so doing, they should be able to put personal biases aside.</p>

All YOWs agreed that they a training module explaining and addressing stigma would be helpful

Any training is helpful and welcomed!

With New YOWs this may be very beneficial since they would be able to have specific training on stigma and this would help them to remain neutral with the work we do in the communities where we work.
Any extra training or information is always helpful
For professional development it would be helpful.
it is always better to have too much information than not enough. Better to have it and not need it, then to need it, and not have it.
More information and training is always useful!
Again we often come up against, biases within this field. I think it would be very helpful to address these concerns and to educate those working with youth of all ages when it comes to gambling and gaming activities.
I believe that it would be helpful because, even though I feel reasonably confident in discussing stigma, I have not had a formal discussion about how to address it effectively; my professional background is in education, as opposed to mental health. Even if a module were brief, any supporting information to discuss a facet of mental health such as stigma would be helpful and I always welcome the chance to learn.
Yes so that everyone understands clearly what stigma is.
It would be beneficial to have more research and education on stigma in order to be able to address it better in groups.
Any additional training would help YOW's do their job
This would provide YOW with direct answers and tips on how to help address stigma
The more knowledge, the better.
Having clear definitions and unilateral training makes sure that we are all conveying the same message.
I think any extra info/training can help YOW's better understand problem gambling stigma and help educate.

Stigma training topics of interest

How to dispel the myths of stigma surrounding a Problem Gambler
how friends and family influence the way we perceive problem gamblers
youth online gambling, money problems, family concerns for adults with regards to financials
mental health aspect of asking for help. It does not make you weak to seek help.
The process of stigma creation for problem gambling compared to the other conditions (addictions)
Stereo Types, bullying and harsh judgments and resources available to those of us who work within the field of gambling and gaming.
I believe that it would be important to understand how to dispel or approach stigma in a workshop without risking sounding too positive about gambling. Again, as I've stated earlier, it is important that our agency is gambling-neutral.
Maybe age ranges of problem gamblers and life style differences.
Gambling & Mental Health, How to address stigma, "Politically correct" terms
dispelling myths, addressing the issue of how a gambling addiction relates to other addictions
Exploring attitudes, beliefs, discrimination, prejudice, ignorance associated, and language associated with stigma related to problem gambling.
the idea that people on government assistance gamble more.

Modes of presentation delivery

It's always great to have both a powerpoint and group activities to stimulate every persons brain!
Case studies, within groups.
combination of both would be great.
Hands on activities allow students to experience and then debrief. They then have something to draw from during the debrief.
Students don't really like PowerPoint. What makes our workshops more effective and more appreciated are the hands-on activities . Students can easily zone out and not listen, but when they participate in an activities, they learn even more from that experience than simply listening. More videos would be great too!
Special speakers from within each community would be helpful. A lecture style does not work well when most students have trouble focusing for long periods of time. I have found that students are more willing to participate in the process if they have had some input and are part of the solution...a voice!!
Dispelling stigma, in my opinion, is about being able to discuss it effectively with and among your peers. If we were lecturing about ending stigma, I feel it would not be nearly as effective as if we had a way to discuss it as a group. Activity promotes such discussion and would be a more comfortable manner to approach a possibly uncomfortable topic.
I think a power point with a group activity as I think it all depends on your audience.
Role playing scenarios
Group activities would allow the individual participate to learn and discuss the stigma. As well allow fro multiple ideas and thoughts to be heard
Video format and group reflection activity
A group activity would have a greater and lasting impact. Stigma relates to more than just problem gambling, teachers would be interesting having it addressed.
I think the Prezi we currently use is a fun interactive workshop (to be used as a baseline) as it has interactive activities . I also think using technology like clickers/phones or chromebooks to help youth interact would be a great addition

Appendix E: YOW Stigma Training Module



YGAP Stigma Awareness Training

Reducing Public Stigma towards People with Gambling Problems

Karen Choi, Principal

April 18 2017

Overview

- ▶ **Part I - Literature review**
 - ▶ Methodology & Findings
- ▶ **Part II – Development of Stigma training module**
 - ▶ Framework
 - ▶ Components
 - ▶ YGAP Stigma Awareness Workshop

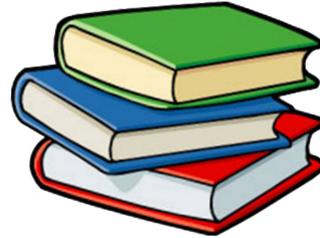


Part I – Literature Review Methodology

▶ PsycINFO and Google searches

▶ Keywords:

- ▶ “problem gambling”
- ▶ “stigma”
- ▶ “solving stigmas”
- ▶ “media and stigma”
- ▶ “stigmas around gambling”
- ▶ “reduce problem gambling stigma”



▶ Years: 2000-present



Literature Review – Search Results

▶ An **under-researched priority**

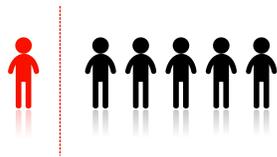
- ▶ Only 13 studies examining problem gambling-related stigma specifically
 - ▶ 1 literature review
 - ▶ 8 exploring non-PGs’ perceptions of PGs
 - ▶ 2 exploring PGs’ perceptions of stigma
 - ▶ 1 exploring counsellors’ perceptions of stigma
 - ▶ 1 validating a PG stigma scale
-



Definition of Stigma

“the situation of the individual who is disqualified from full social acceptance”

- Goffman (1963)



PG is 13th Most Stigmatized Mental Illness

- | | |
|-----------------------------|----------------------------------|
| 1. Antisocial personality | 10. Alcohol Dependence |
| 2. Pedophilia | 11. Paranoid Personality |
| 3. Factitious disorder | 12. Substance-Induced Dementia |
| 4. Exhibitionism | 13. Pathological Gambling |
| 5. Voyeurism | |
| 6. Cocaine dependence | |
| 7. Frotteurism | |
| 8. Kleptomania | |
| 9. Narcissistic Personality | |

▶ PG stigma higher than schizophrenia, OCD, bipolar, depression



Why is PG stigma an issue?

Stigma associated with PG

'foolish', 'weak', 'untrustworthy', 'secretive', 'losers', 'self-indulgent', 'lacking self-control', 'irresponsible', 'pathetic', 'desperate', 'lacking intelligence', 'no hopers,' and 'scum of the earth,'

Stigma is a barrier to help

- ▶ Denial to self and others
- ▶ Barriers to help-seeking behaviour and treatment for problem gambling

(Hing et al., 2016)



Types of Stigma

1. **Social stigma** – general public
2. **Structural stigma** – professionals who deal with stigmatized group, such as counselors, doctors, police etc.
3. **Self stigma** – people with gambling problems
 - a) Internalized stigma: how they see themselves
 - b) Perceived stigma: how they think others see them



(Livingston et al., 2011)



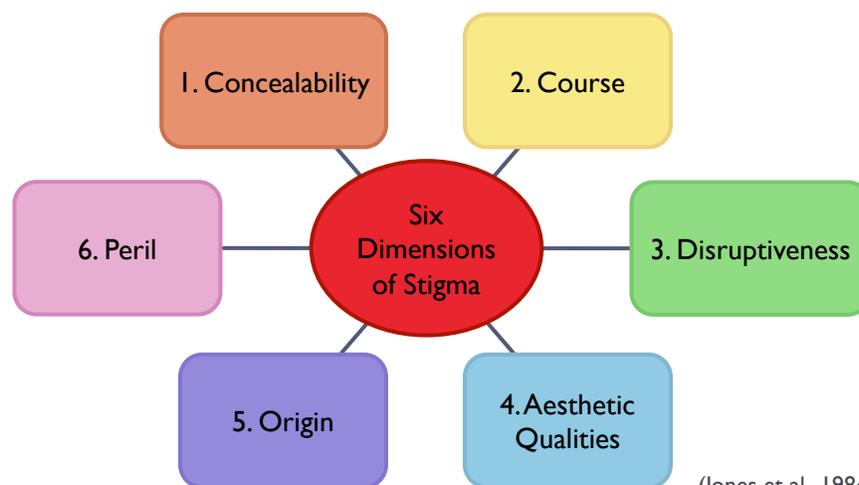
Ministry of Health Goal #4

“Decrease negative attitudes towards problem gamblers”

- ▶ Increasing the number of participants that report **decrease in stigma** associated with problem gamblers
- ▶ Increase number of participants reporting **more positive attitudes towards potential treatment**



6 Dimensions of Stigma



(Jones et al., 1984)



Dimensions of Stigma

I. Concealability – How visible is the stigmatizing behaviour?

Can it be hidden / minimized?

Gambling behaviours are easily hidden, which may enable problematic gambling behaviours.



(Donaldson et al., 2015)

Dimensions of Stigma

Course – Pattern, outcome, or life course of the stigmatizing behaviour

Life Course - Progression of PG



Path to PG

- Fun/recreational ->problem
- Slow/fast progression
- Coping strategy (e.g., escape)
- Denial; shame
- Hiding; isolation
- Impact on other areas of life:
 - Family/friends
 - Work
 - Health
 - financial



Life Course - Progression of PG

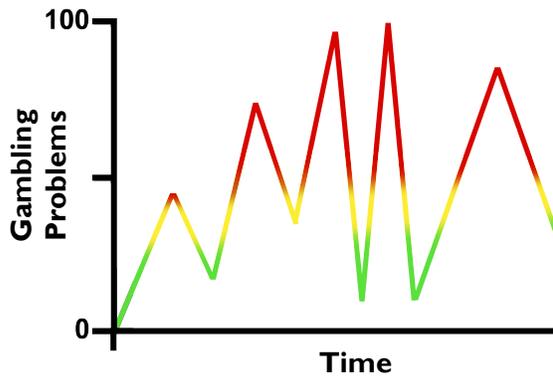


Path to Treatment & Recovery

- Admitting problem to self
- Admitting problem to others
- Seeking support & treatment: GA, counsellors, therapists etc.
- Addressing additional/root problems
- Not always straight path (relapse); hard work & persistence



Life Course - Progression of PG



- Common pattern of going in and out of problematic and non-problematic play
- Relapse is common and part of recovery process

Dimensions of Stigma

3. Disruptiveness – to what extent does the stigmatized behaviour impact social relationships?

Gambling requires times away from social situations, and can damage social relationships



(Donaldson et al., 2015)

Dimensions of Stigma

4. Aesthetic qualities – to what extent does the stigmatizing behaviour make a person attractive / repellant?



Physical characteristics

vs.

Personality traits

- More difficult to detect
- More difficult to note changes



(Donaldson et al., 2015)



Dimensions of Stigma

5. Origin – when / how did the stigmatizing behaviour start?

Examples of attributions: Personal weaknesses, genetic, situational factors (modelling, culture, coping etc.)



(Donaldson et al., 2015)



Dimensions of Stigma

6. Peril – how dangerous or negatively impactful is the stigmatizing behaviour to others?

Assumptions of peril for problem gamblers:
theft, dishonesty, financial risk, risk to family's well-being



(Donaldson et al., 2015)

Stigma Associated with Problem Gambling

Compulsive
Impulsive
Desperate
Suspicious
Avoid
Ignore
Irresponsible
Risk-taking
Greedy
Depressed
Distance
Reject
Antisocial
Aggressive
Irrational

Stigma Associated with Problem Gambling

Dimensions of PG stigma

(Gambling Perceived Stigma Scale; Donaldson et al., 2015)

1. **Contempt** – negative judgments of personal traits

- ▶ Liars
- ▶ Lazy
- ▶ Greedy
- ▶ Have no self-control
- ▶ Unable to handle responsibility
- ▶ Unreliable
- ▶ Will take his/her opinion less seriously



Stigma Associated with Problem Gambling

2. **Ostracism** – Avoidance and mistrust

- ▶ Think less of
- ▶ Be suspicious of
- ▶ Avoid
- ▶ Not hire
- ▶ Uncomfortable communicating with
- ▶ Not want to be in a committed relationship with



(Donaldson et al., 2015)



Stigma Associated with Problem Gambling

Cultural influences

- ▶ Gambling and culture
- ▶ However, more highly stigmatized in East Asian cultures (Dhillon et al., 2011)
- ▶ Gambling problems viewed as a “loss of face” in Tamil and Chinese communities (Radermacher et al., 2016)
- ▶ Furthermore, cultures reserved about help seeking & treatment



Negative Impact on Problem Gamblers

Feelings

- ▶ Lowered self-esteem
- ▶ Lowered self-efficacy
- ▶ Shame
- ▶ Physical health problems

Coping

- ▶ Secrecy
- ▶ Delay disclosure
- ▶ Reluctant to acknowledge problem
- ▶ Cognitive distancing

(Hing et al., 2016)



Negative Impact on Problem Gamblers

Stigma associated with problem gambling...

1. Increases shame & secrecy
2. Delays help-seeking
3. Is seen as a barrier to treatment by highly involved gamblers

(Hing et al., 2016)



Interventions to Reduce Stigma

Education campaigns alone

(leaflets, flyers, etc.)

- ▶ Not very effective
- ▶ Any effects are short-lived (Davidson, 2002)

What works?

- ▶ Contact Hypothesis (Allport, 1954)
 - ▶ Interactions with members of other groups can reduce prejudice



Interventions to Reduce Stigma

▶ **Mental health & addictions stigma:**

- ▶ Direct contact with stigmatized groups is effective in increasing comfort levels and decreasing judgmental feelings (Livingston et al., 2011)

▶ **Problem gambling stigma:**

- ▶ Video of problem gamblers telling their stories helped reduce some negative stereotypes (Ladouceur et al., 2005)
-



Interventions to Reduce PG Stigma

- ▶ Integrate contact with and personal stories from problem gamblers into stigma intervention programs
 - ▶ Integrate stigma information across other workshop modules (e.g., Progression of Gambling activity)
-



Part II - Development of Stigma Awareness Module

YGAP Stigma Module Topics & Components (15-18 year olds)

Topic	PowerPoint	Videos	Activities
1. Defining stigma	X	X	X
2. Types of stigma	X	X	
3. Perceptions of PGs	X	X	X
4. Impact of stigma	X	X	
5. Contempt & ostracism	X	X	
6. Ways to address and reduce stigma	X	X	X
7. Emphasize PG is treatable	X	X	

Addressing Stigma Video (integrating contact hypothesis)

I. Developing a gambling problem

- ▶ Jason's story
- ▶ Anyone can become a problem gambler

II. PG Stigma

- ▶ Self stigma
- ▶ Public stigma
- ▶ Stigma in the workplace

III. Treatment & Recovery

- ▶ Barriers to treatment
- ▶ Relapse
- ▶ Shedding the stigma

IV. How can others help?

- ▶ How can others help?
- ▶ How to show support?

V. Rethinking the term "Problem Gamblers"



Table 5. List of topics and mode of delivery for the Stigma Module

TOPIC	POWERPOINT	JASON	ACTIVITY
1: Defining stigma	First (definition, creation) Recreational versus problem gambling Who stigmatizes the most? (can use results from the stigma presentation in our folder)	Third: some common terms used to describe a problem gambler that feel the most stigmatizing	second
2: Types of stigma public perceived Social	Who feels the most stigmatized due to problem gambling – females, EGM, higher psychological distress, higher public self-consciousness, higher social anxiety, lower self-esteem, higher PGSI scores, help-seekers, relapsers	Second – describing experience feeling stigmatized and self-stigmatizing	Third – Vignette – public stigma
3. Perceptions of problem gamblers			
4: Impact of stigma			
5: Contempt definition + examples (feelings)	Second	first	
6: Ostracism definition + examples (behaviours)	Second	first	Role playing – interviewing someone with a gambling problem
7: Implications of stigmatizing problem gambling		Did not want to seek help avoidance	
8: Ways to address and reduce stigma	First: increasing public awareness about problem gambling → knowledge about PG, language to use (do not label), attitudes, and behaviours (contempt and ostracism). Counsel problem gamblers to overcome self-stigma (restore self-esteem, coping skills, foster belief that recovery is possible, prepare for relapse)	Second: self-identifying, seeking treatment, coping	
9. Emphasizing that problem gambling is treatable			

Appendix F: Stigma Awareness Workshop



YGAP Stigma Awareness Workshop



YMCA
Youth Gambling
Awareness
Program (YGAP)



ymcagta.org |  Ontario **Follow Us:**  YGAP.PSJJ  YGAPOntario



What is Gambling?

Gambling is when you risk something of value and you don't know if you will win or lose.





How would you describe someone problem gambler?

- ▶ *What are some terms/words that come to mind?*

How would you feel towards a problem gambler?

- ▶ *Would you like them? Be friends with them?*
- ▶ *Want to work with them? Trust them?*



List of assumptions about problem gamblers
by other students



- | | |
|---------------------------------------|-------------------------|
| • Not getting enough sleep | • Messy hair |
| • Not eating properly | • Overgrown facial hair |
| • Affecting work, school, social life | • Smoking/drinking |
| • Poor overall health | • Dirty clothes |
| • Financial problems | • Poor hygiene |
- Assumptions
not necessarily true**





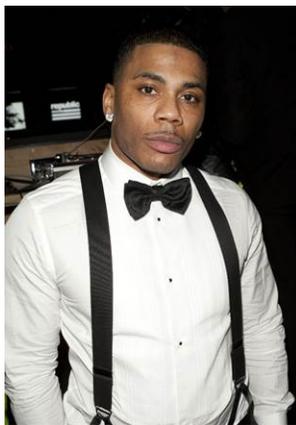
Who is the problem gambler?



Other Celebrities with Gambling Problems



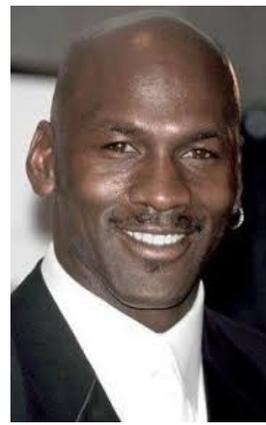
Tobey Maguire
(Actor - Spiderman)



Nelly
(Singer)



Paris Hilton
(Socialite)



Michael Jordan
(Basketball player)



Anyone can be a Problem Gambler

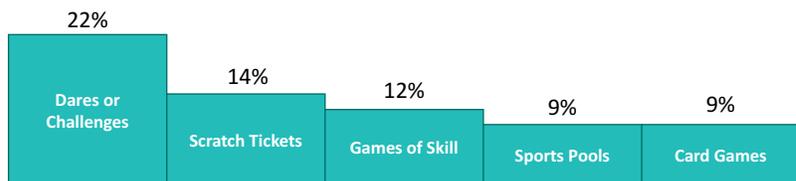


Are Youth Gambling?

10%
of Canadian teens gamble online



40%
of Canadian teens gamble in any form



Most popular gambling activities

Gambling increase by grade/age:

23%
of 7th graders

40%
of 12 graders.

61%
of youth aged 15-24

Sources: Ontario Student Drug Use and Health Survey 2015, Centre for Addiction and Mental Health Youth Gambling Survey 2012-2013 CAMH and University of Waterloo

Are Youth Reporting Problem Gambling?

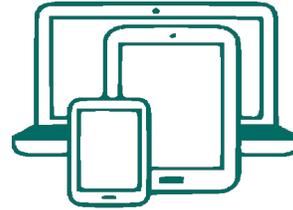
10%

of Canadian teens gamble online



40%

Of Canadian teens gamble in any form



36%

of youth who gamble both online and offline, indicated a potential gambling problem

8%

among offline gamblers

Sources: Ontario Student Drug Use and Health Survey 2015, Centre for Addiction and Mental Health Youth Gambling Survey 2012-2013 CAMH and University of Waterloo

What is Stigma?



Disgrace, shame, or rejection of a person based on a behaviour or characteristic



Stigma Associated with Problem Gambling



Compulsive
Impulsive
Desperate
Suspicious
Avoid
Ignore
Greedy
Irresponsible
Risk-taking
Reject
Depressed
Distance
Aggressive
Antisocial
Irrational



Types of Stigma



Social Stigma



Structural Stigma



Self Stigma



Video: Interview with someone impacted by problem gambling



Jason Applebaum

Video 1 - Problem Gambling Experience

- ▶ How did Jason's gambling problems start?
- ▶ How did problem gambling impact him?



Video 1 - Problem Gambling Experience
(Video embedded)

Video: Interview with someone impacted by problem gambling



Video II – Problem Gambling Stigma

- ▶ Self stigma
 - ▶ Public stigma
 - ▶ Stigma in the workplace
-



Video II - Problem Gambling Stigma
(Video embedded)



Video: Interview with someone impacted by problem gambling



Video III – Treatment & Recovery

- ▶ Barriers to treatment
- ▶ Relapse
- ▶ Shedding stigma



Video III – Treatment & Recovery *(Video embedded)*



Video: Interview with someone impacted by problem gambling



Video IV – How can others help?

- ▶ Ways to help
- ▶ How to show support?



Video IV – How Can Others Help?
(Video embedded)



Video: Interview with someone impacted by problem gambling



Video V – Rethinking the term “Problem Gamblers”

- ▶ Avoid labels
 - ▶ People impacted by problem gambling vs. problem gamblers
 - ▶ Problem gambling is just one part of the individual
-



Video V – Rethinking the Term “Problem Gambler”

(Video embedded)



Life Course - Progression of PG



Path to PG

- Fun/recreational ->problem
- Slow/fast progression
- Coping strategy (e.g., escape)
- Denial; shame
- Hiding; isolation
- Impact on other areas of life:
 - Family/friends
 - Work
 - Health
 - financial



Life Course - Progression of PG



Path to Treatment & Recovery

- Admitting problem to self
- Admitting problem to others
- Seeking support & treatment: GA, counsellors, therapists etc.
- Addressing additional/root problems
- Not always straight path (relapse); hard work & persistence



Warning signs of Problem Gambling



How can you tell when gambling becomes a problem?

Does problem gambling only affect your finances?

Does every problem gambler exhibit the same problems?

Similar to alcohol and drug abuse, problem gambling can affect all aspects of a person's life

Warning Signs of A Problem

- Behavioral signs
- Financial signs
- Physical signs
- Psychological signs

If you choose to gamble...

Set a time limit

Avoid betting with anything you don't want to lose

See gambling as fun and entertainment, not as a way to make money

Engage in other healthy activities you enjoy

Understand your odds- hope to win but expect to lose

Understand gambling is not a quick fix to problems

Take home message



- ▶ Anyone can develop problems gambling
- ▶ People with problems gambling are like everyone else – strengths, weaknesses, and feelings!
- ▶ It is important to be kind and understanding towards people
- ▶ Stigma can lead people to feel bad about themselves and avoid seeking help
- ▶ With treatment, hard work, and support, people can successfully recover from problem gambling and lead happy fulfilling lives!



How can YOU help to reduce problem gambling stigma?

- ▶ **23.1% students know someone who is a likely PG**
 - ▶ This could be your friend, classmate, sister/brother, parent, or you.
 - ▶ **You can make a difference by talking about PG and sharing information about help resources.**
 - Encourage open discussion (e.g., Bell let's talk)
 - Increase awareness of signs of PG
 - Share tips for how to gamble safely
 - Share info on where to seek help
 - Be a good listener
 - Share optimism – recovery is possible. Your support matters!
-



<End of YGAP Stigma Awareness Workshop>



Help is Free & Confidential!



Ontario Problem Gambling Helpline

www.problemgamblinghelpline.ca

1-888-230-3505

1 800 668 6868
KidsHelpPhone.ca

Kids Help Phone

Next Steps

▶ Pilot I - Post-Stigma Awareness Workshop Delivery

- Schedule and deliver workshop
- Slide deck; link to videos on YouTube
- Online Evaluation (YOW feedback)

<https://www.surveymonkey.com/r/EvalPilotStigma>

▶ YGAP Training – May 3

- Impact study results
- Stigma workshop feedback & recommendations
- Revise materials (15-18 year olds); develop new (19-24)
- Pilot II with youth focus groups (future)



Appendix G: Stigma Awareness Workshop – Evaluation Survey

Evaluation - Pilot YGAP Stigma Awareness Workshop

We would like to ask you a few questions about your experience with delivering the Stigma Awareness Workshop.

Evaluation - Pilot YGAP Stigma Awareness Workshop

YOW & Presentation Information

1. Please provide the following details.

First Name

Last Name

2. How many times have you presented the Stigma Awareness Workshop to date?

3. When did you deliver your first workshop on the Stigma Awareness?

Date DD MM YYYY
 / /

4. What was the age range of the audience?

5. How many minutes did it take to present the module?

Evaluation - Pilot YGAP Stigma Awareness Workshop

Workshop Ratings

Please rate the Stigma Awareness Workshop on the following aspects.

Evaluation - Pilot YGAP Stigma Awareness Workshop

Content

6. Overall Workshop Content

	1. Strongly Disagree	2. Disagree	3. Neither Disagree nor Agree	4. Agree	5. Strongly Agree
The workshop covered key topics relating to stigma.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

7. Breadth of Content

	1. Far too little	2. Too little	3. About right	4. Too much	5. Far too much
The breadth of the workshop content was:	<input type="radio"/>				

8. Level of Difficulty

	1. Too easy	2. About right	3. Too hard
The level of difficulty for the audience was:	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evaluation - Pilot YGAP Stigma Awareness Workshop

Delivery of Materials

9. Level of Comfort

	1. Strongly Disagree	2. Disagree	3. Neither Disagree nor Agree	4. Agree	5. Strongly Agree
I felt comfortable delivering the Stigma Awareness Workshop.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

10. Confidence

	1. Strongly Disagree	2. Disagree	3. Neither Disagree nor Agree	4. Agree	5. Strongly Agree
I felt confident addressing stigma using the workshop materials.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

11. Time

	1. Strongly Disagree	2. Disagree	3. Neither Disagree nor Agree	4. Agree	5. Strongly Agree
I had enough time to cover the contents of the module.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

Evaluation - Pilot YGAP Stigma Awareness Workshop

Engagement & Feedback

12. How was the presentation received? Please note any comments provided by youth, teachers, etc.

13. Student Engagement (Note: This is a two-item question)

	1. Strongly Disagree	2. Disagree	3. Neither Disagree nor Agree	4. Agree	5. Strongly Agree
Students were engaged in the Stigma Awareness Module.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Students actively participated in the activities and discussion.	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

14. Engagement Comparison

	1. Much less engaged	2. Slightly less engaged	3. Equally engaged	4. More engaged	5. Much more engaged
Relative to other YGAP Modules, were students more or less engaged in the Stigma Awareness Module?	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>



Evaluation - Pilot YGAP Stigma Awareness Workshop

Feedback & Improvement

Please share your comments, thoughts and ideas on how to improve the Stigma Module on the areas below.

15. Ideas for discussion topics that may be missing and are required to be added.

16. Ideas to make the presentation more visually appealing.

17. Ideas in terms of activities that can be added to the presentation.

18. Strategies/ideas for promoting the Stigma Module workshop to teachers.

19. Any additional comments.



Evaluation - Pilot YGAP Stigma Awareness Workshop

Thank You!

Thank you for participating in our survey. Your feedback is important.

Appendix H: Stigma Awareness Workshop – Evaluation Survey (Open-Ended Responses)

**Q12 How was the presentation received?
Please note any comments provided by
youth, teachers, etc.**

Answered: 9 Skipped: 1

#	Responses	Date
1	I had great feed back, they liked the videos and thought that it was noce to have first hand experience shared with them.	4/28/2017 11:27 AM
2	The presentation was well received however there were comments that the video portion was too long and the youth did not like that in the video he was on his cell phone. The youth related to the topic and discussed other examples of stigma other than PG, they were able to connect to the information and we had great discussions throughout.	4/28/2017 8:55 AM
3	This presentation was more intense than others in terms of how serious the atmosphere felt. Less youth than usual offered responses, which I felt was partly due to a slight sense of discomfort about stigma. As the presentation continued, especially around the last third of the workshop, the group seemed to relax and become much more open to discussion and expressing their thoughts and feelings. It's difficult to answer question 14 with this in mind, as they seemed engaged, but less comfortable discussing stigma than other topics in our workshops. I feel this is because the idea of approaching stigma is new to them, unlike many of our other discussions being based around concepts they are familiar with.	4/27/2017 1:22 PM
4	Since I presented to a group of young women in treatment, they found the topic very relevant and important.	4/27/2017 11:08 AM
5	Thet realized they had some stigma and didn't realize it. Tracher said she wouldn't trust a problem gambler.	4/27/2017 9:15 AM
6	Seemed to enjoy the content.	4/26/2017 2:43 PM
7	Adults said they wished they had this presentation when they were children Youth felt motivated when i spoke about not labeling yourself and being confident regardless of your mistakes,	4/22/2017 8:37 AM
8	We could have inserted a few of the slides in our existing workshops. Also I refrained from using the words rumours when showing the slides with the celebrities as we are assuming things about their gambling behavior.	4/20/2017 2:02 PM
9	Overall the workshop was well recevied from the staff and youth. However, one youth found that watching the videos back to back was boring and that Jason is speaking too monotone. I showed 4 out 5 videos.	4/20/2017 8:26 AM

Q15 Ideas for discussion topics that may be missing and are required to be added.

Answered: 6 Skipped: 4

#	Responses	Date
1	There needs to be links in the presenters notes to ensure that the YOWs are linking the areas people experience stigma together. Social, self and structural. Also, the names of the actors should be visible on the slide, (I forgot the name of one actor). More details in the presenters notes would be helpful for the new YOWs.	4/28/2017 11:44 AM
2	I also feel that this workshop has the potential to explore the issue of stigma not only in relation to problem gambling, but in terms of other stigmatized issues as well. If done in moderation (as the nature of our program is gambling awareness, after all) it would help to include some connection to other stigmatized concepts and/or ideas in order to make the workshop accessible by the entirety of the audience, as there will be those who are unaffected by gambling, but are affected by the stigma of dealing with other mental health issues.	4/27/2017 4:16 PM
3	maybe around the prevalence of gambling in young kids, how to enhance students' coping skills, Investigate how a person moves toward change and seeking help (with Jason perhaps - more about his recovery).	4/27/2017 11:31 AM
4	NA	4/26/2017 2:45 PM
5	a slide about generic stigma's people have in general. I asked what else can people have stigma about, so they could maybe relate it to something in their head if gambling is out of their thought process.	4/22/2017 8:53 AM
6	We are in need of a new evaluation to reflect the workshop. I feel that if this is going to be a stand alone workshop there needs to be more focus on what gambling is and why people choose to gamble.	4/20/2017 8:36 AM

Q16 Ideas to make the presentation more visually appealing.

Answered: 8 Skipped: 2

#	Responses	Date
1	it was ok, the videos need to be embedded and then the YOWs to need to do follow-up after each video to beak up them up and review the topics that were shown in the video.	4/28/2017 11:44 AM
2	More cohesive with YMCA branding. Less time on videos to encourage more discussion	4/28/2017 8:58 AM
3	The videos were appealing, but placing all of them together resulted in a disconnect. Spacing the videos out with activities and/or discussions in between would keep the audience engaged. Adding in an interactive element would be helpful, as well. The material was easy to understand.	4/27/2017 4:16 PM
4	Definitely needs more images, maybe a bit more color (Y branding boxes). The videos are great to have! It would be nice to have the testimonial of multiple people to be able to be relatable to more participants. And emphases that it can happen to anyone, regardless of age, gender, culture... Having the testimonial of a youth or an adult how struggle with gambling at a younger age would be great for our program and talking to youth about problem gambling. Ex: Documentary from growing up gambling was great or even drawing dead documentary about online poker was very relevant to young people gambling's high and lows. The videos do need to be embedded in the presentation for easy and smooth use. More hands on activities!	4/27/2017 11:31 AM
5	Everyone seemed to be drawn to what was on there	4/26/2017 2:45 PM
6	Same as above	4/22/2017 8:53 AM
7	Adding the videos to our existing slides/workshops with the complimentary stigma slides.	4/20/2017 2:09 PM
8	Spread the video out across the workshop instead of having them all together. Another activity - as the Signs of problem Gambling activity is enjoyed but is not exciting/active enough	4/20/2017 8:36 AM

Q17 Ideas in terms of activities that can be added to the presentation.

Answered: 8 Skipped: 2

#	Responses	Date
1	I liked the flow and I think that it should ALWAYS be paired with another YGAP presentation. This would allow for activities to be done in that presentation rather than in the stigma workshop. The content in the stigma presentation is fine and runs how it is. One activity could be to have the "How Can I Help to Reduce Stigma" as a group activity and use hand outs. Have the groups come up with a list and then discuss - it would add about 15mins to the presentation and then it might be able to be a package workshop.	4/28/2017 11:44 AM
2	Move the last activity (signs) to the middle of the presentation to help break things up	4/28/2017 8:58 AM
3	During the paths to PG and paths to recovery, structuring this as an activity as opposed to a discussion would keep the group more engaged. Incorporating group activities would also be beneficial, for example some form of game. Individual activities would also be helpful.	4/27/2017 4:16 PM
4	I think the progression of gambling activity would be a great fit for this presentation. Maybe some kind of "Guess who" activity type.	4/27/2017 11:31 AM
5	?	4/26/2017 2:45 PM
6	i would love to see an activity added for sure. I can't think of the name of the experiment, but i remember in a psych class taking four students out of class and explaining to two of them that when they come in they will look at a picture of a man. We told them this guy was the scum of the earth and did all these evil things. The other two students we told completely the opposite to. like he is a mother Theresa, saved many lives in the war etc. The other students in the classroom are explained what each group had been explained and to just notice what each student says about the picture. The picture of the older man is very neutral, like the Mona Lisa type thing. The group that think he is evil go on to say pretty bad things about the man, the other group say all these nice things. The face never changes. It kinda goes with the slides of the celebrities and stigma but it would add a lot of thought and some laughs when we disclose what really happened to both groups of students. It also shows how easily our minds can be made to judge and label.	4/22/2017 8:53 AM
7	-	4/20/2017 2:09 PM
8	Progression of gambling but update it to show the path to recovery as well. Perhaps the youth could earn back some of the items they are lost during the activity	4/20/2017 8:36 AM

Q18 Strategies/ideas for promoting the Stigma Module workshop to teachers.

Answered: 8 Skipped: 2

#	Responses	Date
1	I think it should always be marketed as a paired workshop, run the stigma presentation first then follow with any other YGAP presentation. It could be 2 hours total because YOWs could skip a few things in the last presentation since it would be covered in the stigma workshop.	4/28/2017 11:44 AM
2	I think this will be popular with phys ed classes and college/university students	4/28/2017 8:58 AM
3	Promoting the importance of addressing mental health in regards to stigma is crucial. Much research that I have seen illustrates that less than 10% of problem gamblers will admit that they have a problem; dispelling the stigma around this issue would promote an increase in admissions and successful referrals. Focusing on the health curriculum expectations will also encourage teachers to invite YGAP workshops in. (For instance, see grade 8 curriculum documentation, Health & Phys Ed, section C1.3, grade 7 Health & Phys Ed, sections C1.1 & 1.2) I was also advised to keep the descriptions otherwise brief as teachers are often busy with multiple engagements at once.	4/27/2017 4:16 PM
4	A version for teachers would be excellent and would help us with reaching our adult audience as well. A promotional flyer would need to be developed to send to the school board, principals and teachers. Sharing that our mandate is gambling, but stigma is everywhere! It's a topic that would be great for HEALTH AND PHYSICAL EDUCATION (Healthy Living and Living Skills) and SOCIAL SCIENCES AND HUMANITIES. awareness of mental health and reducing stigma associated with mental illness should be a hot topic.	4/27/2017 11:31 AM
5	I feel that most of the teachers I deal with would be happy to have this presented	4/26/2017 2:45 PM
6	I think from my response it sells itself	4/22/2017 8:53 AM
7	-	4/20/2017 2:09 PM
8	I feel that this workshop would be best delivered after a classroom has already been facilitated the What's at Stake workshop. I hope to encourage teachers to book both workshops. I think that we need to be fast to create the workshop description so YOW's can try to get into high schools before the year ends.	4/20/2017 8:36 AM

Q19 Any additional comments.

Answered: 8 Skipped: 2

#	Responses	Date
1	I think that both the "warning signs" slides are redundant and that we should be speaking about the warning signs throughout the entire presentations and these links to warning signs should be added to the presenter's notes to help. These slides could be left out especially if the YOWs are doing another presentation immediately following the stigma workshop. This could be noted in the presenter's notes. for all the slides	4/28/2017 11:44 AM
2	I would prefer this as an added component to our general presentation, I think the information is useful but that it can be covered in a shorter time frame	4/28/2017 8:58 AM
3	I am elated that this module will be conducted as a full workshop as opposed to a smaller activity. However, I feel that it could use more engaging activities and exercises to promote discussion around stigmatized topics. It had a greater impact in terms of what youth handle daily. Youth have a lot of things going on, but they sometimes need to hear that someone is there. The workshop was effective because it was straightforward and did not have too much extra, irrelevant data. It would have been nice to have done a game as well.	4/27/2017 4:16 PM
4	Thank you so much! It's a great topic to discuss	4/27/2017 11:31 AM
5	I feel with more practice I would be super comfortable with this.	4/26/2017 2:45 PM
6	This is already my favorite workshop, it is a topic i am comfortable with. It allows the most talk about mental health; which i know schools are pushing hard. Before being trained i mentioned to the places i presented that this was coming and they loved the idea and wanted me back for this presentation.	4/22/2017 8:53 AM
7	Not a stand alone topic, just add the handful of slides to our existing workshops as most of the slides are already taken from them.	4/20/2017 2:09 PM
8	The Jason videos were great as he shared his real world experience! There was one youth who said, " Why doesn't he just not gamble. Its that simple" so the video where Jason discuss this was amazing as it lead to great discussion around gambling, and removing the stigma.	4/20/2017 8:36 AM



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Strategic Science harnesses international expertise in health behaviour science, public policy, regulation and clinical practice.

Our team offers scientific expertise in all research methodologies and subject expertise in gambling, obesity, mental health and addiction, and vulnerable populations including women, youth, ethno-cultural, First Nations and aboriginal groups. Our disciplines span psychology, sociology, law, marketing,

