

**WORKING WITH GAMBLING PROBLEMS  
IN  
THE CHINESE COMMUNITY**

**DEVELOPMENT OF AN INTERVENTION  
MODEL**

**EXPERIENCES OF CHINESE FAMILY LIFE  
SERVICES OF METRO TORONTO**

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1996

大多市華人家庭生活服務中心  
CHINESE FAMILY LIFE SERVICES OF METRO TORONTO



A United Way Metropolitan Agency

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## ACKNOWLEDGEMENTS

Working with gambling problems in the Chinese community is a novel area where little has been done before. Although it is not an easy task, we are able to have the support of many individuals and agencies who have shared their knowledge and experiences generously during the process. Special thanks to Ms. Rose Yu, our social worker, for her hard work and dedication in preparing this report. We would like to take this opportunity to express our sincere thanks to:

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Our experience in working with the Chinese-Canadians on problem gambling has offered us an opportunity for professional growth and further development for our services. We hope that this consolidation of our ideas and experiences can serve as a first step to open up more research and clinical work in this area. We are confident that the Chinese Family Life Services of Metro Toronto will continue to grow and provide the best quality of services to the community.

Patrick Au

Executive Director

Chinese Family Life Services of Metro Toronto

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## **EXECUTIVE SUMMARY**

Gambling in the Chinese Community first appeared around 700 B.C.. Some forms of gambling have become so intertwined with one's social life that they are considered acceptable, even healthy hobbies.

Culture plays a definite role in shaping one's perception of both gambling and help-seeking behaviour. Subsequently, these factors would affect an individual's readiness to change. A cross-cultural counselling framework is presented to provide some guidelines on the socio-cultural factors that have to be considered in determining culturally appropriate intervention approaches and strategies. Attention is also drawn to the importance for human service providers to examine their own cultural values and to identify any differences which may affect the worker-client relationship.

On a practical level, a step-by-step and incremental approach should be used for goal setting. The central role of the family is acknowledged and is considered to be a unit of change. Strategies that provide clear and concrete guidelines as well as those that have a limited time-frame are deemed to be culturally more appropriate for Chinese-Canadian clients. In addition, group work with both psycho-educational and supportive components should be used. Cultural experiences and the personal expectations of the clients are the primary factors in determining treatment outcome. Treatment effectiveness is assessed according to the client's overall sense of well-being. Apart from changes in the gambling behaviour, satisfaction in family relationships and individual mental health are considered valid indicators with which evaluation of treatment outcome and progress can be made.

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## Chapter 1

### Background and Purposes

#### A. Introduction

This project comes about as a response to the increasing number of people who have become addicted to gambling and the potential damage it may incur on these individuals, their families and the community.

Funded by the Ministry of Health of the Government of Ontario, the Chinese Family Life Services of Metro Toronto and the University Settlement Recreation Centre started a joint project in May, 1995 to address this issue.

The project consists of three major components:

1. The Chinese Family Life Services of Metro Toronto is mainly responsible for providing counselling and treatment services for gamblers and their family members in the Chinese community and developing a culturally appropriate intervention model with corresponding treatment tools.
2. The University Settlement Recreation Centre is responsible for organizing and delivering training workshops in several cities in Ontario to address the issue of gambling in a culturally diverse population and to develop a culturally appropriate training package.
3. Collaboration with the Addiction Research Foundation in conducting a social action survey to gather statistics and data on gambling behaviour and to identify service needs in various ethnic communities.



This report illustrates the results of the intervention model the Chinese Family Life Services of Metro Toronto has developed based on its experiences in working with gambling problems in the Chinese community.

## **B. Purposes**

1. To develop culturally appropriate intervention strategies and treatment/assessment tools by integrating existing theories in the treatment of **problem/** compulsive gamblers with experiences we have had in working with the Chinese community.
2. To serve as a resource for human service providers in working with problem/compulsive gambling issues in a multicultural setting and/or in **ethno** racial community-based agencies. It is assumed that the service providers have already been equipped with basic counselling training.

## **C. Limitation**

Treatment of compulsive/problem gamblers is a new field and not a lot of research has been done on treatment effectiveness. In addition, existing literature/articles are based primarily on experience in North America. No previous attempts have been made to work with the Chinese community. Therefore, the strategies to be developed and outlined are based on practical experience rather than on scientific research.

## Chapter Two

### What is Problem/Compulsive Gambling? A Literature Review

#### A. Definitions

1. **Gambling:** is any gaming behaviour involving risk and considered reward where money or valuables may be won or lost (ARF workshop, 1995).
2. **Problem Gambling:** is any type of gambling that compromises, disrupts, or damages personal, family or work pursuits (ARF, 1995). The problem gambler is someone who spends considerable time and emotional energy in planning to gamble and actually gambling, and plays for stakes that are higher than he or she can afford. This may result in feelings of loneliness and frustration and increased problems with regard to household duties, including caring for the children (Berman & Siegal, 1992).
3. **Compulsive/Pathological Gambling:** is "...persistent and recurrent maladaptive gambling behaviour that disrupts personal, family, or vocational pursuits" (DSM-IV, 1994, p.615). The compulsive gambler seems unable to stop; he/she suffers from urges and needs similar to those of other addictions. Eventually, gambling interferes with functioning in almost every aspect of life (Berman & Siegel, 1992).

## B. Studies/Statistics on Problem/Compulsive Gambling

### 1. Prevalence

As is noted by Michael Walker(1992), gambling activities are increasingly being legalized around the world. Walker asserts that "as much as 80% of the population in industrialized Western societies gamble"(Walker 1992, p.2). He also states that: estimates of the prevalence of problem gambling range from less than 1 % to almost 3 % of the adult population. One study has determined that approximately 0.77% of the American population could be classified as probable compulsive gamblers while 2.3% could be classified as potential compulsive gamblers (ARF, 1995). A recent study by the Addiction Research Foundation found that as much as 10% of the adult population in Ontario have had a gambling problem and there seems to be a trend that young people are getting involved earlier and to a greater degree (Toronto Star, 1995).

### 2. Demographics

Research has found that a family history of alcoholism, drug abuse, or compulsive gambling may be a predisposing factor for a problem/compulsive gambler. Others have found that individuals who are needy in terms of approval and affection and those who were abused as children are at an increased risk of developing gambling problems (ARF, 1995)(Abbott, Cramer & Sherrets, 1995).

Men are much more likely to gamble than women (Walker, 1992) although women gamblers are more likely than men to be single, separated, or divorced. Approximately one third of compulsive gamblers are female. Motivations for gambling also differ according to gender. Men typically gamble for the excitement it provides while women generally use the activity as a means of escape (ARF, 1995).

In Ontario, there is a higher prevalence of compulsive gambling in the youth population than in the adult population although male adolescents are far more likely to experience gambling problems than their female counterparts (ARF, 1995).

The elderly are more likely to attempt to conceal their gambling problems which often begin after retirement or the death of a spouse (ARF, 1995).

### 3. Why People Gamble

People may gamble for a number of reasons: including, but not limited to: making money, excitement, escape, entertainment, social activity, fantasy, charity, and low self-esteem. An Ontario study has found that the top four reasons given by adults who have a gambling problem include: excitement, challenge, enjoyment, and to win money. Problem and compulsive gamblers may use the activity as a coping or escape strategy for loneliness, boredom, or intolerable aspects of life (e.g. problems in the home) (ARF, 1995).

Nonetheless, it should be recognized that the explanation as to why a person gambles is not as important as the factors or causes initiating such behaviour (Walker, 1992).

## C. Impact on the Individual and Family

1. **Financial** - Financial stress can be both a cause and a result of gambling behaviour. Research has shown that the poor spend a greater proportion of total family income on gambling than those of the middle or upper incomes (Abbott, Cramer & Sherrets, 1995). A loss of or reduced income may mean that a family does not have enough money to pay for essentials such as proper food or medication. The gambler's need for money to remain in action and to pay off debt could be an enormous strain on his/her own financial resources as well as

those with whom he/she has any economic connection (Bergman and Siegel, 1992). Financial crisis is the most common factor that finally leads a gambler to seek professional help.

2. **Marital** - Gambling behaviour can cause a significant amount of hardship for the non-participating spouse. In addition to financial difficulties, the spouse may also be forced to deal with: the frequent and sometimes prolonged physical and/or mental absence of the gambler, dissatisfactory sexual or intimate contact, harassment from creditors (Abbott, Cramer & Sherrets, 1995) and increased household responsibilities including exclusive care of the children.
3. **Family** - Family problems may be the direct result of economic hardship resulting from the gambling behaviour but they may also result from the decreased amount of time that the gambler spends with his/her family. The family may experience harassment from loan sharks or threats of repossession or eviction. The gambler's family may see itself as shameful or outcast and as a result may withdraw from contact with friends or other family members (Abbott, Cramer & Sherrets, 1995).
4. **Children** - Although the children may not be aware of the gambling activity, they will certainly notice the increased absence of a parent and will likely to pick up on the marital tension in the household. They may become victims of physical and/or emotional deprivation and may attempt to cope with their situation through early involvement in smoking, drinking and experimentation with drugs. In addition, they are four times more likely to become involved in gambling activities than are the children of non-gamblers. Their situation may also result in poor school performance (Abbott, Cramer & Sherrets, 1995).



5. **Emotional** - Problem gamblers experience much emotional turmoil. They feel lonely, withdrawn and are preoccupied with gambling. It is also found that 20% of pathological gamblers in treatment have attempted suicide (DSM-IV 1994). The frequent absence of the gambler may result in feelings of loneliness and frustration for the non-gambling spouse and this frequently results in depression and/or anxiety. The children may experience feelings of abandonment, depression and anger (Abbott, Cramer & Sherrets, 1995).
6. **Health** - The family's health may be put in jeopardy if there is not enough money to pay for proper food or medication. Studies have shown that almost half of those married to gamblers eventually suffer from headaches, gastrointestinal ailments and insomnia. The children may begin to suffer from stress-related illnesses such as allergies, asthma and digestive disorders (Abbott, Cramer & Sherrets, 1995).
7. **Legal** - There is always the possibility that the gambler's participation in gambling activities will result in an arrest, including arrest for embezzlement or forgery.

#### D. Theories on Etiology

##### 1. Social Learning

Within a social learning framework, anyone may be at risk for gambling problems when certain conditions are present. According to Walker (1992), this theory assumes that "a problem with gambling results from the particular social development of the individual interacting with specific learning experiences involving gambling [including]...vicarious reinforcement from the gambling of others" (Walker, 1992, p.8). Apart from the social and environmental factors that may have contributed to reinforce the gambling behaviour, perceptual-cognitive

process is also considered to be an significant aspect in the learning process. Studies on the cognitive process of gamblers demonstrated the role of irrational thinking in sustaining the gambling behaviour. (Walker, 1992)

## 2. Psychoanalytic

According to psychoanalytic theory, the causes of gambling behaviour must be traced back to childhood events of the individual (Walker, 1992). Rosenthal (1987) summarizes the psychoanalytic understanding of gambling problem: "Gambling serves multiple defensive functions. There is an illusion of power or control as a way of defending against depression and loss; uncertainty, helplessness fragmentation; the inevitability of death; being overwhelmed by the uncontrollable." (p.67)

## 3. Medical

Central to the medical model is the assumption that there are physical causes for a person's participation in gambling behaviour. It is presumed that the individual has a constitutional predisposition for participation in gambling activity due to causes such as, neurochemical disorders, chronic displacement of arousal, personality disorder, or character defect (Walker, 1992).

There are several theories about the causes of gambling and for this reason Walker (1992) recommends an eclectic approach to determining causes. He suggests that the gambler's behaviour be examined in the context of: the cultural circumstances into which the person was born, the life experiences defining the individual's personality, the history and impact of gambling on the person, and the **individual's** current situation including his/her perceived rewards for gambling among other alternatives (Walker, 1992).



## E. Treatment Models Commonly Used

### 1. Cognitive-Behavioral

According to **cognitively-based** theory, gambling behaviour is maintained by irrational thinking and the gambler's mistaken belief that he/she will "win in the long run". Consequently, a cognitive-behavioral treatment model will attempt to alter the thought patterns of the gambler and to expand his/her repertoire in new and more adaptive behaviour (Walker, 1992).

### 2. The Gamblers Anonymous (GA) 12-step model

The GA program was established in 1957 and its approach is similar to that of Alcoholics Anonymous (AA). The GA model works under the medical model assumption that compulsive gambling is an illness which is progressive in nature. This illness does not have a cure but it can be arrested through abstinence. If abstinence is not maintained, relapse is imminent. Members of GA are encouraged and supported in their efforts to avoid placing a bet each day, one day at a time (Walker, 1992).

### 3. Working with the Family

Research has consistently supported the fact that family involvement in the treatment process is beneficial and perhaps even essential to the healing of the gambler and the entire family unit. Modalities in family work include couple treatment, Gam-A-Teen (Steinberg, 1993), Gam-Anon (Taber & McCormick, 1987), and structured family intervention (Heineman, 1994). Although research has indicated the **overrepresentation** of addictions and other problems among children of pathological gamblers, recovery work with children is still an area where very little therapeutic attention has been received (Steinberg, 1993).

#### 4. Studies on Effectiveness

Studies on treatment effectiveness are far from conclusive. Apart from controversies regarding methodology, the issue is complicated by what is considered to be the preferred treatment outcome. The medical model sees compulsive gambling as an illness with abstinence being the only logical treatment objective. This view is the basic doctrine for Gamblers Anonymous. Other treatment models, e.g. the cognitive-behavioral approach, see control and abstinence as equally valid (Walker, 1992).

Using abstinence as the treatment objective, Gamblers Anonymous has reported a very high success rate (approaches 100%) for those who continue to attend meetings for the rest of their lives. However, there are three main methodological barriers to giving a full evaluation of the effectiveness of Gamblers Anonymous: the anonymity of the clients, sample bias resulting from the fact that the program only accepts members who come voluntarily, and the fact that there is no way to determine whether drop-outs eventually returned to gambling or simply received the help they needed to abstain after only a few meetings. Notwithstanding the difficulties in assessing the effectiveness of GA, the program remains a low-cost method of treatment which has the capacity to provide a lifetime of support to the gambler. Studies on approaches like group psychotherapy and psychoanalysis reported an abstinence rate of 48%-75% in a time span of 6 months. However, the percentage of those who remain abstinent dropped significantly to an average of 15% in a 2-year follow-up period.

If controlled gambling is taken as the treatment objective, studies on effectiveness of psychotherapy, psychoanalysis, behaviour therapy and cognitive therapy reported success rates between 51% to 75% over a period of 6 months. Nevertheless, a similar trend in terms of the decline in maintenance of controlled gambling is noticed over a 2-year period of time (Walker, 1992).

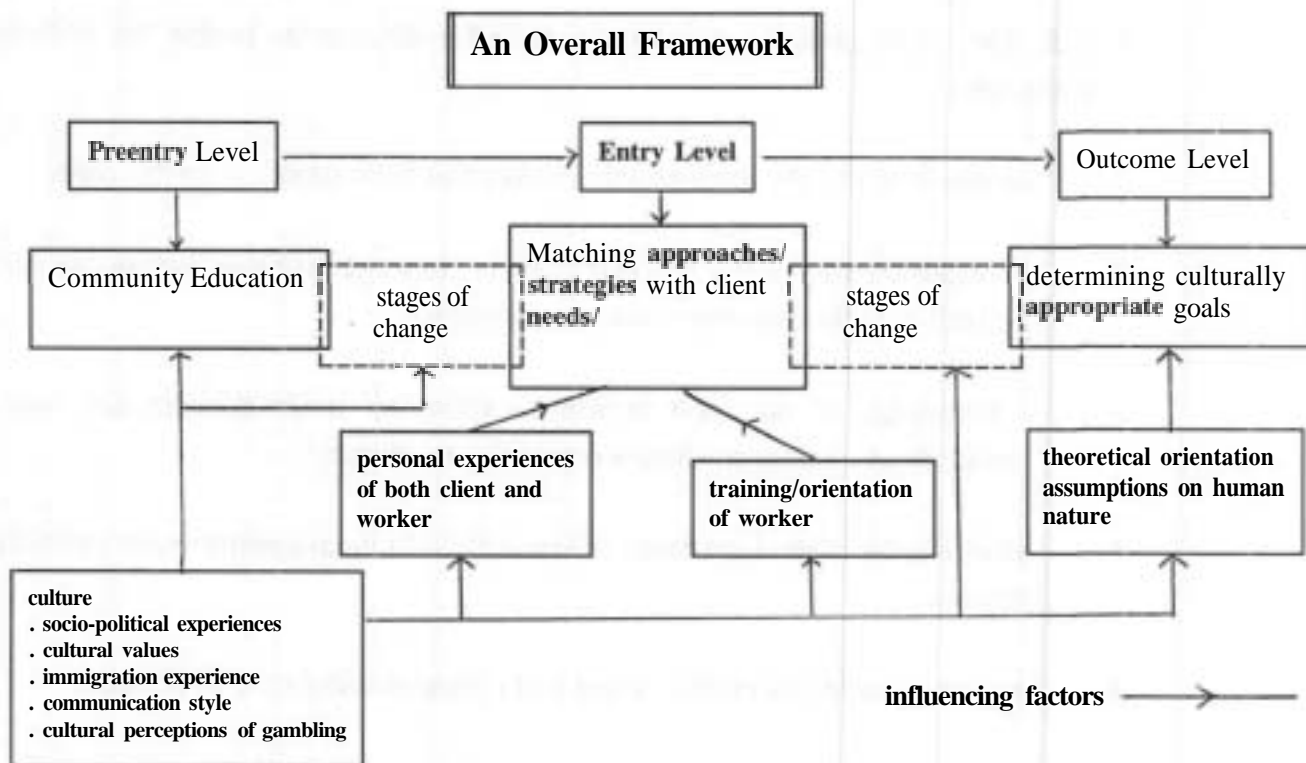
In a study quoted by Walker (1992), it is concluded that the difference in total abstinence or control has no direct linkage to the psychological well-being of a person. The same author also conducted research to compare relapsed and non-relapsed abstinent pathological gamblers and concluded that not every episode of relapse will ultimately lead to a full return of the problem (Blaszczynski, McConaghy & Frankove, 1991). These findings support treatment strategies which focus on the symptoms and support the proposition that complete abstinence may be too stringent a criterion in evaluating treatment success (Walker, 1992).

## Chapter Three

### A Cross-Cultural Intervention Framework

The diagram below illustrates the common factors that have to be considered in determining culturally appropriate intervention strategies and counselling approaches. It is adapted from a model developed by Sue & Sue (1990) and is elaborated to include some gambling specific aspects.

Resistance to change is a key barrier in many counselling processes. This is especially true for cultures where people have very different ideas about seeking professional help. The theory on stages of change gives us an understanding of the process through which people decide to do things differently. It is incorporated into the framework as a factor that may affect the choice of intervention strategies.



## **A. Factors Affecting Cross-Cultural Counselling**

The process of intervention is divided into three phases. The preentry level deals with the factors that shape a person's cultural identity and his/her world view. This constitutes the context from which the client relates to the worker and how he/she perceives the problem. To facilitate the counselling process, the worker has to get an understanding of such cultural factors as well as to examine their own values and identify any differences. At the entry level, the worker uses such an understanding in determining an appropriate general approach and in formulating specific treatment strategies. At the outcome level, the theoretical orientation of the worker, and the cultural expectations of the client and the community at large are factors influencing what is the desired outcome.

## **B. Characteristics of a Culturally Sensitive Counsellor**

Sue & Sue (1990) describe a culturally skilled counsellor as having the following characteristics:

1. an awareness of the socio-political forces that have impacted on the client
2. an understanding of the fact that culture, class and language factors can act as barriers for effective cross-cultural counselling
3. a knowledge of the ways in which expertness, trustworthiness and lack of similarity can influence client's receptivity to change
4. an awareness of the importance of world views/cultural identity in the counselling process
5. an understanding of culture bound and communication style differences

6. an awareness of one's own biases and attitudes

### **C. Stages of Change**

1. This is a framework developed by J. Prochaska and C. DiClemente (1992) after more than ten years of experience in working and researching in the treatment of addictive behaviours.
2. their basic theoretical contentions are:
  - 2.1 clients in treatment are often not prepared to change
  - 2.2 the change process is reasonably predictable
  - 2.3 the time needed to change is highly variable
  - 2.4 therapeutic processes vary by stage I
  - 2.5 client motivation is influenced by the counsellor
  - 2.6 individuals have freedom to choose behaviours
3. the stages of change are identified as follows:
  - 3.1 **precontemplation**
    - no intention of change
    - unaware/under-awareness of problem and its effects
    - others see problem
    - rule violation
  - 3.2 **contemplation**
    - awareness of problem
    - thinking but no commitment
    - ambivalence (benefits vs. fears)
    - processing of information, but no goals setting



- 3.3 preparation
  - intention plus behaviour
  - willingness to set goals
- 3.4 action
  - motivated, excited
  - significant change
- 3.5 maintenance
  - initial goals achieved
  - change maintained
  - other changes begin (ARF Workshop, 1995) (Proschaska, DiClemente & Norcross, 1992)

#### D. Motivational Interviewing

- 1. change is a process
- 2. there are skills that can be used to motivate clients to move from one stage to another
- 3. motivational interviewing skills
  - 3.1 provide objective feedback on problems and solutions
  - 3.2 offer a 'menu' of options
  - 3.3 reinforce internal locus of control
  - 3.4 do not debate
  - 3.5 labelling is not necessary
  - 3.6 do not bombard with advice (ARF Workshop, 1995)



## **E. Implications for Working with Gambling Problems in the Chinese Community**

1. Most Chinese clients with whom we come into initial contact probably fall into the precontemplation or contemplation stages of their gambling problem.
2. Their stage of change does not necessarily stem from lack of motivation, some cultural factors may have affected their attitude:
  - traditional Chinese thinking sets out that mishaps in life are just the result of fate, there is little one can do to change things
  - endurance and tolerance of hardship is a virtue and one should learn to cope by avoiding 'morbid' thoughts
  - harmony at home is important, initiating change may mean confronting your family members or disturbing the equilibrium (Cua, 1989)
3. These considerations provide the cultural perspective necessary to understand why a client stays or moves on to another stage. The concepts of stages of change and motivational interviewing skills provide the framework within which a client's motivation can be assessed, realistic working goals can be set, and choices in the use of therapeutic skills can be made.
4. One of the goals of counselling is to help a person to explore options and expand his/her choices in life. These skills are particularly useful for clients who may, in other situations, never be able to take the chance/risk necessary for change.

## **Chapter Four**

### **The Intervention Process**

#### **A. An Overview**

This chapter is divided into four parts. Part I deals with the **preentry level**. Focus at this level is on understanding the culture, values and perceptions that may shape the worker-client relationship and client perceptions about the gambling issue. Culturally appropriate strategies to educate the community and to motivate individuals to seek help are described. Part II illustrates an intervention model developed and based on clinical experience with the Chinese clients. Practical aspects in implementing the model and cultural considerations are described in detail in Part III. The last section of this chapter addresses group work with gamblers and family members and an appropriate group work model is suggested for Chinese clients.

#### **Part I**

#### **Preentry Level**

##### **A. Understanding the Chinese Culture**

This section gives an overview of the profile of Chinese-Canadians, their world **view**, values and perceptions of gambling. These are the considerations on which the planning and implementation of the public education program are based.

Here, the term '**culture**' means "all those things that people have learned to do, believe, value and enjoy in their history. It is the totality of ideals, beliefs, skills, tools, customs, and institutions into which each member of society is born" (Sue & Sue, 1990, p.35).

## **1. Profile of the Chinese-Canadian**

### **1.1 Demographics**

According to the 1991 Census, the ethnic Chinese population in Metro Toronto alone amounts to **231,820**. It is the fastest growing language group and Chinese speaking people rank third in number, after English and Italian speaking groups (Statistics Canada, 1991).

### **1.2 Heterogeneity**

When we talk about 'Chinese' or 'Chinese culture', we refer to a group that is far from homogeneous. People come from different geographic areas, with different socio-political experiences, and various lengths of stay in Canada. They have their own 'culture' or 'subculture', and each develops his/her own world view and perceives and responds to situations differently (Ho, 1990).

Generally speaking, the community is comprised of people from Hong Kong, China, Taiwan, Vietnam, Canadian-born Chinese, visa students and people from other South-East Asian countries.

### **1.3 Brief Background Information**

China

- under communist rule
- had undergone many political upheavals
- people usually fear and mistrust government authorities
- most people either speak Mandarin or Cantonese

### Hong Kong

- a British colony since 1841
- westernized
- one of the most important financial centres
- to be reverted to China in 1997
- many immigrated in order to seek political security and to get insurance for their future freedom
- Cantonese is the most common language spoken

### Taiwan

- used to be part of China which is now actively trying to 're-unite'
- many still fear China and immigrate to seek political security
- comparatively, more adhere to traditional Chinese culture
- Mandarin, Fukienese and Taiwanese are the most common languages spoken

### Vietnam

- has experienced enormous political and physical hardship
- many flee the country to escape political persecution
- many are reserved in dealing with government authorities
- has very closely knit community and very strong family support networks

### Canadian-born Chinese

- very much acculturated to mainstream Canadian culture
- may feel even more alienated because they feel they belong to neither culture
- speak English and some may speak the mother tongue of their parents

Visa student

- relatively well-off
- some are here on their own to attend high school, college, university etc. and they feel lonely and unsupported
- like to hang around with peers
- speak Cantonese or Mandarin

South East Asian (Chinese from Singapore, Malaysia, Indonesia, Cambodia etc.)

- most speak English and Mandarin
- torn between two cultures
- some left their country of origin because of political struggles among , ethnic groups

Others (Chinese from other countries like Brazil, Argentina, England, United States etc.)

- many of them came because of marriage j
- they may face many transitional problems due to cultural differences

N.B. People who are of Chinese descent but have been brought up and raised in a different culture may face extra stress. They may find it difficult to form their own ethnic **identity**. On the one hand, they want to adopt to the ways of the dominant culture, on the other hand, their own ethnicity or cultural heritage is seen as an obstacle they need to overcome.

(Sue & Sue, 1990)

## 2. History of Gambling in the Chinese Community

- 2.1 Gambling has been part of social life in the Chinese society for thousands of years. In the beginning, it included gaming activities with no money involved e.g. chess, throwing dice etc. Records of gambling with money first appeared around 700 B.C.
- 2.2 Historically, almost anything that involved chance and uncertainty was gambled on. That included chess, cock fights, dice, fish fights, cricket fights, **mahjong**, horse racing etc. It was so widespread at times that it was considered a 'social epidemic'. It is also noted that widespread gambling is associated with times of political and/or economic depression.
- 2.3 The government had often responded to this 'social epidemic' by prohibition and severe punishment. Unfortunately, it continued to flourish. (Unknown author, 1991)

## 3. Perception of Gambling

- 3.1 The line between gaming and gambling has never been well-defined. Some forms of gambling are socially acceptable and some are frowned upon. Although there has never been any analysis of the defining line between gaming and **gambling**, it seems that people condemn the consequences, not the activity. For example, it is acceptable if no large sum of money is involved, if the context in which it happens is not illegal, and if the peers around are not rowdy.

- 3.2 Some forms of gambling have become such an interwoven part of social life that they are highly acceptable and even considered to be healthy activities. Examples include **mahjong** and, to some extent, horse racing - as long as the money involved is reasonable and the peers are decent, they are considered as harmless hobbies. There is a Chinese proverb which says: 'Small gambling is soothing and relaxing but heavy gambling can affect your mental **health**.' The Chairman of the Chinese News Agent, the official representative of the Chinese Government in Hong **Kong**, in trying to illustrate how Hong Kong society could remain the same for 50 years after the reversion, said; '..... (people in Hong Kong) can still have horse racing and **dancing**.' A client once stated that she was always asked by her
- • » friends and relatives to have a game of mahjong with them even though she had stopped gambling for a **while**. They told her that it could keep the mind active especially when you are getting old - 'this is the way to prevent senile **dementia**'.

- 3.3 Knowing how to gamble is also considered to be a symbol of masculinity and manhood even though heavy gambling is still not acceptable.

- 3.4 The following snapshots from Chinese newspapers give a glimpse of how gambling is perceived and how it is dealt with when problems arise:

\*..... many visa students still felt excited when they remembered the times they gambled in Las **Vegas**.....

It won't harm too much if you gamble **rationally**...

How these give us some joyful memories in times of loneliness and hardship as a visa **student**.' (World Daily, August 21, 1995)



'A gambler tried to kill her children before killing herself because she couldn't pay back the huge amount of money she borrowed from 'loan sharks'. She was put on probation with the condition that she must abstain from gambling.' (Oriental Daily News, January 6, 1996. Hong Kong)

'A man killed his wife and tried to kill himself because he couldn't pay back the gambling debt generated by himself and the demand from 'loan sharks' to pay his father's debt.' (Ming Pao, February 9, 1996)

'A gambler in China was sued by his children for bringing financial, family and emotional problems to the family.' (Ming Pao, February 5, 1996)

' Starting in November, 1995, prisoners are allowed to read horse racing news behind bars.' (Ming Pao, November 6, 1995)

'Two prisoners who will soon finish their sentence escaped because of gambling debts they generated in prison.' (Apple Daily, January 22, 1996, Hong Kong)

'One of the major reasons policemen (in Hong Kong) are in debt is due to gambling and 35% of those who commit suicide do so because of a debt problem.' (Ming Pao, February 9, 1996)

#### 4. Common Forms of Gambling in the Chinese Community

##### 4.1 Mahjong

- developed since 10 A.D. (Unknown author, 1991)
- a game played by four people with 136 or 144 of tiles
- widely considered to be a normal way to socialize with friends and relatives

##### 4.2 Horse Racing

- one of the most common gambling games in Hong Kong and Vietnam
- horse racing in Hong Kong has over 100 years of history and the Hong Kong Royal Jockey Club is the largest contributor to welfare and local charities (reported to be 15 billion in 15 years) (Wong, 1986)
- acceptable to a certain extent because of government involvement and its availability

##### 4.3 Lottery

- one of the most common forms of gambling in Hong Kong and Vietnam
- popular because of the small amount of money involved and the availability
- most people see it as harmless

## **5. Values and Behaviours in Chinese Culture that are Pertinent to the Worker-client Relationship**

### **5.1 Some Basic Principles of Human Interaction**

- To maintain harmony with others and the world around us is the ultimate goal in human relationships. Conflict should be avoided as much as possible. Consequently, it is important to restrain oneself in behaviour and expression (Ho, 1990).
- Collective needs precede individual needs.
- One should be modest and considerate in requesting anything from others. Do not burden others with your own trouble.
- In order to maintain a harmonious relationship, always give others 'face'. It is highly inappropriate to be assertive and push somebody into a corner.
- It follows that endurance is a virtue that should be nurtured. One should restrain from 'morbid thoughts' that may cause emotional upset. Ability to restrain strong feelings - anger, irritation, sadness, love or happiness - is considered to be a sign of maturity and wisdom.
- Hardship in life is taken as one's fate and the acceptance of fate is considered to be a positive virtue

The emphasis on collective good, on harmony and endurance may be in contrast to what are considered to be important values in Western society. The following table gives a comparison of Chinese values and values of a Western-trained therapist.

Areas of Difference Between Southeast-Asian Patients and American-Trained Therapist

Indochinese patient value	Western-Trained Psychotherapist
Focus on interdependence.	Personal choice and independence.
Structured and appropriate social relationships.	Situational ethics, rejection of authority. Equality of family relationships.
Should live in harmony with nature.	Nature to be mastered.
Mental illness due to imbalance in cosmic force or lack of will power.	Mental Illness is a result of mental and physical factors.
No cultural conceptualization of psychotherapy.	Strong orientation to values of psychotherapy and personal growth.
Treatment should be short and rapid.	View that therapy could take a long time.
Healer should be active and give solutions to problems.	Therapist often passive. Best solution is one developed by the patient.
Mental illness represented a failure of the family.	Mental illness is the same as other problems.

(Kinzie 1985, in Owan 1985, in Sue & Sue 1990, p. 198)

## 5.2 Central Position of the Family in One's Social Network

- Family is a very basic social unit in the life of the Chinese.
- Often, one's role and even self-esteem are defined by the part one plays in the family.
- Family needs are more important than individual needs. For a lot of people, their life goal is to raise their children and to take care of the family (Marshall 1979).
- 'Family name' plays a very important part in the culture.

## 5.3 Help-seeking Behaviour

- Ethnicity and length of time in Canada are found to be important factors in differentiating the help-seeking behaviour of different ethno-racial groups in the community (Lin, Tardiff, Donetz & Goresky, 1978). In traditional Chinese culture, if an individual has problems, they are often dealt with in the family system or among members of the extended family.
- Individuals will usually not reach out for help unless all resources in their private domain fail and the situation has escalated to a crisis. Seeking help in the public domain is rather shameful and a loss of 'face' because it implies an admission that one is weak, feeble-minded, a burden to others and a failure of the family.
- When people finally reach out to seek help, they usually look for tangible service and advice giving (Marshall, 1979).

#### 5.4 Perception of Social Work/Counselling

- The idea of social work or counselling is alien to most Chinese. The Chinese translation of the word 'counselling' implies giving direction and guidance. Even those who have heard about it often confuse the role of a social worker/ counsellor with somebody like a physician, i.e. they present their problems and the social worker/counsellor gives them advice on how to solve them.
- In some subcultures, counsellors/social workers are associated with government officials and are treated with mistrust and suspicion.

#### 6. Communication Style

- The Chinese are less verbal in expressing their feelings - negative emotions are often expressed in the forms of physiological discomforts.
- They may feel safer to communicate at a task-oriented level.
- Warmth and comfort are not usually expressed in bodily touch, especially not with professionals.
- For the more traditional Chinese persons, eye contact is considered inappropriate when talking with an authority figure.

#### B. The Immigration Process

1. Being an immigrant has a significant psychological and social impact on the individual. In a study quoted by A. Furnham and S. Bochner (1986), four aspects were identified as consequences of the immigration process:

### Social Isolation

This includes physical separation from the familiar environment, separation from the social network and the experience of uprooting from one's orientation of mutual rights and obligations.

### Culture Shock

This refers to feelings of personal inefficacy, normlessness, role instability and role replacement.

### Goal-striving Stress

This is stress resulting from the discrepancy between one's aspirations and actual achievement.

### Cultural Change

The process of acculturation involves a fundamental change in one's cognitive, affective and evaluative structure and this could be very uncomfortable (Furnham & Bochner, 1986).

2. All of the above factors create feelings of insecurity and apprehension. They may result in a sense of personal inadequacy, and a diminished sense of identity and self-worth. The immigrant may become depressed and manifest signs of mental health problems.



## C. Implications

1. Culture is far from homogeneous. Apart from a basic understanding of the differences among cultures, it is also important for human service providers to be aware that even in one single ethnic group, there are different subcultures which may perceive and respond to the same situation differently. Every individual is unique. Cultural understanding gives us some generalized guidelines but we should not apply them rigidly and stereotype the people who come to our service.
2. Due to the perceptions and the wide social acceptance of certain forms of gambling in the Chinese community, it is understandable that their problem definition may vary. In addition, family plays a significant role in a Chinese person's sense of self. Therefore, it is more likely that they would present the issue in a way that has a more subjective immediate effect on them. For example, it is more common to hear a Chinese client complaining about having financial problems, marital problems and/or family problems.
3. The unfamiliarity of the concept of counselling, the emphasis on avoiding 'morbid thoughts', and the shame associated with admitting problems etc. may contribute to a Chinese client's reluctance to seek professional help and his/her tendency to present the problem in the form of tangible needs.
4. Many people undergo a lot of changes during the immigration process and their priority in problem-solving may shifted. For a lot of new immigrants, the most important thing is survival and to establish themselves financially. Dealing with personal issues is considered a luxury.
5. Though many Chinese have a fairly good knowledge of English, they still feel intimidated and are uncomfortable in asking for help from the mainstream service delivery system.

## **D. Strategies used at the Preentry Level**

### **1. Public Education**

**1.1 Purpose:** to educate the community on what is problem/compulsive gambling

to draw attention within the community to the serious impact problem/compulsive gambling has on the family, children and the individual

to publicize CFLSMT's service for gamblers and their family members

**1.2 Means:** by using articles published in the Chinese newspapers to educate the public on what is **problem/** compulsive gambling and how it may affect the individual and family

by liaising with Chinese broadcasting and TV stations to arrange interviews or co-host talk shows on the issue of gambling

by presenting the project in workshops and Church groups

**1.3 Process Means:**

Media that already have a wide audience/reader are used so that people can get the message informally.

The idea of gambling problems being on a 'continuum' is used. Due to the commonality of some forms of gambling, we assume that for some people, it is easier for them to accept that the problem arises because of influences in their social environment and only if they gamble excessively. For some, the explanation of the problem as a pathology would be more useful.

No moral judgement is made. The perception that gambling could be a healthy social activity is acknowledged.

!

Some forms of gambling, e.g. mahjong and the stock market are very common among the Chinese. They do not necessarily place these activities under the category of 'gambling'. No debates are held on the definitions, rather, its consequences are addressed and attention is drawn to the audience regarding the addictive nature of the behaviour.

Presentations are done in workshops and Church groups that are already in existence. Permission is sought regarding use of some of the groups' time for our presentation. We assume that if the activity is highly acceptable and most people do not see they have a problem, it is unlikely that we would get any participants for a workshop on problem gambling!

Potential clients are encouraged to reach out for help by our efforts to build on our image as a family service agency - i.e. the services we provide for gamblers and their family members are not completely different from what they are already familiar with.

## **2. Raising Awareness**

2.1 Purpose: to publicize the **agency's** interest in the issue of gambling in the Chinese community

2.2 Means: the survey component of the project was used as an opportunity to publicize **our** interest and concern about the issue

the questionnaire on gambling activity was translated into Chinese and liaison was made with one of the Chinese newspapers to have it printed for several weeks, inviting **people's** responses.

## **3. Facilitating Access to Other Mainstream Resources**

Collaborative contact was initiated with the Credit Counselling Service of Metro Toronto. Arrangements were made to have one of their information brochures translated. It is also arranged that we would work with their credit counsellors collaboratively if a Chinese client needs their service.

## **4. Getting Referrals**

This is done through publicity work with Chinese Interagency Network member agencies, Chinese speaking psychiatrists, psychologists, and therapists.

## 5. Examples of Some Responses from the Public

'I worked in a charity casino myself but I feel really upset about the number of Chinese who came and spent all their money in there. I know that many Chinese like to gamble and see it as just a social activity, but I'm really worried about how the casino publicized the various promotional posters in Chinese. People would get addicted to it easily. Many who come are very young and some are housewives. It's just not worth it for them to spend their money that way. I think the government should do something about it.'

'Is playing mahjong gambling? I do it all the time with my friends and relatives, we have fun and there's very little money involved. I don't see it as a problem, we are just playing, not gambling.'

'What do you mean by providing services for gamblers, do you have any idea what sort of people are involved in casinos? Everybody gambles, it is legal, how can you stop them?'

Public education in the community is an excellent way to open up dialogue between the service provider and the community, especially on a controversial issue like gambling. From what we have heard so far, public response is diverse. On the one hand, there is grave concern expressed from what people have seen at the grass-root level. On the other hand, some people find it uncomfortable and see it as a challenge to what they are accustomed to.

## Part II

### An Intervention Model for Chinese Clients

process	approach in working with Chinese clients	cultural consideration	conventional approach e.g. cognitive-behavioral medical model
entry level	problem presented in terms of family system e.g. negligence of family duties and responsibilities	cultural values	problem presented is gambling focused
intervention level	family and/or role of individual in family as system of change step-by-step and incremental goal setting	perception of counselling	individual as the unit of change primarily
outcome level	abstinence/control + restoration and/or improvement in effectiveness of family functioning and/or individual functioning in family unit	role of family	
		help-seeking behaviour	abstinence/control

1. The above table gives an outline of the intervention model developed based on experience in working with the Chinese clients.



2. Prominent features in this model include cultural perceptions of gambling, the family unit as a system of change, and a step-by-step and incremental goal setting strategy.
3. As a family service agency, most of the clients who came for service presented the problem in terms of some malfunctions in the family system. Although literature on treatment of gambling in other cultures also suggests that the family member (usually a partner) is often the one who initially seeks professional help (Steinberg, 1993), the gambling behaviour itself is clearly identified as the core problem. In the Chinese community, some forms of gambling, (e.g. mahjong) is considered as an acceptable social and recreational function among friends and relatives. The identified clients, as well as the family members, do not necessarily see playing mahjong as the core problem. In many cases we dealt with, the whole family had, and continued to participate in playing mahjong during family gatherings. For them, what is problematic is the form of gambling where a large sum of money is involved and the family member is out of the house, e.g. going to casinos.
4. Advocates for family intervention in treatment of compulsive gambling have argued the importance of involving family members in the treatment process at an early stage (Heineman, 1994) (Steinberg, 1993). Heineman (1994) states that, ".....ethically, the primary goal of family intervention needs to be to get *someone* into treatment, if not the individual suffering with the disease then one or more of those concerned persons suffering from it." ( p.67) This is especially significant among Chinese clients for whom the role of family plays an important part in life. Changes are often initiated in terms of improvement in family functioning.
5. For Chinese clients, the problem arises if equilibrium at home is upset. A step-by-step and incremental approach should be used where the presenting issue is dealt with as the working goal, and changing the gambling behaviour is used as one of the means to restore and/or improve family functioning.

6. Individual psychological factors contributing to the gambling problem are also acknowledged in this model. The incremental strategy allows the client to work gradually, in stages, towards a more gambling focused intervention goal.
7. A more holistic view is taken in determining the outcome objectives. Besides changes in the gambling behaviour, the restoration of family functioning is also included in the treatment objectives if that is the concern stated by the client at the entry level.

## **Part III**

### **Entry and Outcome Levels**

#### **A. The Initial Contact**

##### **1. Intake Criteria**

As long as the presenting issue is gambling related, anybody, whether they perceive gambling to be their immediate/critical problem or not, is considered to fit into the criteria.

##### **2. Intake Procedure**

**2.1** Self-referral, referral by professionals, friends or family members are accepted.

**2.2** Initial contact may be made by phone.

**2.3** During the initial contact, an appointment for a face-to-face interview is arranged, however, if they prefer, we may also provide service over the phone.

##### **3. Cultural Considerations**

The primary purpose during the initial contact is to establish rapport and try to engage the client in a mutual working relationship.

It is also important to open the door for future contacts if the client is at the precontemplation stage. The following are some guidelines in working with Chinese clients at the initial stage.

- 3.1 Most Chinese are uncomfortable when they seek help. The initial contact should be informal and confidentiality should be emphasized.
- 3.2 Extra sensitivity should be given to any signs of hesitation or indecisiveness when the clients is invited for a face-to-face interview. The social worker should express a willingness to talk with them over the phone but should use motivational interviewing skills to motivate them to come for an interview. One very useful skill is to address the impact on the family and children. If the person is not ready to come, they are encouraged to contact us again if further needs arise.
- 3.3 Timing is important. Some clients are 'spectators' - they will ask factual questions about the agency, the services provided, or even the qualifications and counselling experience of the workers before they talk about themselves. Patience is important, they may not necessarily be challenging or 'testing out'. Many Chinese clients just use these as a means to start a conversation or they genuinely are not aware of the nature of the work. Answer their questions in a straight-forward manner. Use this as a means to establish rapport and trust. Chinese clients are not used to confrontation. Therefore, if you started by answering, 'I wonder why you are concerned about the workers' qualifications', they may interpret that you are being evasive and withdraw.

- 3.4 Whether the caller is a gambler or a family member or whether the problem presented is gambling or not, the focus is usually on problem-solving, immediate concern, and a tendency to seek concrete solutions. Chinese clients are more receptive to directive intervention and a task-oriented approach.
- 3.5 If an appointment is made, role preparation begins by a brief explanation of the purpose of the interview and what is going to happen.
- 3.6 If the worker's mother tongue is not the same dialect as the client, the worker should ask the client if he/she wants to talk to somebody who speaks the same dialect. Language is culture bound, some clients may feel more comfortable working with somebody from the same geographical area.

#### **4. Case Examples**

##### Case A

##### What Can I Get From You?

A man called, sounded hesitant, and asked many questions about the services we provide, ways in which we offer help, office hours, and qualifications and experience of the workers.

##### Strategies

A brief and straight-forward answer was given and he was asked if it was the first time he had been in touch with a social service agency. He was relieved and admitted that he had never had to rely on anybody else for any difficulties. He was satisfied with the information provided and moved on to talk about having

some trouble with his financial situation. Gradually, he revealed losing all his money in casinos.

### Case B

#### Tell My Husband that He Is Wrong

A woman asked how she could persuade her husband to stop gambling. She was very emotional and talked about how her husband has lost a lot of money by gambling and how she has tried every means to persuade him to stop to no avail. She wanted us to contact her husband and ask him not to gamble anymore.

### Strategies

The woman's feelings were validated. Her request was acknowledged. A problem-solving approach was used to look at ways in which she could get consent from her husband for us to make the contact. By focusing on how she could communicate with him about her concerns and worries, we helped her to look at the impact of her husband's gambling on herself and her family. We also prepared her for looking at alternative ways to cope with the situation if her husband does not want to come. The purpose was to reframe her perception that it is her responsibility to change her husband into how she could cope with the situation in order to maintain her own mental health. Finally, she agreed to come for a face-to-face interview and regained some sense of control over the situation.



## **B. Intake Assessment**

### **1. Purposes:**

- 1.1 establishing a working relationship
- 1.2 preliminary assessment of
  - the gambling problem
  - impact on the client and family members
  - stages of change
- 1.3 goal setting

### **2. Steps:**

- 2.1 brief explanation of purposes, role expectations
- 2.2 problem definition
- 2.3 assessment
- 2.4 setting goals
- 2.5 contracting
- 2.6 summarization

### **3. Tools:**

- 3.1 information kit (Appendix I)
- 3.2 intake assessment form (Appendix II)
- 3.3 assessment of gambling problem (Appendix II)

## 4. Cultural Considerations

### 4.1. Structure of the Interview

- a. A directive, structured interview may be more suitable for Chinese clients especially if they come from areas where there is less exposure to Western ideas (Green, 1995)(Root, year unknown)(Sue & Sue, 1990). Being direct does not necessarily imply that the worker should take over the session and only give advice. It means that the worker should take on an active role in asking questions while giving the client space and freedom of choice (Ng, 1985).
- b. A brief and time-limited treatment contract is usually more acceptable for Chinese clients. Tell the client that it will be reviewed at the end of the contracted sessions to see if further sessions are needed.

### 4.2 Role Preparation

Role preparation is very important at this stage so that the client knows what to expect and has confidence that the worker knows what he/she is doing.

### 4.3 Problem Definition

- a. Go along with their language in describing the gambling behaviour. For some, they are 'playing', not 'gambling'.
- b. Be aware of timing. If the client is not ready, it probably will not benefit a lot to focus too much on the gambling issue. Motivate

him/her gradually by using objective assessment tools and the information kit. Allow the client to reflect with his/her own pace.

- c. Focus on the impact on the family and children. This is likely to be their more immediate concern and is an area on which they are more willing to work.

#### 4.4 Assessment

- a. Three different assessment tools have been translated into Chinese: SOGS, GA's Twenty Questions and **DSM-IV** criteria. SOGS is more commonly used because the questions it asks cover several dimensions of the person's life. This can help the client to reflect on the consequences of his/her gambling behaviour. However, one disadvantage of using this tool with Chinese clients is that it might seem too stringent in assessing the severity of the problem given the popularity and social acceptance of some forms of gambling. (NB, some modification of the types of gambling has been done to make it more culturally appropriate)
- b. Clients can choose to fill in the assessment questions themselves or together with the worker. Some Chinese clients may find it uncomfortable to fill in some information especially regarding their financial status. Explain the purpose of the assessment and give reassurance on confidentiality. Allow time for some discussion at the end, especially on the types of gambling and the results on the severity of the problem. Explain to them that the assessment is derived from a Western culture and discuss how they perceive the results.

- c. With immigrant clients, ask about their experiences during the immigration process in relation to their gambling behaviour or gambling pattern. Did they start gambling before or after they came to Canada and have there been any changes in the form, frequency, and pattern in their gambling behaviour? The idea is to identify any triggering factors that may be related to their immigration experience.
- d. In assessing the stage of change, the worker may find it more common to encounter a precontemplative/ contemplative client in regard to gambling. Do not necessarily interpret this as solely a lack of motivation. The idea of needing professional help to stop gambling in addition to use of their own will-power may just be too alien for them. Let them define their own problem and look for areas that they are more ready to work on. Start working in small steps in the area of their immediate concern and use that as a motivational force for other changes.
- e. It is also important to assess the social and economic environment of the client. The worker should be willing to help with some seemingly non-clinical tasks e.g. filling out forms, arranging an appointment etc. This type of help is very important at this stage in order to establish a strong working relationship (Green, 1995).

#### 4.5 Working with Family Members

- a. For family members, the primary task is empowerment. This is especially true if the family member is a woman. Chinese women see themselves as responsible for the welfare and harmony of the whole family. There is usually a lot of guilt and shame - they blame themselves for not being able to stop the gambling

behaviour of the gambler and have a lot of self-doubt about whether they are a dutiful wife or not.

- b. It may also be useful for family members to fill in the assessment questions based on knowledge they have of the gambler. It may be used as a tool for discussion regarding the impact on themselves and it can help them to maintain some emotional distance from the gambler.
- c. If the gambler is not willing to come but the family member(s) is(are) in need of services because they are affected by the gambling behaviour, we would start by working with the family member(s). Sometimes, we may be able to engage with the gambler after working with the family member(s) for some period.
- d. The power between husband and wife is often imbalanced in Chinese families. If the gambler comes with the spouse, try to see them individually first and be aware of signs of abuse.

#### 4.5 Setting Goals

- a. At this stage, the client may not be willing to set goals on working directly with their gambling problem. We believe that change is a gradual process and the worker's role is to perceive the client-identified goals as one step towards changes in relation to the more fundamental issue (i.e. gambling) That is, working with gambling-related issues at this stage is considered a motivational strategy.
- b. For most Chinese clients, the goals set are usually concrete, task-oriented and/or of a skills training nature.

#### 4.6 Contracting and Summarization

- a. Some Chinese clients may find it uncomfortable to see a social worker in a formal office setting, and some may have difficulties in using public transportation and/or in finding child care. Outreach work, home visits, sessions outside office hours and telephone contacts would be useful to motivate and encourage clients to commit to treatment.
- b. Some clients may only use one session for crisis intervention. After the initial crisis is relieved, they may feel that they can manage on their own. Prepare them for relapse in a non-threatening and non-punitive way. Summarize what has been discussed, reinforce options, and focus on what has been achieved. For people who indicate they do not feel that 'talking' helped, it is useful to point out something positive and constructive from the session. Suggest that they read the information kit and encourage them to feel free to contact the worker if needs arise.

### 5. Case Examples

#### Case A

##### Motivating the Client to Change

##### Background Information

Wah is a 47 year-old man from China. He came to Canada 12 years ago with his wife and 3 children. They stayed in Montreal for 3 years, then he moved to Toronto on his own after he divorced his wife. He used to play mahjong frequently with his friends on weekends but it never caused any problem. When



he came to Toronto, he found a job in the restaurant and continued his habit for socializing. Two years ago, one of his colleagues took him to a charity casino. He was fascinated by the activity and the 'lively' environment inside and immediately felt 'at home' there. From then on, he went to charity casinos whenever he was free and has subsequently gambled away all his money. He has tried to stop but his efforts did not last long.

### Presenting Problem

When he contacted the agency, he had just lost all his money in the betting table and had borrowed about \$10,000 from credit cards.

### Strategies

Wah was initially rather reserved and asked many questions about how we could help him to solve his financial difficulties. A direct approach was used and straight forward answers were given. He seemed relieved to find out that there are community resources to help him to solve his immediate financial crisis. The difficulties he faced in seeking professional help were acknowledged. By exploring his gambling history and the changes in his social circumstances, Wah admitted that he did have a problem with gambling. He acknowledged that he felt very lonely after he lost his family and that he missed his children very much. He spent his time in bars and chasing after women in order to drive away the loneliness. However, it is gambling that got him hooked. He forgot how lonely he was whenever he was in the casino. The SOGS was used to help him to see the consequences of gambling in his life. He was provided assistance in setting up an appointment with the Credit Counselling Service and he agreed to work on how he could overcome the urge to go to casinos whenever he is lonely.

## Case B

### Working with Family Members

#### Background Information

Mary came to Canada five years ago with her two teenage children. Initially, her husband stayed in Hong Kong for financial reasons and he came to join the family three years later. Mary was aware that her husband liked to gamble on horse racing when they were in Hong Kong. Although she did not like it, it was never a problem. In any case, everybody was doing it and he never forgot his duty as a husband and a father. She first realized the problem a few months before her husband was expected to arrive. He disappeared for a few months and later, it was found that he went to a casino in Macau and was in serious debt. She and her family eventually bailed him out. After he came to Canada, he stopped gambling for a while but she began to notice that something was wrong when her husband started to stay out late and came back home at 4:00am several weeks ago. When she confronted him, he got angry and refused to talk to her. Things got worse when she noticed that he sometimes missed work and money was withdrawn mysteriously from their joint bank account. She tried to beg and persuade him to stop. Finally, she threatened to get a divorce because she feared for the future of the children. With the previous debt still not fully paid, she was worried about the future and was upset about her 'fate'.

#### Presenting Problem

Mary was depressed and had suicidal thoughts because of her husband's gambling behaviour.

### Strategies

Mary was in a crisis situation and had a co-dependent relationship with her husband. Although she had contemplated divorce, she did not really want to leave her husband because she felt it was her 'fate' to have married a gambler and she felt bound to her obligation as a wife and mother. Immediate crisis intervention was given and steps were taken to determine the seriousness of the suicidal thoughts. A contract was made, setting out that she would not harm herself. Her own social network was reinforced and the phone number of a 24-hours distress hotline was given. It was also suggested that she should consult her family physician for any signs of clinical depression. She was helped to look at her own situation more objectively by exploring the impact of her husband's gambling on herself and the children. Her previous experience in bailing out her husband was also used to help her reflect on whether that would help the situation. Her role as a mother and what she could do to control the situation in order to protect their welfare was emphasized. In view of her present emotional crisis, the client agreed to work on how to manage her stress at home as a first step towards finding ways to deal with the situation more constructively.

## **C. Intervention**

### **1. Purposes:**

- 1.1 to work out a step-by-step and concrete plan with the client in working towards the goals
- 1.2 to keep track of the working goals and monitor progress

### **2. General guidelines on the structure of the session:**

- 2.1 brief the client on the purpose of the session and what is going to happen
- 2.2 review the progress/homework assignment from the last session
- 2.3 initiate discussion
- 2.4 provide skills training
  - a. The purpose of skills training is to widen client's repertoire in terms of developing strategies to overcome the urges to gamble (McCormic, 1994). For example, the client's need to restructure his/her social life so as to provide alternatives in dealing with triggering factors that lead to gambling behaviour
  - b. For family members, skills training is used to enhance their coping strategies in facing the stressful situation of living with a gambler
  - c. When a family system is involved, skills training could be used to improve communication and strengthen family relationships so that each individual member is able to deal with the gambling problem more effectively

common approaches used:

- social skills training
- problem-solving skills training
- stress management
- cognitive restructuring
- parenting skills
- communication skills
- employment skills
- assertive skills training
- money management
- leisure education

2.5 homework assignment

2.6 summarization

### **3. Tools (Appendix III)**

3.1 Situational Analysis of Gambling Behaviour

3.2 Intervention Plan

3.3 Sessional Record

3.4 Behavioral Diary

3.5 Barriers to Leisure Activities

3.6 Evaluation Form

### **4. Cultural Considerations**

4.1 Special considerations should be made in matching the clients with appropriate outcome objectives. According to Sue & Sue's (1990) cross-cultural counselling model, both the approaches and outcome should be compatible with the client's life experience. Some of the gambling activity is so common in the social milieu of a Chinese client that total abstinence

may mean a complete cut-off from his/her social life. For example, mahjong may be a game everybody plays in social gatherings, meeting with relatives, in banquets etc. It may be unrealistic for the client to abstain from it completely. In working with Chinese clients, we should establish no preliminary assumptions in regard to treatment objectives. The client should choose working goals which are realistic and acceptable to him/her.

#### 4.2 Duration of the Treatment

Studies indicate that the average treatment commitment of Chinese clients is shorter than that of Caucasian clients. A 4-6 session treatment plan is usually contracted with the client and it is completed in stages. The purpose of this is to give the client a concrete time-frame and the choice to continue from one stage to another (Green, 1995).

#### 4.3 Involvement of Family Members

Different subcultures in the Chinese community have different concepts about what is considered to be the family unit. e.g. a lot of Chinese from Vietnam have close family ties with their extended family, including siblings. Sometimes, several nuclear families of siblings may share the same household together with the parents. Many families from Hong Kong live with the parents-in-law. Assessment should be made to decide which family members should be involved.

Given the role of the family in Chinese culture, the family system could be a useful context within which change might occur. However, the worker should also be aware of any power imbalances, signs of abuse or shame or guilt feelings before considering who should be involved.



#### 4.4 The Issue of "Bailing Out"

This is a particularly difficult issue for Chinese families as many people feel that they are bound by obligation towards other family members. In addition, the significance of interdependency (Vs. individualism) may make the person feel too guilty to deny offering help.

A lot of education work has to be done by drawing on the family members' past experiences in bailing out, if any, to help them to reflect on whether their efforts really helped the gambler. It is also useful to help them to see priorities in terms of their responsibilities/obligations to other family members besides the gambler e.g. their children and parents.

Supportive information from other community resources e.g. from a credit counsellor, regarding what will happen to the spouse if the gambler is in debt or files bankruptcy may be useful in providing an objective opinion.

#### 4.5 Concrete and Clear Guidelines

Behavioral diaries, homework assignments etc. give concrete and clear guidelines as to what is expected and are useful in helping clients to evaluate their situation objectively. These approaches also provide for clear and concrete outcome results and could serve as incentives for clients to commit to treatment.

Most of these approaches also have a built-in evaluation system which is useful for clients who may be too polite to give an evaluation verbally to the worker.

#### 4.6 Timing in Using Confrontation

Use confrontation only when a strong trusting relationship has been established. Confront the client with facts rather than a direct challenge.

#### 4.7 Prepare Clients for Relapse

Given the cultural perception of help-seeking, it is common that a client would feel that they are able to manage on their own after the first stage of intervention.

However, relapse is common for problem gamblers. Inform the client of the facts regarding relapse, reinforce his/her achievement during the intervention process, and make him/her feel comfortable to come back if he/she has the urge or actually gambles again.

### 5. **Case Examples**

#### Case A

##### Working with a Gambler

##### Background Information

Cheung is a 38 year-old married man with a 3 year-old son. He came to Canada 18 years ago from Hong Kong. His first gambling experience started when he was 20 years old, just after he came to Canada. His older brother brought him to the horse racing track and he won \$2,000. From then on, he went to the horse racing track frequently with friends and colleagues. According to Cheung, he was lonely and found life boring after he immigrated. Going to the racing track was the way to socialize with friends and escape from his feeling of loneliness. He

married 4 years ago but his habit continued. Two years ago, he was laid off and he felt depressed and bored. His friends took him to the casino in Windsor to "have some fun". He stayed there for 6 consecutive days and lost a large sum of money. Although his wife bailed him out, his habit continued and he has generated some debt from credit card companies. His wife was fed up with him and threatened a divorce.

#### Presenting Problem

Cheung presented with financial and marital problems.

#### Strategies

Cheung was aware of his gambling problem and admitted that he enjoyed the excitement experienced in horse racing. He was especially prone to gambling when depressed or bored. Cheung was referred to credit counselling to deal with his immediate financial concern. His urges to gamble were explored in order to identify triggering factors. He admitted that he went to casinos because he was depressed and wanted to escape from unhappy feelings. Cheung associated these feelings with being unemployed and facing a lot of financial stress. A cognitive-behavioral approach and employment skills training were used to help him to deal with stress and enhance his ability to find a **job**.

## Case B

### Working with Family Members

#### Background Information

Kei is a 35 year-old married man with 3 children. He has always played mahjong with his family and friends for social and recreational activity. In fact, they often played at home together with parents of both himself and his wife. There was never any problem until 2 years ago. Kei was introduced to casino gambling by a friend and he stayed there for two days, chasing the losses. Eventually, he lost \$2,000 and had to be bailed out by his family members. His gambling behaviour continued and his wife was extremely unhappy about the fact that he spent so little time at home and was worried that he might be in debt again.

#### Presenting Problem

Kei's 9 year-old daughter contacted the agency to ask if we could persuade her mother not to have a divorce.

#### Strategies

The primary complaint of the family members was Kei's negligence in family duties. They did not see playing mahjong as 'gambling' because this is something they all do during family gatherings. For them, going to casinos was the cause of the problem which created financial and family problems. Initial contact over the phone was made with Kei's father and wife. They requested a family session to express their concerns to Kei. It turned out that 9 persons, including both the parents of Kei and his wife were present. The focus of the session was for every member to express their concerns about Kei's gambling behaviour and how it has affected them. All of them expressed that it is acceptable for them if Kei plays

mahjong with them as a form of recreational activity. Kei's wife was dissatisfied with his negligence of family duties as a husband and as a father. A problem-solving approach was used and the family was helped to work out solutions where the family could function more effectively. Kei acknowledged that he has neglected his family members' needs because of his urges to gamble. Skills training was done to help him to deal with the urges more effectively.

## **Part IV**

### **Working with Groups**

#### **A. Self-help/Support group**

1. Traditionally, self-help or support groups in the Chinese community are of an interest group nature. The more common forms of self-help/support groups dealing with 'problems' are usually related to medical or mental health conditions and are usually facilitated by professionals.
2. Some are able to develop into groups where no professionals are involved.
3. Due to the cultural taboos surrounding discussing family/individual matters in front of strangers, Chinese self-help/support groups usually start with a more task-oriented or psycho-education nature.
4. These groups are also commonly affiliated with the medical profession. It seems that the Chinese are more likely to regard their doctors or nurses as authority figures deserving respect and compliance with regard to suggestions about attending self-help groups. It is also possible that Chinese find it easier to be forthright about a medical condition compared to an addiction such as alcoholism or gambling.
5. Although it is found that many Chinese initially join such groups because they want to get information, they eventually rate emotional support as the most interesting activity of the membership (Scott & Chan, 1995)



6. The aforementioned seems to be in accordance with our contention that we should start with something Chinese clients are more familiar with e.g. seeking professional help to get concrete advice and solutions, then move towards a less familiar area e.g. getting emotional support from people other than your family members.

## **B. The Gamblers Anonymous (GA) 12-step Model**

1. Very little is known about how effective this model is with Chinese clients. Although an attempt was made by an American who speaks both languages to start a GA group in Hong Kong about 10 years ago, the group never materialized.
2. As far as we know, the only Chinese speaking 12-step model in existence is an Alcoholics Anonymous group in Hong Kong.
3. One of our workers has sat in on both the Chinese and English speaking AA groups and observed that while the English speaking group has a separate Anon meeting, family members are present in the Chinese group.
4. A paper describing the AA development in Japan depicted some of the cultural influences in shaping the present AA group, one of which is the use of language. It stated that the use of the word God or Higher Power, has cultural and spiritual roots in Judeo-Christian traditions and it may therefore be difficult for Japanese AA members to grasp the idea as these words are not within the Japanese vocabulary (Oka, 1995).  
j
5. We speculated that the extent and the format of family involvement and the interpretation of the meaning of 'Higher Power' may have significant cultural influences on the development of a 12-step model for Chinese clients.

### C. A Self-help/Support Group for Chinese Clients

1. GA has to be strictly self-help in nature. The GA booklet on the 12-step and the unity program has been translated and we have made contact with a bilingual GA member keeping in mind the possibility of starting a Chinese speaking group. Preliminary contact was made to connect interested gamblers to the GA member.
2. At this point, it seems that Chinese clients are more familiar with task-oriented, psycho-educational type of support groups. Groups based on these approaches may be more viable for gamblers and their family members.
3. Suggested program for a support group for gamblers:
  - a. Understanding problem/compulsive gambling
  - b. Consequences of gambling
  - c. Understanding your urges to gamble
  - d. Skills in dealing with urges I
  - e. Skills in dealing with urges II
  - f. Conclusion and evaluation
4. Suggested program for a support group for family members:
  - a. Understanding problem/compulsive gambling
  - b. Living with a gambler
  - c. Financial arrangement/management
  - d. Stress management I
  - e. Stress management II
  - f. Conclusion and evaluation
5. A semi-structured format composed of mini-lectures, structured exercises and group discussion would be used.

## Chapter V

### Conclusion

Working with gambling problems in the Chinese community has been both an interesting and challenging experience. The response we got from the community and the clients were encouraging. For a detailed description of the case profile and preliminary evaluation on effectiveness, please refer to appendix IV. •

It is also worth noting that due to the complexity of the problem, some responses we got from the public are disquieting and even threatening. For example, some people called to hint at the involvement of gangsters in some casinos and we were warned not to 'stir things up'. These responses reflect the importance of public education and the delicate nature of the issue. It may even imply that a certain segment in the community want to maintain the status quo and have vested interest in hiding the potential problems.

The extent of the problems generated from gambling behaviour is still very much hidden. What we read from the newspapers regarding the devastating consequences of problem gambling are just the tip of the iceberg. As a family service agency, we believe that besides taking remedial measures in counselling and treatment, prevention in the forms of public education and family life education, are of paramount importance in addressing this issue.

The model we have developed focuses mainly on working with the cultural differences in the perceptions of gambling and help-seeking behaviour. Cultural appropriateness is illustrated through the processes, the strategies we have chosen, and the rationales behind them. We believe that every worker is an expert in working with his/her own culture. This model may serve as a reference for human service providers who are interested in developing their own culturally-appropriate intervention approach.

Work done illustrated in this report reflects a preliminary attempt to address the need for culturally appropriate services. A lot of work is still required to expand on and refine the model. We hope that by consolidating and accumulating our experiences, more dialogue can be initiated among different **ethno-racial** communities and subsequently, more effective and culturally sensitive services can be provided.

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## Appendix I

### Information Kit

## WHAT IS COUNSELLING?

### **Purpose**

to prepare the client with regard to what to expect in counselling

### **Content**

types of assistance counselling provides

benefits of counselling

various forms of counselling

## 甚麼是輔導？

WHAT IS COUNSELLING?

輔導可助你 . . . . .

- 認清問題的本質及其重要性
- 試從不同角度去分析問題
- 面對危機及即時處理
- 一起議定問題的先後
- 按計劃去實踐議定的目標
- 尋找解決問題的方法
- 清晰地了解自己
- 明白自己對於某些事物的感受與觀點



從輔導，我可以得到甚麼？

- 提供社區資料以便參考
- 助你建立支持網絡，與人分享開心、悲哀
- 轉介到有關機構

怎樣做輔導？

- 輔導可以透過個人面談、小組討論的形式進行。



## **COUNSELLING PROGRAM FOR GAMBLING PROBLEMS**

### **Purpose**

to prepare the client with regard to the content of the counselling program and what is expected from them

### **Content**

- states the importance of having motivation to change and the essentiality of working together with the social worker/counsellor
- gives an outline on the purposes and steps of the counselling program for gamblers and their family members

# 大多市華人家庭生活服務中心

## CHINESE FAMILY LIFE SERVICES OF METRO TORONTO

### 戒賭輔導計劃簡介

#### COUNSELLING PROGRAM FOR GAMBLING PROBLEM

無論你是個人受到賭博纏擾，或者你要面對一個「爛賭」的家人，願意加入這個特別為賭者及\或其家人而設的輔導計劃，就是你為嘗試改變而踏出的第一步。

不過，在正式開始輔導之前，我們希望你能够有些心理準備，了解輔導計劃的內容，以及一些改變行為、思想的基本要求。

#### 基本條件

**持之以恆：**在輔導期間，大部份人都會或多或少，仍然受到問題困擾。我們希望你有耐心，願意去嘗試在輔導面談中商討過的解決辦法，並在下次面談中與社工探討。

**專心致意：**在輔導期間，把要改變的行為、目標，看成你的首要任務。記著！能夠走出第一步，可能就會令你一生受益不淺。

### 輔導內容

#### 對想改變賭習的人

##### 評估問題

1. 評估賭~~及~~的嚴重程度
2. 分析戒除賭習的障礙

##### 訂定目標

1. 根據分析所得的障礙，分別優次
2. 將要改變的行為\思想，落實為可行目標

##### 落實目標

1. 與社工一起制訂改變計劃
2. 學習改變技巧
3. 每星期見社工一次，檢討進展及改善技巧

##### 評估成效

1. 計劃完成後，按照目標，評估成效
2. 商討未來



## 對於要面對有賭博習慣家庭成員的人

**評估問題** 評估家人賭博對你的家庭、情緒等各方面的影響

- |             |                       |
|-------------|-----------------------|
| <b>訂定目標</b> | 1. 根據評估，分別優次          |
|             | 2. 將要面對的情況及方法，落實為可行目標 |
| <b>落實目標</b> | 1. 與社工一起制定計劃          |
|             | 2. 學習面對技巧             |
|             | 3. 每星期見社工一次，檢討進展及改善技巧 |
| <b>評估成效</b> | 1. 計劃完成後，按照目標，評估成效    |
|             | 2. 商討未來               |

## THE CONSEQUENCES OF PROBLEM GAMBLING

### Abstract

This article describes the impact of problem gambling on the individual, family and children. The importance of prevention is stressed and potential clients are encouraged to seek help.

*This article has been printed in a local Chinese newspaper.*

## 沉迷賭博，遺害無窮

有跡象顯示愈來愈多人因為賭博而產生很多個人和家庭問題。賭博種類有打麻雀、玩撲克、賭馬、買彩票、桌球及地下賭博等，種類日多。

按性質而分，賭博可分為：娛樂性——作為消遣，打發時間，結交朋友，乃偶而為之的，且涉及金錢不大；沉迷性——多為經常性沉溺，賭博時間愈來愈多，注碼亦愈來愈大；不能自拔——只顧賭博，無心工作，不理家人，騙財騙人，因而失去朋友，甚至向家人、朋友發脾氣，令人討厭，敬而遠之。

### 無法自拔

賭者常有一心理是「有賭未為輸」，此乃他們的藉口，賭者為求刺激，逃避其他不愉快問題，不敢正視現實生活，借賭博麻醉自己，亦希望贏得更多金錢，輸了希望會贏回失去的，贏了希望贏得更多，終日沉迷其中，無法自拔。所以家人或朋友應及早幫助他們，不要無限制的給他們償還賭債，便以為問題可解決。若他們仍不停止賭博，終有一天會令個人、家庭都受到創傷，鬧至家無寧日。

### 家庭破裂

有些分居、離婚的情形都是因沉迷賭博而引起的，到真正發生分居或離婚時事態已很嚴重，要花很多時間和精力去彌補這些創傷。同時會直接影響孩子的成長，有些更犯上刑事罪行，後悔莫及，有些因抵受不住壓力而自殺。

### 傷害身心

其實賭博的影響很大，不但個人身心受到傷害，亦被別人孤立、隔離、沒有知心朋友，身體方面亦受到很大壓力，如血壓升高、心臟緊張、飲食不調、精神萎靡、食慾不振，更甚者有自殺傾向。賭博亦影響其他人，最初多為錢銀爭執，更甚者是打罵，令致家庭不和、子女關係惡化、夫婦分居、離婚、家庭破裂。賭博者在受到多方面影響下，會更缺乏安全感，於是更沉迷於其中，希望藉此忘掉煩惱，逃避現實，更渴望贏得更多的錢以解決問題。

### 後果堪虞

若年輕人沉迷賭博，更會無心向學，終日留連賭博場所，甚至騙財，首先欺騙父母，繼而朋友，以獲取金錢。不但學無所成，有些更鋌而走險，做非法勾當，如打劫、販毒、傷人等，不擇手段以博取金錢再去賭博。

所以，若發覺家中有人沉溺賭博，必須立刻幫助他們停止，令他們正視這個問題，徹底解決，否則後果不堪設想。

### 尋求援助

首先家人必須直接幫他們面對此問題，告之這不是正當的活動，如每次都替其還清賭債，他們便以為問題解決了。須知道，只是還了賭債，而沒有徹底解決問題，只會養成賭者的依賴性。應該明確告訴他們沉溺賭博的害處，要他們找專業人士幫忙戒除賭癮，有些機構更有「匿名賭者會」設立，由專業人員幫助戒賭人士，有各種方法輔導他們。賭博非一朝一夕所能戒除，所以愈早找人幫助戒除越好，否則到了泥足深陷無法自拔時，後悔已太遲了。

## WHAT IS COMPULSIVE GAMBLING?

### Abstract

This article provides information on the meaning, prevalence and psychological/behavioral signs of a compulsive gambler.

*This article has been printed in a local Chinese newspaper.*



# WHAT IS COMPULSIVE GAMBLING ?

## 何謂嗜賭成性

賭博在北美社會很普遍，據有關調查發現，美國成年人當中有百份之六十一，曾經有過或正在賭博，賭博的消費額在一九七四年是二百七十億，到一九八三年不到十年的時間裏，a 增到一千三百二十億美元，增長速度驚人。有專家認為，目前在美國有百份之八十的人，或多或少，或明或暗，或不同程度地賭博。而在加拿大安大略省，據一九九三年的調查，百份之七點七的居民是有問題的賭博者，有百份之九的安省人為「病態賭博」者。一九九四年調查結果表明，在溫莎賭場開業之前，已有百份之一點五的成人是病態賭博。

賭博就性質而言分為很多類，業餘消遣者以此打發時光，碰碰運氣，職業賭博者以此為生計，對各種賭博研究頗深，嗜賭成性者以此發泄內心衝動，尋求刺激，滿足心理，逃避現實，沉溺於幻想中。

### 嗜賭成性是一種病態心理

嗜賭成性與個人性格的偏常有一定的關係，比如過份喜好追求成就，好出風頭，喜歡支配他人，爭強好性。他們往往不能從經驗中汲取教訓，一意孤行，缺乏正常的判斷力和責任感。壓抑症在病態賭博者中十分普遍。

### 病態賭博者的心理需求

病態賭博者或嗜賭成性者，通常以賭博來逃避現實和尋求刺激，他們認為賭博可以忘却一切，並以賭博來滿足自我，恢復自信。

病態賭博者通常都有不愉快的家庭史，或者家庭成員當中已有賭者或吸毒者。另一原因是家庭成員滿足不了賭者各方面的需求，他們孤獨、無望、無法忍受生活的壓力和家人的偏見，只好以賭為快，逃避現實。另外一種是賭者本身性格偏常，缺乏解決問題的能力和技巧，往往在失意時以大賭來尋求刺激，贏大錢的心情迫切，總想給別人留下難忘印象，滿足於讓別人羨慕之中，自尊在賭的過程中有所強化 and 提高。

### 病態賭博者的行為表現特點

在情緒方面，病態賭博者通常表現的心情沮喪、不穩定、抑壓症很常見，要不是極端的情緒，就是極端的悲哀。在社交場合中，往往表現得很不安，時常會有怨恨情緒以及失去控制的不安全感。

他們通常都很孤獨，一旦有戒賭的想法時候更變得坐立不安、易怒、情緒變化無常，總感JJ 自我價值在衰落。

在社會方面，病態賭博者喜歡更換交往人群，獨來獨往。有時有意識和家人及朋友疏遠，並由於賭博破壞重要的人際關係，如夫妻關係。

在經濟方面，病態賭博者通常債台高築或頗有贏錢。如果有了債務，他們通常會依賴他人提供金錢。

在身體方面，病態賭博者會出現與壓力有關的一些身體症狀，如胃口不好、睡眠欠佳、消化吸收功能紊亂等。焦慮在他們當中也很普遍，通常會抱怨心臟不好，血壓偏高，後背和脖頸疼痛等。

在個人方面，他們通常全神貫注於賭注的增加，誤以為賭博是逃避問題或解除壓力的辦法之一，無論輸贏，都不會自動放棄賭博，除非有家人相助。在沒錢賭的情況下，他們四方借錢照賭不換。有時會借酒消愁，或以吸毒和長時間的睡眠逃避或逃避現實，對其他事物的興趣日益減少，在債台高築，求援無助的情況下，會有自殺意念或企圖自殺。

他們往往在第一天輸的情況下，第二天仍然回到賭場，期望把輸去的錢再贏回來，輸得愈多，越贏的心情愈迫切。他們通常都是獨自去離家很遠的地方賭博，不會有什麼責任感，上班不是曠工就是遲到。在家庭方面往往不盡人意，個人關係衝突，缺乏穩定性，家庭破裂的較多。他們通常都會在家庭成員面前，隱瞞賭博的實際金額。

大多市華人家庭生活服務中心調研  
並刊登於明報「家家樂」版

## THE WORLD OF A GAMBLER

### Abstract

This article provides a brief description of the psychological stages a problem gambler may go through in his/her '**gambling career**'. It also describes the impact of problem gambling on the individual and the family members.

*This article has been printed in a local Chinese newspaper.*



## THE WORLD OF A GAMBLER

# 賭者的世界

賭博對部份人而言，是一項無害的社交活動，但對一些人來講，却為生活各方面帶來無限痛苦，不但影響個人，還有家人、親友。這類人屬於嗜賭成性者，嚴重的甚至到不能自拔的階段。有些更會走上家破人亡、自殺之路。研究發現，這類賭者通常都會經歷三個階段：

### 初期經驗 養成賭習

嗜賭者通常自小就有機會接觸賭博，而且受到鼓勵。剛開始時，大人可能會因為他們小小年紀就能湊腳、贏錢，就讚他們聰明，甚至給予金錢的償報。賭博的刺激、金錢的回報、別人的讚美，都會成為美好的經驗，加強賭博行為的動力。隨著賭博技巧日趨成熟，他們懂得的方式也漸多，次數日頻，下的注碼也愈來愈大。在這階段，賭者雖然仍有控制能力，但漸產生一種夢想，覺得自己賭術了得，終有一天能贏大錢。這階段可能持續數月至數年，或許他們會真贏到一筆可觀的數目，但標誌着第二階段的開始。

### 佔據生活 愈輸愈賭

這時候，賭者一心覺得自己賭運亨通，又有良好技術。贏了錢，就不斷加注，期望回報愈來愈大。他們的生活漸被賭博佔據，社交生活減至最少，與家人相處的時間日少，而且表現不耐煩，終日沉醉在贏錢的美夢中。但賭無長勝，終於把贏得來的錢輸清。

這種愈輸愈賭的追逐，就是嗜賭成性者陷入困境的催化劑。愈是決心把輸掉的贏回，就愈不理智。為了有足夠賭本，就開始向外借，不理會是否有能力償還，因為他們相信，有賭未為輸，一旦贏了，就可全數還清。到借貸日增，他們要從賭桌贏回的慾念就更強。為了隱瞞情況的嚴重性，會無所不用其極，編盡無數說話，好能有機會「運轉乾坤」。

由於終日都想着賭博之事，對家人、工作都感到厭煩，情緒波動。賭者的家庭、親友、工作都受到影響，產生問題。一旦謊言被拆穿，夫婦、家庭關係更會日趨惡化。結果債台高築，家人不是已對他完全失去信心，就是已沒有能力去為他填補永無止境的債項。這時候，賭者就只有向「大耳窿」或透過其他不法途徑去取得金錢。最後就可能到達危機階段。

### 身陷絕境 危機階段

這時，賭者面對的是再不能逃避的經濟、家庭、甚至法律問題。「大耳窿」臨門，家無寧日，因欠租、欠交供款而收樓在即，家庭面臨破碎，或因違法行為而面臨被起訴的命運。在絕望中，他們可能還會希望可以憑最後一擊，扭轉局面，將一切問題都解決。他們可能仍以最後精力，晝夜不停賭博，直至所有資源、精力用盡，無法可想時，隨之而來的，就是極度抑鬱，有些甚至會想到結束生命……。

### 認真面對 尋求援助

對於一個嗜賭成性的人來說，要改變自己的生活，實在是一段漫長而充滿荊棘之路。但換來的是正常生活，內心寧靜，以及重建關係的機會。

其實，如果賭博行為對你的個人健康、家庭關係、工作表現帶來影響時，可能已是一個警告訊號，能够及早尋求援助，才可防患未然。除了輔導之外，此間還有為協助嗜賭人士而組成的互助會，同舟共濟，共同面對困難。若你或你認識的人有這方面的問題，又或者想知道多一點有關嗜賭成性的資料，可與本中心聯絡，內容絕對保密。

大多市華人家庭生活服務中心編稿  
並刊登於明報「家家樂」版

## 無名賭者互助會

願上天賜我寧靜的心

賜我勇氣

賜我智慧

去接納無法改變的事實

去改變能夠改變的事情

去分辨兩者之別

## 歷史

無名賭者互助會是由兩個在1957年1月偶遇的賭徒發展出來。他們同樣因為沉迷賭博而人生受到困惑和痛苦。從那時起，他們經常見面。自此之後，他們已不再沉迷賭博。

從討論中，他們總結出，要避免再次沉迷賭博，就必須要改變自己某些內在的性格。為達到這個目的，他們利用一些精神綱領來引導，幫助自己；這些原則已使千萬人從其他強迫性的癖好中恢復過來。「精神」在這裡是指人內在最尊貴的特性，如慈愛、慷慨、誠實和謙虛。同樣，為維持他們停止賭博的意念，他們覺得必須與其他人分享康復的經驗，從而為其他嗜賭者帶來希望。

透過一位知名新聞工作者的支持及報導，無名賭者互助會於1957年9月13日星期五，在加利福尼亞州洛杉磯市舉行首次聚會。自此，這個會逐漸成長，發展成為全球性的組織。

## 無名賭者互助會

無名賭者互助會是一個組織，會員不分男女，彼此分享他們的經驗、力量，以積極的態度，助人自助，改正沉迷賭博的惡習。

要成為會員，唯一的要求，就是願意停止賭博。別無其他義務，也不需繳納會費。我們以自願捐獻來維持本會。我們和任何宗教、團體或機關都沒有關連，因為我們不希望陷於任何爭端，我們的首要目的是戒賭，並協助其他沉迷賭博者戒除賭癮。

大部份會員都曾經否認自己是真正的問題賭徒。沒有人喜歡覺得自己有別於其他人仕。但在我們的賭博經歷中，很容易就會發現，我們會不斷去證明自己可以好像大部份人一樣，不會賭出問題，但總是徒勞無功。許多人直至踏入監獄、精神失常，甚至死亡，仍存有這種妄信，這種堅持，實在令人驚訝。

我們知道，從嗜賭中康復的第一步，就是要從內心深處承認自己是沉迷賭博者，並且要徹底粉碎我們的賭博習性與他人無異的假像。

我們已失去控制自己的能力，我們亦知道，沒有一個沉迷賭博者能夠完全恢復控制。雖然，我們發覺一些賭徒有時可再次控制自己。但這只是短暫的感覺，而且無可避免地，隨之而來的，是更為疲弱的控制能力，久而久之，就會更加令人沮喪，最後，變為悲劇。我們確切承認，和我們相似的賭徒是受到一種漸進的疾病困擾，癥狀只會每況愈下，不會好<sup>II</sup>。

所以，為使自己能夠過著正常幸福的生活，我們當盡量嘗試，在日常生活中，實踐一些守則。



## 康復計劃

以下是一些康復計劃的步驟：

1. 我們承認賭博的誘惑力曾經使我們的生活不能控制。
2. 相信有一種比自己更大的力量，能恢復我們的正常生活和想法。
3. 立志將我們的意志和生活，交托給這種力量，由 *God* 照顧（這力量的演譯，可隨尊便）。
4. 對自己的道德和經濟，作一次徹底和勇敢的檢討。
5. 對自己和別人承認自己的錯誤。
6. 我們完全準備好去消除這些弱點。
7. 謙遜地求上天除去我們的缺點。
8. 將我們傷害過的人列出一份名單，並甘願賠償一切。
9. 除非有人會因此而受到損害，否則，在可能的情況下，直接向那些人賠償。
10. 不斷地檢討自己，如有錯誤，立即承認。
11. 透過祈禱和默想，加強與上天的接觸，使我們更認識他的旨意，並祈求他賜予力量，付諸實行。
12. 我們設法將這些訊息帶給其他賭徒，並在我們的一切事務中，實行這些原則。

## 團結計劃

為加強會員彼此的了解和團結，從經驗中，我們得出以下各點：

1. 個人康復有賴組織的團結，因此，要以整體福利為大前題。
2. 我們的領導者不是來統治，而是來為大家服務。
3. 要成為會員，唯一的要求，就是願意戒除賭博。
4. 除非有牽涉到其他小組或有關組織，否則，每一小組都應該自治。
5. 無名賭者互助會的唯一基本宗旨，就是幫助賭徒戒賭。
6. 為避免因金錢、資產或名聲而起紛爭，有違本會宗旨。無名賭者互助會永不外借金錢或團體名稱，亦不以團體名義作出批核。
7. 每一無名賭者互助小組應完全自給自足，謝絕外間的捐助。
8. 無名賭者互助會並非是專業性組織，但我們的服務中心可聘請專門人士，以協助推動會務。
9. 無名賭者互助會本身並非一個嚴格組織，但可成立向會員直接負責的董事會或委員會。
10. 無名賭者互助會對外間事務不採納任何意見，因此，會名永不應牽涉入公共事務的爭論當中。
- n. 我們對外的政策是基於吸引，而不是宣傳；我們需要在報刊、電台、電影和電視上永遠保密自己的身份。
12. 無名精神是互助會的基石，它的康復計劃時常使我們緊記，要將各項原則放在個人行為、習慣之前。



無名賭癮。但康復。事實證明這套程序已成功地使千萬賭癮的人受惠。

## 戒除賭博的第一步

賭癮成性的人首先要接受自己有一種病態，而且情況不斷惡化。再者，患者本身必須有自己復原的意志。

從經驗所得，無名賭癮互助會推行的康復程序，對於能夠堅決戒除者，卻不能產生甚麼作用。

### 你如何知道自己是個嗜賭成性的人？

只有你自己敗才，可認定是生命的病態。許多賭徒都是助你在賭場助一臂之力，並產生延緩了，很多問題。

很多會員，在準備接受援助之前，都已嘗過無數次可怕的經歷。完全失敗。在受到緩慢和徹底的腐蝕。最後，不得不承認自己。

### 無名賭者互助會的戒賭計劃

要戒除賭癮，首先要不斷改變自己內在的性格。要達到這種改變，可邁向康復。

尋獲信心和領悟，是漫長的而艱苦的過程。要從一個最令人的困擾、隱蔽、坦率、和堅強的意願，就是康復的關鍵。

## 明白嗜賭的原因重要嗎？

明白嗜賭的原因或許重要，但亦有許多會員，雖然不明白嗜賭的原因，但仍能成功地戒除賭癮。

## 有甚麼因素，使人沉迷賭博

這問題不容易有一個清晰的答案，無名賭者互助會會員覺得可能有以下幾種因素：

1. **無法及不願意接受現實。**故此，嗜賭人士藉著賭博，進入自己的幻想世界。
2. **情緒不穩，缺乏安全感。**一個嗜賭者只有在賭的當兒才感到慰藉。心理上，他\她覺得在賭的世界，沒有人向她\他施加壓力。他\她雖然知道這樣沉迷下去，會毀滅自己；但同時在她\他內心，會產生一種安全感。
3. **心智尚未成熟。**一般嗜賭成性的人，都存有一種不勞而獲的意念，期望得到一切美好的事物。許多會員都接受自己不願成長的事實。他\她們下意識地認為賭博可令她\他們逃避責任。漸漸，這種逃避令他\她們不自覺地對賭博著迷，不能自拔。

嗜賭成性的人均希望自己出人頭地，成為一個極具影響力的人。因此，嗜賭成性的人會為了保持理想形象而作出一些不為社會認同的行為。同時，亦有很多事實證明嗜賭成性的人會不自覺地懲罰自己。

## 嗜賭者的夢想世界

嗜賭者通常都花很多時間去幻想自己贏取巨款之後的美妙生活。她\他們多數覺得自己是一個慷慨及魅力十足的人，幻想為家人、朋友買新車、皮草及其他奢侈品。嗜賭成性的賭徒夢想可以從賭桌上，贏取巨款，讓自己過舒適優閑的生活，擁有豪宅、XA、華服、朋友、遊艇、環遊世界……等。

可惜，他\她們贏取的金錢總似不足以去達成最小的夢想。當贏錢時，她\他們會為更大的夢想而賭博。輸了之後，他\她們也會不顧後果，拚命繼續賭下去。最後，夢想一一幻滅，她\他們的痛苦亦會愈來愈深，無法自拔。可悲地，他\她們仍不斷幻想、不斷受挫，沒有人能說服她\他們的夢想終會磨滅。因為，對嗜賭成性的人來說，如果沒有這種堅信和夢想，他\她們就無法容忍在現實世界中生活。



## 沉迷賭博是否源於財政困難？

不是。嗜賭成性似乎是一種情緒困擾。當然，受到困擾的人會因此而產生許多嚴重及好像令人束手無策的問題，而經濟困難只是其中之一。此外，她\他們還會面對婚姻、工作、甚至法律問題。他\她們會發覺自己失去許多朋友以及受到家人排擠。其實，在衆多問題當中，經濟已算是最容易解決的了。當一個嗜賭人士加入無名賭者互助會以及停止賭博之後，由於不再把金錢如流水般花在賭博之上，收入通常都會改善。經濟困境亦會在短時間內得到舒緩。

對於一個沉迷賭博的人而言，最困難及最費時的，就是內在的性格改變。我們大部份會員都視之爲一個刻不容緩以及一生漫長的挑戰。

## 爲何嗜賭成性者不能用意志力去戒賭？

若果誠實面對，我們相信大部份人都會承認自己缺乏力量去解決某些問題。我們知道，許多嗜賭人士，雖然堅持了一段長時間停止賭博，但在某些環境之下，稍一不慎，又會不顧後果，重蹈覆轍。她\他們就是單憑個人意志力，抵受不住誘惑，一些微不足道的藉口，就足以令他\她們再下注碼。

我們發覺意志力及自我了解都不足以填補那些心理缺口。但依循「精神綱領」卻能解決問題。我們大部份會員都感到需要一種比自己更大的力量，才能驅使我們堅持戒賭的熱誠。

## 一個沉迷賭博的人是否永遠不能正常地賭博呢？

對一個嗜賭的人來說，一下注碼，就好像嗜酒者喝第一口酒一樣。始終會故態復萌，不能自拔。

當一個賭徒曾經超越界限，賭得無法自控之後，就永遠無法收復自控能力。我們有些會員在停止賭博幾個月之後，嘗試小賭，但總會一發不可收拾，故態復萌。

我們的經驗指出，對嗜賭成性者來說，只有兩條路：一是繼續賭博，冒自我毀滅之險；一是停止賭博，建立美好人生。

## 那我是否連一些無傷大雅的博彩遊戲也不能參與呢？

絕對正確！本會的立場是：即使首次賭注的數目微不足道，也要避免。

若我只是間歇性地大賭一番，那我是否需要加入無名賭者互助會呢？

是。無名賭者互助會的會員告訴我們，雖然她\他們只是間歇性地大賭一番，但中間的時間卻並沒有甚麼建設性的思想。他\她們表現緊張、焦躁、氣餒、猶豫不決及人際關係破裂。無名賭者互助會的康復程序可為她\他們除去性格上的缺陷以及指引他\她們邁向合乎道德的生活。

對於嗜賭成性的人，賭博的定義是：「無論注碼大小、是否涉及金錢；無論你是替自己或別人下注；總之，有博彩成份的活動，都是賭博。」

## 二十個問題

1. 你會否因賭博而失去工作時間？
2. 賭博會否使你的家庭生活不愉快？
3. 賭博是否使你個人聲譽受損？
4. 你會否因為賭博而感到懊悔？
5. 你會否將賭博得來的金錢用來支付債務或解決經濟上的困難？
6. 賭博有沒有使你失去上進心和工作效率？
7. 賭輸後，你有沒有想到一定要盡快繼續賭博，希望贏回所輸的金錢？
8. 當贏了一次後，你是否想再賭下去，贏多一些？
9. 你會否時常賭到囊空如洗？
10. 你會否要借貸來支持自己的賭習？
11. 你會否變賣或典當財物去作賭本？
12. 你是否不願將賭本去用作正常的開支？
13. 賭博是否使你對家人的福祉，置之不理？
14. 你花在賭博的時間，曾否比你預算的長？
15. 你會否以賭博來逃避麻煩和困擾？
16. 你會否做過或想過去從事非法活動來支持賭習？
17. 賭博有沒有令你失眠？
18. 你有沒有因為與人爭執，或因為失望、挫敗，而驅使你  
去賭博？
19. 你會否有一種衝動去用賭博來慶祝任何好的運數？
20. 你會否想到賭博可以毀滅自己一生？

若你有七題或以上的答案是「是」的話，你就可能有嗜賭的問題。

### 給所有無名賭者互助會會員（特別是新人）

1. 參與聚會越多越好，最少每星期一次。
2. 在會議之間，盡量多利用會員名單，打電話給其他成員。
3. 不要試探或引誘自己。不要與賭徒來往，不要進入或走近賭博場所，不要接觸任何有關賭博的事物，包括六合彩、擲毫、或跟其他人湊數下注。
4. 日復一日地實踐無名賭者互助會計劃，不要嘗試一次過解決自己一生的問題。
5. 不斷重溫康復計劃中的步驟和二十問題，以及在日常生活中跟隨這些步驟。這些都是康復程序的基礎，如果能夠切實執行，定會對你的成長大有幫助。有甚麼問題，就要問其他會員，他\她們都是可信賴及會支持你的人。
6. 當你準備好，一個有經驗的會員會與你（以及你的配偶）展開一個特別的會議，討論你的進展以及助你減壓，扶助你步向康復。
7. 要忍耐！時間會過得很快，若你能夠持續參與會議和停止賭博，康復的步伐就會更加快速。



## Appendix II

### Assessment Tools

CHINESE FAMILY LIFE SERVICES OF METRO TORONTO

COUNSELLING PROGRAM FOR GAMBLING PROBLEMS

INTAKE ASSESSMENT FORM

Date of Entry: \_\_\_\_\_

In-take #: \_\_\_\_\_

Reference #: \_\_\_\_\_

Demographic Data

1. Name: \_\_\_\_\_

Last

First

(in Chinese)

2. Address: \_\_\_\_\_

Street

Apt. No.

City

Province

Postal Code

3. Phone #: (H) \_\_\_\_\_ (W) \_\_\_\_\_ 4. Sex: F M

4. D.O.B: \_\_\_\_\_ (Age) \_\_\_\_\_ 5. Marital Status: S M SE D W

M D YR

7. Highest Ed. Level: \_\_\_\_\_ 8. Religion: \_\_\_\_\_

9. Occupation: \_\_\_\_\_ 10. Employer: \_\_\_\_\_

11. Source of Referral:

Self, CFLSMT made known through \_\_\_\_\_

Agency, \_\_\_\_\_

Name(Agency, Person)

Relationship

Phone

Other Individual, \_\_\_\_\_

Name

Relationship

Phone

12. Family Composition

Name	Relationship to client	Sex	Age	Place of Birth	Years in Canada	Occupation	Check if not live at home

## Immigration History

1. Country of Origin: \_\_\_\_\_
2. Primary Language: \_\_\_\_\_
3. Years In Canada: \_\_\_\_\_
4. Years in **Toronto**: \_\_\_\_\_
5. Significant events during immigration: (any traumatic experience, loss of family/support network, change of socio-economic status)

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Presenting Concern(s): \_\_\_\_\_  
\_\_\_\_\_

## History of Gambling:

1. First gambling experience ( Age, with whom, type of gambling, **win/loss, feelings**):

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2. Subsequent gambling behaviour: \_\_\_\_\_

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3. Any previous attempts to change: \_\_\_\_\_

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4. Any critical changes in gambling behaviour (eg. before/after **immigration**): \_\_\_\_\_

---

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5. Impacts on individual/family **members**: \_\_\_\_\_

---

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0  
0  
D  
6. Coping methods **used:** \_\_\_\_\_

7. Any other addictive behaviour: \_\_\_\_\_

Assessment

1. Problem definition (by **client**): \_\_\_\_\_

2. Stage of change:

Gambling: \_\_\_\_\_

Gambling-related concerns: \_\_\_\_\_

3. Goals: \_\_\_\_\_

4. Recommendation: \_\_\_\_\_

Social Worker: \_\_\_\_\_

Date: \_\_\_\_\_

## SOUTH OAKS GAMBLING SCREEN

1. Please indicate which of the following types of gambling you have done in your lifetime. For each type, mark one answer: "Not at all," "Less than once a week," or "Once a week or more."

	not at all	less than <b>once</b> a <b>week</b>	once a week <b>or</b> more	
a.	___	___	___	play cards for money
b.	___	___	___	bet on horses, <b>dogs</b> , or other animals (Off Track Betting, the track, or with a bookie)
c.	___	___	___	bet on sports (parlay <b>cards</b> , Pro-Line, with bookie)
d.	___	___	___	played dice <b>games</b> , including <b>craps</b> , over and under, or other dice games
e.	___	___	___	went to casino (legal or otherwise)
f.	___	___	___	played the numbers or bet on lotteries
g.	___	___	___	played bingo
h.	___	___	___	played the stock and/or commodities market
i.	___	___	___	played slot <b>machines</b> , poker <b>machines</b> , or other gambling machines
j.	___	___	___	bowled, shot pool, played golf, or some other games of skill for money
k.	___	___	___	pull tabs or "paper" games other than lotteries
l.	___	___	___	bet on games such as backgammon or man jong
m.	___	___	___	some form of gambling not listed above (please specify)

2. What is the largest amount of money you have ever gambled with on any one day?

___ never have gambled	___ more than \$100 up to \$1000
___ <b>\$1 or less</b>	___ more than \$1000 up to <b>\$10,000</b>
___ more than \$1 up to \$10	___ more than <b>\$10,000</b>
___ more than \$10 up to \$100	

3. Check which of the following people in your life has (or had) a gambling problem.
- ☐ father    ☐ mother    ☐ a brother or sister  
☐ a grandparent    ☐ my spouse or partner    ☐ child(ren)  
☐ another relative    ☐ a friend or someone important in my life
4. When you gamble, how often do you go back another day to win back money you have lost?
- ☐ never    ☐ most of the time  
☐ some of the time (less than half of the time I lose)    ☐ every time I lose
5. Have you ever claimed to be winning money gambling, but weren't really? In fact, you lost?
- ☐ never (or never gamble)  
☐ yes, less than half the time I lost  
☐ yes, most of the time
6. Do you feel you have ever had problem with betting or money gambling?
- ☐ no    ☐ yes    ☐ yes, in the past, but not now
7. Did you ever gamble more than you intended?    ☐ yes    ☐ no
8. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?    ☐ yes    ☐ no
9. Have you ever felt guilty about the way you gamble, or what happens when you gamble?    ☐ yes    ☐ no
10. Have you ever felt you would like to stop betting money or gambling, but didn't think you could?    ☐ yes    ☐ no
11. Have you ever hidden betting slips, lottery tickets, gambling money, IOU's or other signs of betting or gambling from your spouse, children, or other important people in your life?    ☐ yes    ☐ no



- 0  
D  
C  
C  
G  
0  
r
12. Have you ever argued with people you live with over how you handle money? ☐ yes ☐ no
13. (If you answered yes to question 12): Have money arguments ever centered on your gambling? ☐ yes ☐ no
14. Have you ever borrowed ~~from~~ someone and not paid them back as a result of your gambling? ☐ yes ☐ no
15. Have you ever lost time from work (or school) due to betting money or gambling? ☐ yes ☐ no
16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check "yes" or "no" for each)
- a. from household money ☐ yes ☐ no
  - b. from your spouse ☐ yes ☐ no
  - c. from other relatives or in-laws ☐ yes ☐ no
  - d. from banks, loan companies, or credit unions ☐ yes ☐ no
  - e. from credit cards ☐ yes ☐ no
  - f. from loan sharks ☐ yes ☐ no
  - g. you cashed in stocks, bonds, or other securities ☐ yes ☐ no
  - h. you sold personal or family property ☐ yes ☐ no
  - i. you borrowed on your chequing account (passed bad cheques) ☐ yes ☐ no
  - j. you have (had) a credit line with a bookie ☐ yes ☐ no
  - k. you have (had) a credit line with a casino ☐ yes ☐ no

## SOUTH OAKS GAMBLING SCORE SHEET

Scores on the SOGS are determined by adding up the number of questions which shows an "at risk" response:

Questions 1, 2, and 3 are not counted

- ☐ Question 4 - "most of the time I lose" or "every time I lose"
- ☐ Question 5 - "yes, less than half the time I lose" or "yes, most of the time"
- ☐ Question 6 - "yes, in the past, but not now" or "yes"
- ☐ Question 7 - yes
- ☐ Question 8 - yes
- ☐ Question 9 - yes
- ☐ Question 10 - yes
- ☐ Question 11 - yes
- ☐ Question 12 - not counted
- ☐ Question 13 - yes
- ☐ Question 14 - yes
- ☐ Question 15 - yes
- ☐ Question 16a - yes
- ☐ 16b - yes
- ☐ 16c - yes
- ☐ 16d - yes
- ☐ 16e - yes
- ☐ 16f - yes
- ☐ 16g - yes
- ☐ 16h - yes
- ☐ 16i - yes

0 = no problem

1-4 = some problem

5 or more = probable pathological gambler

Questions 16j and 16k are not counted

Total = \_\_\_\_\_ (there are 20 questions which are counted)

# 南奧克博彩行為甄別問卷

## South Oaks Gambling Screen (SOGS)

姓名：\_\_\_\_\_

日期：\_\_\_\_\_

- 1 請在下列選出你曾經參與過的博彩行為。並請在「完全沒有」、「每星期最少一次」或「每星期一次或以上」中，選出適當 fit 答案。

	完全沒有	每星期少於一次	每星期一次或以上
以金錢作賭注的撲克遊戲	_____	_____	_____
賽馬（場內或外圍）	_____	_____	_____
運動博彩(回力球，parlaycards)	_____	_____	_____
打麻將/天九/牌九等	_____	_____	_____
上賭場	_____	_____	_____
彩票/六合彩	_____	_____	_____
泵波拿/賓果	_____	_____	_____
玩股票或期貨	_____	_____	_____
博彩遊戲機(如角子老虎機等)	_____	_____	_____
百家樂	_____	_____	_____
其他：(請注明：_____)	_____	_____	_____

- 2 請問你在一天之內，曾經下過的最大注碼是多少？

☐ D 從未賭過  
☐ 1 加元或以下  
☐ 2 -10 加元  
☐ D 11-100 加元

☐ n 101-1000 加元  
☐ n 1001-10000 加元  
☐ D 10000 加元以上

3 問在閣下親友中，是否或曾經有過賭博問題？

- ☐ 父親 ☐ 母親 ☐ 兄弟或姊妹  
☐ 祖父 ☐ 配偶 ☐ 子女  
☐ 其他親戚 ☐ 朋友或其他重要人士

4 你是否經常賭輸之後，於翌日再去，期望贏回所失。

- ☐ 從不 ☐ 中 (少過半數)  
☐ 間中 ☐ 大多會  
☐ 每次都會

5 你會否賭輸了錢，還告訴別人贏了？

- ☐ 從不 (或從不賭博)  
☐ 有 (少過半數)  
☐ 有 (多數如是)

6 你會否感到自己的博彩行構成問題？

- ☐ 沒有 (或從不賭博)  
☐ 有  
☐ 以前有，現在沒有

7 你會否賭得比自己預期為多？

- ☐ 有  
☐ 沒有

8 無論你自己是否認同，別人有否批評過你的博彩行為或認為你有賭博問題？

- ☐ 有  
☐ 沒有

9 你會否 *m* 你的博彩行為或其引致的後果而感到歉咎？

- ☐ 有  
☐ 沒有

10 你會否感到對於博彩行為，欲罷不能？

☐ 是

☐ 不是

14 你會否因賭博而貸款不還？  
☐ 有 ☐ 沒有

15 你會否因賭博而曠工或曠課？  
☐ 有 ☐ 沒有

16 若你曾經借錢作賭注或還賭債，你是從甚麼途徑或向誰借貸？  
(請在每一項適當位置打✓)

☐ 家用配親戚銀行，財務公司  
☐ 信大從耳隆票，或高利貸  
☐ 從將個個人戶，或債勞，或其他保價值資產中套取現金  
☐ 有從有外賭場中借款(開空頭支票)  
☐

完

多謝合作

### **GAMBLERS ANONYMOUS' TWENTY QUESTIONS**

1. Did you ever lose time from work due to gambling?
2. Has gambling ever made your home life unhappy?
3. Did gambling affect your reputation?
4. Have you ever felt remorse after gambling?
5. Did you ever gamble to get money with which to pay debts or otherwise solve financial difficulties?
6. Did gambling cause a decrease in your ambition or efficiency?
7. After losing did you feel you must return as soon as possible and win back your losses?
8. After a win did you have a strong urge to return and win more?
9. Did you often gamble until your last dollar was gone?
10. Did you ever borrow to finance your gambling?
11. Have you ever sold anything to finance gambling?
12. Were you reluctant to use "gambling money" for normal expenditure?
13. Did gambling make you careless of the welfare of yourself and your family?
14. Did you ever gamble longer than you had planned?
15. Have you ever gambled to escape worry or trouble?
16. Have you ever committed, or considered committing, an illegal act to finance gambling?
17. Did gambling cause you to have difficulty in sleeping?
18. Do arguments, disappointments or frustrations create within you an urge to gamble?
19. Did you ever have an urge to celebrate any good fortune by a few hours of gambling?
20. Have you ever considered self destruction as a result of your gambling?



## 無名賭者互助會 二十個問題

1. 你會否因賭博而失去工作時間？
2. 賭博會否使你的家庭生活不愉快？
3. 賭博是否使你個人聲譽受損？
4. 你會否因為賭博而感到懊悔？
5. 你會否將賭博得來的金錢用來支付債務或解決經濟上的困難？
6. 賭博有沒有使你失去上進心和工作效率？
7. 賭輸後，你有没有想到一定要盡快繼續賭博，希望贏回所輸的金錢？
8. 當贏了一次後，你是否想再賭下去，贏多一些？
9. 你會否時常賭到囊空如洗？
10. 你會否要借貸來支持自己的賭習？
11. 你會否變賣或典當財物去作賭本？
12. 你是否不願將賭本去用作正常的開支？
13. 賭博是否使你對家人的福祉，置之不理？
14. 你花在賭博的時間，會否比你預算的長？
15. 你會否以賭博來逃避麻煩和困擾？
16. 你會否做過或想過去從事非法活動來支持賭習？
17. 賭博有沒有令你失眠？
18. 你有没有因為與人爭執，或因為失望、挫敗，而驅使你  
去賭博？
19. 你會否有一種衝動去用賭博來慶祝任何好的運數？
20. 你會否想到賭博可以毀滅自己一生？

若你有七題或以上的答案是「是」的話，你就可能有嗜賭的問題。

### ■ Diagnostic criteria for 312.31 Pathological Gambling

A. Persistent and recurrent maladaptive gambling behavior as indicated by five (or more) of the following:

- (1) is preoccupied with gambling (e.g., preoccupied with reliving past gambling experiences, handicapping or planning the next venture, or thinking of ways to get money with which to gamble)
- (2) needs to gamble with increasing amounts of money in order to achieve the desired excitement
- (3) has repeated unsuccessful efforts to control, cut back, or stop gambling
- (4) is restless or irritable when attempting to cut down or stop gambling
- (5) gambles as a way of escaping from problems or of relieving a dysphoric mood (e.g., feelings of helplessness, guilt, anxiety, depression)
- (6) after losing money gambling, often returns another day to get even ("chasing" one's losses)
- (7) lies to family members, therapist, or others to conceal the extent of involvement with gambling
- (8) has committed illegal acts such as forgery, fraud, theft, or embezzlement to finance gambling
- (9) has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling
- (10) relies on others to provide money to relieve a desperate financial situation caused by gambling

B. The gambling behavior is not better accounted for by a Manic Episode.

(American Psychiatric Association, 1994, p.618)

## *The Diagnostic and Statistical Manual-IV (DSM-IV)*

### **美國疾病診斷統計手冊（第四版）**

以下十項癥狀若出現五項，便算是有持續及不良的賭博行為。

1. 將賭博視為生活的第一位。
2. 需要越賭越大，才可以維持賭博帶來的刺激。
3. 屢次嘗試戒賭、控制或減少賭博行為，都不成功。
4. 企圖減少或戒賭時，情緒變得不安及煩躁。
5. 以賭博來逃避問題或舒緩不安情緒（例如：無助、內咎、焦慮、抑鬱等感覺）。
6. 一開始賭錢便會完全失控，不理輸贏都仍然繼續下去。  
（有賭未為輸的心理）
7. 向家人、輔導員或其他人隱瞞自己賭習的嚴重性。
8. 為求賭本，曾從事偽造、偷竊、欺詐或盜用公款等非法行為。
9. 曾因為賭博而影響或失去一些重要的關係、工作或進修的機會。
10. 要靠別人代還賭債。

## Appendix III

### Intervention Instruments

## **SITUATIONAL ANALYSIS OF GAMBLING BEHAVIOUR**

### **Purpose**

to identify situations and triggering factors preceding gambling behaviour

### **Content**

semi-structured questionnaire on the social and environmental situations surrounding the client's last gambling behaviour, the feelings elicited from the situation, and preliminary assessment of the strengths/weaknesses of the client

# CHINESE FAMILY LIFE SERVICES OF METRO TORONTO

## COUNSELLING PROGRAM FOR GAMBLING PROBLEMS

### Situational Analysis of Gambling Behaviour

The following questions will assist you in identifying circumstances under which you might have the desire and impulse to gamble so as to enable you to make changes.

Please take time to reflect on what happened when you last gambled and answer the questions accordingly.

All information collected is needed in order to devise a counselling program penaining to your personal needs. The content of the information is strictly confidential.

1. What was the time and date the last time you gambled?

Date: \_\_\_\_\_ Time: \_\_\_\_\_

2. What was the circumstance immediately preceding your gambling behaviour?

- |                                     |  |  |
|-------------------------------------|--|--|
| <input type="checkbox"/> at home    | <input type="checkbox"/> at school           | <input type="checkbox"/> at friend's/relative's home |
| <input type="checkbox"/> at work    | <input type="checkbox"/> on the street       | <input type="checkbox"/> other _____                 |
| <input type="checkbox"/> in the car | <input type="checkbox"/> at a restaurant/bar |  |

3. What were you doing then?

- |  |                                   |  |
|--|-----------------------------------|--|
| <input type="checkbox"/> watching TV                 | <input type="checkbox"/> working  | <input type="checkbox"/> socializing             |
| <input type="checkbox"/> listening to music          | <input type="checkbox"/> eating   | <input type="checkbox"/> doing housework         |
| <input type="checkbox"/> driving                     | <input type="checkbox"/> drinking | <input type="checkbox"/> caring for the children |
| <input type="checkbox"/> doing nothing in particular |                                   | <input type="checkbox"/> other _____             |



4. Were you alone?

☐ yes ☐ no

5. If not, whom were you with?

☐ family members ☐ relatives ☐ colleagues/co-workers  
☐ classmates ☐ friends ☐ other \_\_\_\_\_

6. And what were they doing?

☐ watching TV ☐ working ☐ socializing  
☐ listening to music ☐ eating ☐ doing housework  
☐ driving ☐ drinking ☐ caring for the children  
☐ doing nothing in particular ☐ other \_\_\_\_\_

7. What were you thinking about immediately before gambling?

8. What do you think propelled you to gamble in this incident?

9. Did you premeditate the gambling behaviour?

☐ yes ☐ no

10. Where did you end up gambling?

11. What type(s) of gambling were you involved in?

12. Were you alone at that time?

☐ yes ☐ no

13. If not, whom were you with?

☐ family members

☐ relatives

☐ colleagues/co-workers

☐ classmates

☐ friends

☐ other \_\_\_\_\_

14. During the gambling, what were you thinking about?

15. What were you feeling at the time?

☐ confused

☐ happy

☐ excited/nervous

☐ guilty

☐ anxious

☐ other \_\_\_\_\_

16. Described the process of your gambling (lost/won, length stayed, any loan involved).

17. What were you feeling after the game?

☐ happy

☐ guilty

☐ worried

☐ confused

☐ angry

☐ other \_\_\_\_\_

18. What is the likelihood of a similar situation happening again?

absolutely not

definitely will

0 1 2 3 4 5 I

19. What is the likelihood that you will gamble if you encounter similar situation again?

absolutely not

definitely will

0 1 2 3 4 5 I

20. If you had the chance to do it again, how would you deal with the situation differently?

Date: \_\_\_\_\_

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**戒賭輔導計劃**

**賭博行為處境調查表**

**SITUATIONAL ANALYSIS OF GAMBLING BEHAVIOUR**

以下問題可助你了解自己在甚麼情況下興起賭博的意慾及衝動，從而作出改變。

請花一點時間，回憶你對上一次賭博的情景，並回答以下問題。

所得資料，純為助你制定切合你個人需要的輔導計劃，內容絕對保密。

1. 請問你對上一次賭博的日期及時間是？

日期：\_\_\_\_\_ 時間：\_\_\_\_\_

2. 你在賭博之前，正處身於甚麼環境？

D 家中      n 學校      ☐ 朋友\親戚家中  
D 工作地點   n 街上      ☐ 其他 \_\_\_\_\_  
D 汽車內      D 酒樓\酒吧

3. 當時你正在做甚麼？

☐ 看電視      ☐ 工作      D 交際\社交  
D 聽音樂      D it食      D 做家務  
n 駕車      ☐ 喝酒      ☐ 照顧孩子  
D 沒有特別事做\發呆      D 其他 \_\_\_\_\_

4. 當時你是否獨處i？

D ft      D 否

5. 若否，你跟誰在一起？

D 家人      ☐ 親戚      ☐ 同事\工友

D 同學      ☐ 朋友      D 其他\_\_\_\_\_

6. 他們又在做甚麼？

D 看電視      ☐ 工作      D 交際\社交

D              ☐ 進食      D 做家務

D 駕車      D 喝酒      ☐ 照顧孩子

D 沒有特別事做\發呆      ☐ 其他\_\_\_\_\_

7. 當你即將去賭博之前，你腦中想起的是甚麼？

\_\_\_\_\_

\_\_\_\_\_

8. 你覺得有甚麼原因驅使你此次的賭博行為？

\_\_\_\_\_

\_\_\_\_\_

9. 你事先有沒有想過會去賭博？

☐ 有      D 沒有

10. 結果你往那裡去賭博？

\_\_\_\_\_

11. 你進行了甚麼賭博活動？

\_\_\_\_\_

12. 當時你是否單獨一人？

☐ 是      n 不是

13. 若不是，你跟誰在一起？

D	D	D	D	D
家人	親戚	同事\工友	同學	朋友
			<input type="checkbox"/>	其他

14. 進行賭博活動時，你在想甚麼？

15. 當時你的感覺怎樣？

<input type="checkbox"/>	混亂	<input type="checkbox"/>	快樂	D	刺激\緊張
D	內容	<input type="checkbox"/>	焦慮	D	其他

16. 請描述你賭博的過程：（輸\贏、逗留時間、有沒有借錢等）

17. 賭完之後，你的感覺又怎樣？

<input type="checkbox"/>	快樂	n	內容	<input type="checkbox"/>	憂慮
n	混亂	D	忿怒	<input type="checkbox"/>	其他

18. 你再次遇上類似上述處境的可能性是？

19. 若你遇上類似情況，你還會賭博的可能性是？

0	1	2	3	4	5
絕不可能					常常會發生

20. 假如你可以從新再做一次的話，你會怎樣處理呢？

0	1	2	3	4	5
絕對不會					一定會

填表S期：\_\_\_\_\_

## **INTERVENTION PLAN**

### **Purpose**

to formulate counselling goals and help the client to keep track of the overall plan discussed

### **Content**

- counselling goals are translated into expected changes and behavioral indicators
- counselling schedule



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輔導計劃表  
*INTERVENTION PLAN*

輔導目的

要改變的行為

行為指標


計劃共 \_\_\_\_\_ 節

時間安排 \_\_\_\_\_

姓名： \_\_\_\_\_

ax : \_\_\_\_\_

## **SESSIONAL RECORD**

### **Purpose**

to help the client to keep track of the theme and homework assignments of each session

### **Content**

a worksheet on which the client may record information regarding session content and homework assignments

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戒賭輔導計劃  
輔導日誌

*SESSIONAL RECORD*

日期：\_\_\_\_\_ 第\_\_\_\_\_節

目的：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

內容：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

家課：\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

評語：\_\_\_\_\_

## BEHAVIORAL DIARY

### Purpose

to identify the social and psychological triggers that may have affected the client's gambling urges/behaviour

### Content

a weekly timetable is used for the client to indicate when he/she has gambling urges and his/her responses to those urges



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每周生活程序記錄

BEHAVIORAL DIARY



星期 時間							
0:00am							
1:00am							
2:00am							
3:00am							
4:00am							
5:00am							
6:00am							
7:00am							
8:00am							
9:00am							
10:00am							
11:00am							
12:00pm							
1:00pm							
2:00pm							
3:00pm							
4:00pm							
5:00pm							
6:00pm							
7:00pm							
8:00pm							
9:00pm							
10:00pm							
11:00pm							
12:00am							

心思思 ♥ 去賭錢回 上班○ 睡覺回



由：\_\_\_\_年\_\_\_\_月\_\_\_\_日至\_\_\_\_月\_\_\_\_日 姓名：\_\_\_\_\_

## **BARRIERS TO LEISURE ACTIVITIES**

### **Purpose**

to identify barriers client has in engaging in coastructive leisure activities

### **Content**

a checklist of reasons why people are reluctant to participate in leisure activities with an assessment scale for each item



Barrier to your enjoyment

According to your own experience, what are the major barriers preventing you from enjoying leisure? Please use the scale provided and rate each of the following barriers?

-----0-----1-----2-----3-----

never      rarely      sometimes      often

Rating scale

1. Often I do not feel like doing something
2. I have too many family obligations
3. Work is the main priority for me
4. I do not think leisure is important
5. I do not know what is meaningful to me
6. I feel a great deal of daily stress
7. I have a habit of over committing myself
8. There is not enough money to do what I want
9. I am unemployed and do not think that leisure is possible.
10. I do not have the physical skills
11. I do not have the artistic or creative skills
12. I am embarrassed about learning something new
13. I do not have enough free time
14. I do not know what is available
15. There is no one to go with me
16. Social situations are awkward for me
17. Programs and facilities are not available
18. Family and friends' expectation limit me
19. I find it difficult to make decisions
20. I find it difficult to follow through on my intentions

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## 活動障礙

### BARRIERS TO LEISURE ACTIVITIES

從你的經驗所得，你覺得最大的障礙去阻止你去參予活動是？

請用以下的對比去指示那些障礙：

0-----1-----2-----3

沒有

很小

有時

時常

- 1 你時常感到不想做什麼
- 2 我有很多家庭責任
- 3 工作對我是最重要的
- 4 我並不覺得閑暇重要
- 5 我不知道什麼對我是有意義
- 6 我感到每日都有壓力
- 7 我有一個習慣就是太過投入
- 8 我並沒有足夠的金錢去做我喜歡做的事
- 9 我失業，我並不覺得閑暇是可能
- 10 我並沒有能力去參予活動
- 11 我並沒有創造能力
- 12 我覺得尷尬去學新的事物
- 13 我沒有時間
- 14 我並不知道什麼東西是可用的
- 15 沒有人與我一起去
- 16 在社交場合，我感到尷尬
- 17 設備與節目並不適合
- 18 家人與友人的期望阻止我去參予活動
- 19 我感到困難去做決定
- 20 我感到困難去追隨自己的意向



## EVALUATION FORM

### **Purpose**

to evaluate the effectiveness of treatment

### **Content**

- evaluate client's progress according to the behavioral indicators set in the intervention plan
- subjective assessment of the counselling process and the client's level of satisfaction

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戒賭輔導計劃

個人進展評估

EVALUATION FORM

行為指標

進展評估

	完全無用					達到目標
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5
_____	0	1	2	3	4	5

輔導過程對你是否有幫助？

完全沒有

幫助很大

0—1—2—3—4—5

你對於自己的進展是否滿意？

絕不滿意

非常滿意

0—1—2—3—4—5

其他評語：

\_\_\_\_\_

\_\_\_\_\_

## Appendix IV

### Report on the Profile of Clients Served by Chinese Family Life Services of Metro Toronto and Preliminary Evaluation of Treatment Effectiveness

#### Profile of clients

##### breakdown of referrals

		counselling service provided	inquiry	total
gambler	M	11	0	
	F	1	0	12
family members	M	1	1	
	F	18	2	22
friends	M	0	1	
	F	0	2	3
public	M	0	5	
	F	1	0	6
total		32	11	43

#### Services Provided

intervention approach	# provided
crisis intervention	20
skills training	12
psycho-education	23
family work	4
collaborative work with credit counselling	4

### **Preliminary Evaluation**

1. 67% (8) of the gamblers have either stopped or controlled their gambling behaviour
2. among the family members we worked with, 53% (9) were able to involve the gamblers who have now either stopped or controlled their gambling behaviour

N.B.

Treatment effectiveness is both evaluated by the worker and based on the **self-report** of the client. Preliminary results are encouraging in comparison with some studies on treatment effectiveness which ranged from 51% to 72% (Walker 1992). We acknowledge the limitations we had in formulating a scientifically sound evaluation method. A more elaborate and scientific evaluation strategy, preferably developed collaboratively with an academic institution, would be useful as a next step to further test the effectiveness of our treatment model.



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