

CHAPTER 17

PROBLEM GAMBLING TREATMENT FOR ASIAN IMMIGRANTS

Samson Tse, Hyeeyun Kim & John Wong

Introduction

Asians, including New Zealand-born individuals, immigrants and international students, are the most rapidly growing cultural community in New Zealand. They are the third largest ethnic group, behind only Europeans and Māori (New Zealand's indigenous population). Between 1991 and 2001, the number of people identifying as Asian grew by 140% to almost 240,000, or 6.7% of the nation's population (Statistics New Zealand, 2002b). About 1 in 15 people in New Zealand are Asian in background, and two-thirds of this group live in the Auckland region. Chinese form the bulk of this ethnic grouping (44%), followed by Indians (26%), Koreans (8%), and other groups (Statistics New Zealand, 2002c).

In New Zealand the term 'Asian' is often applied to a diverse group of people as an ethnic label, but it should be recognised that the 'Asian' population is highly heterogeneous. This diverse group brings with it a rich legacy (i.e. cultural values, traditions, histories, beliefs, and practices) that enhances and strengthens multicultural New Zealand. At the same time that this nation benefits from immigration, it also needs to improve efforts (in the form of policies and services) to better welcome and sustain people from other countries with different cultural traditions. This chapter is an attempt to move in this direction.

The aims of this chapter are twofold. First, it examines some of the features associated with problem gambling in New Zealand's Chinese and Korean communities. Second, it proposes culturally-appropriate strategies to work with Chinese and Korean problem gamblers. Before dealing with these topics, it is useful to examine some general information about the health of these groups.

Health of Asian New Zealanders

In 2002, the New Zealand Mental Health Commission facilitated a literature review to identify specific mental health issues concerning Asian people. It concludes that “although it has been difficult to specify prevalence rates, the limited research findings have suggested that the mental health levels among Asians do not differ significantly from those of the general population” (Ho et al, 2002, p xii). This reasonably good mental health profile for Asian people may be explained by several factors. Generally young and middle-aged immigrants with good health status are the ones accepted by the New Zealand Immigration Service. However, the Commission’s report also identified several high-risk groups for further research: women, international students, older people, and refugees (Ho et al, 2002), which is cause for concern.

Another recent public health investigation listed several concerns for selected Asian sub-groups, including: gambling, mental health, difficulties in accessing the health system, diet and lifestyle, heart disease, drug and alcohol use, smoking, and domestic violence (Asian Public Health Project Team, 2003, pp 63-66). Furthermore, a survey on Asian health, carried out in Auckland, found that respondents regarded smoking (33.2%), use of alcohol (26.7%), medicine dependency (21.4%) and gambling (19.8%) as threats to their health (Ngai, Latimer & Cheung, 2001).

Problem gambling and Asian peoples

Anecdotal accounts and media reports have made frequent reference to the disproportionate level of participation in gambling by people of Asian appearance in non-Asian nations (e.g. Horton, 1996; Wall, 2000; Tan, 1998; Tse & Tan, 2002). In the case of Auckland, Bell and Lyall (2002, p 233) recalled that:

at Sky City Casino ... Pakeha [Europeans in New Zealand] made up perhaps five percent of those present. Numerous young Maori and Pacific Islanders ... were croupiers and cashiers. A few older Polynesian women smoked and drank beer at the poker machines ... Everyone else was Asian.

Research overseas has demonstrated similar troubling patterns with regard to Asian gambling. A recent California survey found that nearly 70% of San Francisco’s Chinese-American adults are concerned about gambling (NICOS, 1997). Disturbing trends are also shown in a 1997 Canadian survey carried out by the Chinese Family Service for Greater Montreal.

The results of that survey indicate that up to 19% of Chinese restaurant workers may be pathological gamblers (Scalia, 2003).

A study by the Chinese Family Life Services of Metro Toronto (1996) in Canada found that Chinese gamble for many reasons, including money making, escapism, excitement, entertainment, socialising, fantasy, charity, and to boost self-esteem. Apparently Asian immigrants who are employed in shift work (e.g. restaurants, factories, etc.) and newly arrived young adults studying English are affected disproportionately by gambling problems (P. Au, Executive Director of Chinese Family Services of Ontario, personal communications, February 4, 2003 & April 23, 2003; T. Cho, Chairman of Auckland Chinese Food and Beverage Business Association, personal communication, February 5, 2003).

Australian research also upholds these disturbing patterns. For example, Blaszczynski and colleagues (1998) distributed questionnaires to parents of children attending a Chinese-speaking school in Sydney, and found that 2.9% of the parental sample could be classified as pathological gamblers during the previous six months (using the Seven Oaks Gambling Screen, or SOGS, cut off 10) and 7.8% of them could be described as problem gamblers (cut off 5). Another study commissioned by the Victorian Casino and Gaming Authority found that Asians are affected by problem gambling disproportionately compared with the general community.

In the 1999 New Zealand National Survey (on gambling), no Asians were identified who had current gambling problems (Abbott, 2001b). However the researchers noted that these findings should be treated with caution because of the small sample size and other methodological factors (Abbott, 2001a). It is known that 30% of Chinese respondents and 50% of Korean participants in New Zealand consider gambling to be a major problem in their communities (Ngai et al, 2001). A survey of Christchurch restaurant employees conducted by New Zealand Asian Services (Problem Gambling Foundation, or PGF), based in Christchurch, found a disturbing trend of high numbers of Chinese workers affected by problem gambling (Tan & Tam, 2003). Some background to these data is provided by New Zealand research exploring Chinese immigrants' gambling and its relationship to the difficulties experienced during their immigration (i.e. insecurity in the new country, and disconnection from their family and friends) (Wong & Tse, 2003).

Despite the likelihood of higher levels of gambling problems, New Zealand research has indicated that Asian people may be less likely to seek help for their problems. Asian clients only made up 3.6% of the total client population seeking face-to-face problem gambling treatment in 2002 (Paton-Simpson et al, 2003). Since Asian people compose 6.1% of the New Zealand adult population, it is apparent that Asian clients are grossly under-represented in gambling counselling services. The telephone statistics, which includes the Asian Services Hotline, are slightly better (6.5% Asian callers).

A review of Asian Services, PGF-Auckland, examined client figures for face-to-face treatment in the period between September 1999 and October 2002. Seventy-nine people (57 men, 22 women), with an average age of 36.4 years, were included in this analysis. These clients lived an average of 5.5 years in New Zealand. Sixty people identified their ethnicity as Chinese, 14 as Korean, and five as other (e.g. Malaysian, Vietnamese). Currently, the Asian counsellors only offer assistance in Chinese (Mandarin and Cantonese) or Korean. The majority of the Asian clients were married (62%), and these individuals on the whole were prepared to involve their spouses or partners in counselling sessions since the marital relationship is often an important source of support. Sixty-five people (82.3%) described themselves as employed or seeking employment and nine people (11.4%) self-identified as students. Asian clients attending counselling services indicated that casino table games were their primary gambling mode, whilst a small proportion mentioned non-casino gaming machines and track betting.

Fifty-two people completed the SOGS (looking at the most recent four-week period) with a mean score of 7.6 (although the range was a score of 1-15). A high number of people (80%) receiving help from Asian Services were classified as problem or pathological gamblers. In comparison with typical PGF clients, this is a slightly lower percentage of problem gambling clients, which could be explained by the fact that some individuals were already self-barred from gambling facilities and had taken steps to control their gambling prior to their presentation for treatment.

Thirty-nine people reported that they had lost a mean amount of approximately \$22,000 in the last four weeks. The highest loss reported was \$350,000. These data are alarming given the fact that 57% of New Zealand Asian men and 66% of the women reported having an income of

less than \$1,153.80 fortnightly (Statistics New Zealand, 2001). This finding is consistent with previous research by Abbott (2001a). Perhaps associated with these high losses is the fact that 58 people were assessed on their risk of suicide; almost 60% of this sample admitted either planning or attempting suicide (see Chapter 12). A variety of other concerns were also mentioned by the Asian clients, some of which may have contributed to their high rates of suicide risk. For example, they identified: financial problems, loneliness, separation from families and friends, employment issues, post-migration adjustment issues, boredom, altered socio-economic status, marital problems, language difficulties, low self-esteem, stress, and depression. It is now useful to turn to a case study, which illustrates some of these issues.

A case vignette

Mr Lee (not his real name) is a 36-year-old who is married with two young children. The family resides in a major New Zealand city. He received a general arts degree from an overseas university and had a successful business in his own country prior to moving to New Zealand. Presently, he is working on a casual basis for his friend as a labourer, earning about \$200 per week. Not long after his arrival, Mr. Lee was invited to a casino for a 'lifetime' experience. He was very impressed by the casino, especially the friendly atmosphere, which allowed him to socialise in an exciting manner with friends. He had never been to a public, legalised gambling facility before coming to New Zealand. Mr Lee's most favoured gambling activities were the casino table, poker machines, and card games. Shortly after his first visit, he started to gamble in the casino by himself. Over a period of one month, he lost all the family cash savings (approximately \$30,000), was in debt \$8,000 to his friends and relatives, and had borrowed money from loan-sharks. Not only was Mr. Lee in severe financial trouble, he also felt he had bought shame to his family, his parents and relatives. He was completely confused about how he had reached this state. It suddenly hit him that he had ruined his wife's and children's lives. He was depressed and stressed and did not see much hope for the future. He considered killing himself and his family. Luckily he was able to identify another alternative, and instead he decided to self-bar himself from the casino. However, this did not solve his problem. He went back to the casino several times before being caught by the casino's security personnel. Subsequently he was asked by the police to receive counselling for his gambling problem (i.e. a court-enforced diversion order).

At the initial assessment by PGF Asian Services, Mr. Lee's SOGS score was seven and he had lost \$6,000 gambling over the last four weeks. Working alongside his counsellor, Mr Lee identified his treatment goals, which were to finish police diversion, learn about problem gambling, better control his gambling, and to start his life again in the new country.

Culturally-appropriate treatment

The usual evidence-based treatment strategies should be employed with Asian clients affected by problem gambling (e.g. Ministry of Health, 1996; Oakley-Browne et al, 2003; Raylu & Oei, 2002; Tavares et al, 2003). The following discussion focuses specifically on cultural issues for working with Chinese and Korean immigrants.

Engage the client

Problem gambling is a very personal, sensitive and emotionally-charged issue (Pavalko, 2001). In the case of Mr. Lee, the fact that he had lost money and had to receive counselling from a stranger devastated him; he had lost face and felt like a total failure. With police diversion it is even more important to engage the clients in a very sensitive manner, demonstrating respect for them as people. Clients tend to associate the counsellor and counselling with shame. Every session with the counsellor reminds them of their mistakes, stimulating feelings of intense guilt and of being a loser.

Korean clients find it difficult to ask for help because typically they are from wealthy, high-profile backgrounds. They are more used to offering help and leadership than receiving it. In particular, men find it humiliating to ask for help from a younger female counsellor. Lee (2000) has suggested that Korean men do not express their feelings easily, or seek help outside their family. They are afraid of being seen as weak. These feelings are compounded by Asian people's limited understanding of counselling and its aims. The therapist needs to be patient about achieving rapport with Asian clients. This process will be assisted by the counsellor's ability to convey acceptance and positive regard towards the person.

When working with Asian people, it is worth exploring the meaning of gambling in their home culture (Wong & Tse, 2003). This kind of discussion removes personal blame or stigma.

Additional helpful tools are an appropriate gender and age match between the client and counsellor. Also, a professional and tidy appearance

can help to establish a therapeutic relationship. The counsellor's self-disclosure of their struggle to adjust to a new culture will communicate empathy to the client. Sometimes conversational techniques, such as offering a cup of Chinese or Korean tea, or talking about the Asian wall decorations, help to decrease tension in the first meeting. It is important to explain counselling confidentiality to the client (and adherence to the code of ethics).

Sometimes it may be necessary to use an interpreter. There are several strategies which make this successful: (a) know the interpreter and involve them as part of the treatment team; (b) inform the client about the interpreter's name and seek the client's permission before the interpreter arrives; (c) require the interpreter to sign a confidentiality agreement before meeting the client, and clarify the translation expectations (e.g. translating sentence by sentence or merely summarising the ideas); (d) speak to the client, not the interpreter; (e) check that the client fully understands; and (f) ask the client for feedback about the use of the interpreter after the first session.

Identify the presenting problems

In addition to assessing the extent and severity of gambling-related problems (e.g. type and frequency of gambling, amounts of money lost), a thorough assessment should cover: potential harm to oneself, family and property; and risk from other psychiatric or medical conditions, such as depression, the use of illicit drugs, and excessive consumption of alcohol (Black & Moyer, 1998; Cheung, 1995). It is disturbing to note that there have been several fatal incidents related to problem gambling among members of the New Zealand Asian community and therapists need to keep this danger in mind when dealing with clients (Wall, 2000).

Problem gambling is often just the 'tip of the iceberg.' It is important to inquire about all types of problems and challenges faced by Asian immigrants, including financial hardships, language barriers, and inter-generational conflicts (Holt, Crezee, & Rasalingam, 2001; Wong & Tse, 2003). Some Asian groups may have suffered from civil unrest, political persecution, or war, possibly resulting in the death of family members and the loss of possessions. These situations may trigger mental health difficulties (Asian Public Health Project Team, 2003), which should be identified by their counsellor. Some individuals use gambling or other addictions to escape from pre-migration traumas (Ying & Akutsu, 1997).

Manage problem gambling

During counselling, it is important to identify the strengths and resources that the client (and potentially their family) can contribute to the effective management of their gambling problem. This may help people improve their self-esteem and sense of control (Rapp & Wintersteen, 1989; Steen et al, 2003). Cultural beliefs may assist with this process. Counsellors should find out about client's hopes for themselves, their partners and their children. It is also useful to ask how they coped with adversity before coming to New Zealand (i.e. what works for them). Metaphor can offer a powerful tool for counselling (Burns, 2002; Townshend, 2003; Chapter 8). Appropriate use of metaphor may prompt Asian clients to reconnect with their cultural traditions. Using familiar images or folk stories may help clients gain a better understanding of their problem gambling and help them focus on recovery.

Another important step for managing problem gambling is to identify whether support systems are in place for Asian clients and to build up extra support or resources if necessary. A major barrier for Asian people wishing to access New Zealand public services (e.g. budgeting or legal advice) is language difficulty (Aye, 2002; Ho et al, 2002). Counsellors need to make special efforts to ensure that clients know where to go and that they will be looked after by a worker who is sensitive to their culture and needs.

It is well documented that Asian clients have a different set of expectations about counsellors and professionals in social or health services (Aroian, 1990; Arthur, 2000; Tabora & Flaskerud, 1997). Generally speaking, Asian clients are very conscious of social status and power (Tseng, 1973). Counsellors, social workers, or other professionals are seen as someone in authority who deserves respect. Clients may be uneasy if they are asked to work in partnership with the therapist. They tend to expect the counsellor to take an authoritative position and to provide a 'quick fix.' Asian clients prefer a pragmatic, practical approach in dealing with problem gambling. They usually welcome the idea of completing 'homework' or having a handbook to help them deal with problems in between appointments and to prepare for the next session (Robson et al, 2002). However, this does not mean the counsellor should tell clients how to conduct their lives. Being directive means giving the client a limited number of informed choices, rather than leaving it entirely to the client. The challenge confronted by counsellors working with Asian clients is to

help clients feel empowered and yet to also satisfy clients' expectations that counsellors will provide guidance.

Work with the family

Traditionally, extended-family structures or community-centred ideologies are major characteristics of South-East Asian cultures, including Chinese and Korean people (Arthur, 2000). Maintenance of one's well-being begins with the individual and proceeds through the regulation of family and community life (Tseng, 1973). Emphasis is placed on harmonised relationships between parents and children, bonds of care between the elderly and youth, and mutual love and respect between husband and wife. The family is expected to, and would provide, the needed practical and emotional support to its members during times of stress or health problems, whereas Western culture in general is based on the notion of self-reliance (Arthur, 2000).

Most Korean individuals with problems find support within the Christian church and their family (Kim, 2001). However, it is crucial for the counsellor to discuss with their clients any family involvement (obtaining their agreement and protecting their privacy). Because there have been disappointments, distrust, and anger related to problem gambling in the family, it is important to run separate sessions for family members in the initial phase of family intervention. If this is not done, the session can be chaotic, humiliating, and superficial and possibly dominated by outspoken family members.

At times the gambler's parents may be involved in counselling. It is particularly important to assure the gambler that the counsellor will not disclose their details to their parents. Typically in Korean culture, parents assume the right to know everything about their children, even when the children are adults with their own children.

Other challenges may operate when the counsellor is working with the gambler's children. It is crucial to engage the young person and build up trust, check their safety, use simple language, and give practical guidance on how the situation can be managed.

Support clients to integrate with the community and avoid relapse

After dealing with the acute crisis related to problem gambling, it is very common to hear Asian clients describing the counselling process as an 'awakening' experience. They suddenly realise they have to integrate with the newly adopted community, improve their language skills, and refocus

on their personal goals or aspirations in New Zealand. The implications here are that counsellors have to 'think outside the square' in terms of community resources. If the required resources do not exist, then counsellors may have to advocate for their establishment (e.g. free Chinese-speaking legal or budgeting services).

For some Asian clients, spirituality is an important part of their life. This may be development of a personal relationship with God or other deities, or some other conception that inspires and gives meaning to life (Canda & Furman, 1999). In some cases, spirituality is equated to religiosity or participating in institution-based religious activities.

Once the goal of community integration is addressed, Asian clients will begin the long process of recovery from problem gambling. Eventually their lives will be brought under control, but not without hard work on the client's part, coupled with support from professionals, family and others.

Conclusion

It can initially be daunting for clients to seek help for problem gambling. It can also be challenging for counsellors to offer appropriate assistance to Asian immigrants experiencing problem gambling. This chapter has focused on two groups of Asian people in New Zealand (Chinese and Korean), and provided some ideas about culturally-appropriate treatment. It should be mentioned that there are many differences between these two groups, and there is much individual variation. As a result of the rapid urbanisation and Westernisation of Asia, combined with recent changes in family structure, the described treatment suggestions may not be relevant to every Chinese or Korean person in New Zealand. It is also crucial to point out that the omission of other Asian groups in this chapter does not suggest that they are not affected by problem gambling in New Zealand. It is hoped that more problem gambling treatment services will be available to provide culturally-appropriate interventions for all Asian people here.

There are three key directions for the development of future Asian services. First, there is a need to develop evidence-based care, which combines counselling and social work to support Asian clients addressing the full range of post-migration settlement issues and to prevent problem gambling relapses. Crucial settlement issues are English proficiency, and building up career and support systems in the new country. Second, a

culturally-appropriate public health approach is required to protect Asian communities and individual members from problem gambling harm and to encourage early identification of the problem. In turn, this promotes early help-seeking among members of the Asian community. Third, it is not good enough to provide Asian clients with culturally-appropriate interventions. Their treatment has to be based on credible research evidence. This requires a strategic and systematic approach, focused on process and outcome evaluations, which can be used to demonstrate the benefits of Asian problem gambling treatment services. However the challenge of how to increase sensitivity to Asian populations in the context of providing culturally appropriate treatment still remains to be met in New Zealand.