2016

The prevalence of problem gambling in the Chinese community of San Francisco with a focus on exploring treatment access

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ABSTRACT

Problem gambling, as a significant mental health issue, has been sparsely researched, especially in how it affects Chinese immigrants. Since the 1999 study by Selina Toy and Annie Wong, limited research has been conducted on the prevalence of problem gambling in the San Francisco Chinese community. New data is greatly needed to demonstrate that problem gambling is still prevalent in the Chinese community. The purpose of this study was to utilize the South Oaks Gambling Screen (SOGS) to measure the prevalent rate of problem gambling in San Francisco's Chinese community in comparison to a similar study conducted 16 years ago by Toy and Wong (1999). Out of 68 participants, this descriptive study found the actual prevalence of lifetime gambling rate based on their self-identification is 58% and the adjusted prevalence of lifetime gambling rate is 76.9% based on actual gambling behaviors. Approximately 55% of participants did not have a problem with gambling; 40 % displayed some problem with gambling behavior; and almost 5% displayed probable pathological gambling behavior. In general, participants had been living in the U.S. for over 20 years, were born in Mainland China, identified as first generation, or identified as married or having a domestic partner. Practice and policy implications based on the findings from our research and recommendations for future studies on problem gambling are also discussed. Finding also highlighted the stigma of treatment related questions.

THE PREVALENCE OF PROBLEM GAMBLING IN THE CHINESE COMMUNITY

OF SAN FRANCISCO WITH THE FOCUS OF EXPLORING TREATMENT ACCESS

A project based upon an independent investigation,
submitted in partial fulfillment of requirements for
the degree of Master of Social Work

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2016

ACKNOWLEDGEMENTS

To my thesis partner, Yvonne Zhao. Thank you for going through so many struggles but fruitful effort with me. This thesis could not have gone better without your thoughtfulness. I really enjoy the good memories we shared together as a team and I look forward to our future endeavors in the field after graduation as colleagues.

To our thesis advisor, Mod Ono, LCSW. Thank you so much for your support. Your encouragement helped guided us through the challenges. You have made this thesis a positive experience for not only me, but also Yvonne. This really meant a lot to us.

To the NICOS family. Thank you so much for the flexibility and assistance with this thesis experience. We would have been lost without the guidance and advices that everyone have contributed.

To my colleagues/friends/mentors/supervisors in the field. You guys have taught me so much from perseverance to patience, patience to self-awareness, self-awareness to boundaries, from boundaries to humor, and so much more. I want to take the time and acknowledge that each and every one of you made a huge impact in my life. I could not have gotten to where I am at now without everyone's encouragement. Thank you for supporting me; but most importantly, thank you for believing in me.

To my close friends. Thank you for the emotional support and love through this challenging experience. You guys hold a special place in my heart.

To my beloved family, especially the females. Thank you. I know that we do not talk about feelings, but I am truly grateful for all the warmth, love, and support everyone has shown me and still continue to do so. Although I may not show it, I care about each and every one of you and will continue to do so as well.

To Roland. These past two years have been difficult for the both of us, but you were there with me. I really appreciate you supporting my selfishness of chasing after my dream and still continue to do so. You are truly my best friends/partner, and I could not ask for more of you.

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CHAPTER I

Introduction

Gambling is a popular social entertainment that is ubiquitous during festive holidays in many Asian countries. However there has been an increase in the rates of all forms of gambling, including problem gambling— a serious illness in which a gambler goes beyond their financial limits causing both financial and social damage to an individual and their families. High rates of problem gambling exist in the Chinese community and it appears to be somewhat higher than the international average rate (Hong & Chiu; Keen et al., 2015; Ono, 2006; Toy & Wong, 1999). Furthermore, psychological, financial and unemployment stressors due to issues with acculturation and immigration may increase one's risk of developing gambling problems. However, problem gambling, as a significant mental health issue, has been sparsely researched, especially in how it affects Chinese immigrants. Since the 1999 study by Toy and Wong, limited research has been conducted on the prevalence of problem gambling in the San Francisco Chinese community. New data is greatly needed to demonstrate that problem gambling is still prevalent in the Chinese community.

The government of New Zealand Health Department (2012) linked successful treatments to the decline of problem gambling in terms of prevalence in Asian communities in New Zealand. Correspondingly, we speculate that due to preventions and treatments being established as problem gambling becomes more and more known, that a similar lower prevalence rate of problem gambling could occur in the Chinese community, similar to the results found by the New Zealand Health Survey. As mentioned previously, more treatments were established after the first prevalence study was put forth. This would allow providers to understand whether the

interventions are more helpful in treating problem gambling or if there are other social factors that contribute to the problem.

Additionally, it has been suggested that gender variation in gambling behavior be analyzed regarding problem gambling. Gambling as a social activity has become more accessible and acceptable for females and is subsequently no longer viewed as just a male-dominated activity (Cheung, 2014). Gambling issues among women appears increasingly popular as well as problematic. However, research about gender differences in problem gambling is still not well understood. The implications of gender differences in gambling are worth further exploration for deconstructing masculine norms in gambling, thereby possibly leading to more effective treatment for males and females individually. According to Svensson (2014), men were more likely to participate in forms of gambling that requiring strategy involving competing with and against others, whereas women were more likely to be associated with games of chance in a home environment which were easy to learn and incorporated into everyday life. It also suggested that due to cultural stigma and traditional gender role, female gamblers might experience more criticism and mood disorders, whereas male gamblers might have more accompanying substance-related problems, such as alcohol and drug use, or physical and emotional abuse (Cheung, 2015; Keen, 2015; Svensson 2014).

This joint research study is a replication of a research that was done in 1999 by Selina Toy and Annie Wong using the South Oaks Gambling Screen (SOGS). The goal is to see if the outcome would yield similar or different rates of self-reported problem gambling today, as it did in 1999. Originally, the SOGS was developed in 1987 by Lesieur and Blume for pathological gambling screening in clinical settings. The SOGS consists of 20 questions soliciting information about a person's gambling experiences, frequency of gambling activities and how their gambling

behavior impact on their personal, familial, social and occupational life. Its use has expanded to other purposes, settings, and populations. Questions have been adopted in various settings and in several languages. SOGS is considered as a valid and reliable measure instrument for detecting gambling problems amongst Chinese communities (Battersby et al., 2002; Clarke, 2003; Ono, 2006; Toy & Wong, 1999; Wong & So, 2003). To address the culture sensitivity of the SOGS to the Chinese community, Ono (2006) created questions relevant to the Chinese culture and gambling in addition to the SOGS in her study on male problem gamblers.

This study strived to provide helpful clinical data because there has not been a lot of research done in relation to problem gambling in the U.S. compared to other countries. Problem gambling as a disorder was not part of the Diagnostic and Statistical Manual of Mental Disorders (DSM) until DSM IV came out. In DSM IV, it is called Pathological Gambling and DSM V renamed it Gambling Disorder, which now belongs under the category of Substance-related and Addictive Disorders. The emergence of gambling-related problems in the DSM V allows problem gamblers to recognize their addiction as a critical problem. The effects are not only just the gambling behavior, but also that problem gambling can have a profound impact on individuals' lives, families and community. Recent studies (Keen et al., 2015) show that Chinese immigrants living in Western countries have demonstrated 1.5-5 times a higher rate of problem gambling than the host society. These problem gamblers are suffering from social, economic hardship and health problems. Due to feelings of shame and cultural stigma, individuals seldom seek help in Asian communities and they are more likely to hide gambling problems. Hence, NICOS Chinese Health Coalition (NICOS), an agency dedicated to advocating and doing preventative works on problem gambling in primarily San Francisco' Asian communities, addresses some of the mentioned issues. In addition, according to Michael Liao (2014), the lead

facilitator from the Problem Gambling Awareness Training—a preventive training established from NICOS as a result of the Toy and Wong study—the Asian community uses gambling to cope with underlying mental health problems, and to seek community support. Similarly, doing this research will also help mental health and substance abuse providers achieve more culturally-competent in working with this population and lead to greater understanding of the need of the clients. The following chapter will review and discuss the literature related to problem gambling as it affects Chinese communities.

CHAPTER II

Literature Review

Introduction

This chapter consists of a review of various studies that illuminate the issue of problem gambling in the Chinese community in the United States. The first section will provide an overview of the Selina Toy and Annie Wong prevalence study that was conducted in 1999 and also explore some other relevant prevalence studies conducted in other countries. The second section will focus on two local social service agencies known in the Bay Area for problem gambling treatment and advocacy for individuals in the Chinese community. In the third section, the history of Chinese and problem gambling will be reviewed in more depth. The fourth section will provide an outline on terminology relevant to understanding the different types of gamblers on a continuum and review the strength and weakness of the South Oaks Gambling Screen (SOGS)—the most widely used assessment tool for this research. The fifth section will explore other studies that focused on acculturation and other cultural considerations that arise in the Chinese community. And lastly, the final section will separately review studies on problem gambling concerning intervention/treatment and gender differences.

Selina Toy and Annie Wong Study

In 1999, Selina Toy and Annie Wong, two graduate students at the University of California at Berkeley, conducted an empirical research using a convenience and snowball sampling to document the gambling behaviors of 160 Chinese adults in San Francisco. Toy and Wong's study showed the following prevalence: 76% of the participants gambled at least once in their lifetime; 92% of the participants engaged in gambling activities; and 39% never borrowed money to gamble. These rates demonstrate that gambling is a common activity in this population

and suggested that gambling could be a possible norm. The results also suggested that the Chinese population is more vulnerable in becoming pathological and problem gamblers. Toy and Wong recommended that further research be conducted in relation to this population which includes comparing non-Chinese gamblers with Chinese gamblers, as well as conducting qualitative studies and focus groups. In addition, we want to conduct research on Chinese gamblers along with the effect of their close relationships, and investigate the social norm of gambling in the Chinese culture.

Similar Prevalence of Problem Gambling in the Chinese Community

Expanding on Toy and Wong (1999)'s study, this section will discuss the prevalence of problem gambling among the Chinese community. As materialism and individual successes are more visible in Chinese community and prosperity grows, gambling can move from a social activity to a problem behavior (Wu & Lau, 2014). However, due to high social acceptance and the blurred definitions between "gambling" and "gaming", the national prevalence of gambling remains unknown and is under-emphasized as a social problem. Problem gambling is an under-reported phenomenon and a hidden problem in the Chinese community (Tse et al., 2010). Therefore, in our study we will also explore the meaning of gambling from the cultural lens of the Chinese Community.

Most current studies have been conducted that focus on the prevalence of problem gambling in Hong Kong and Macao (Fong and Ozorio, 2003; Wong and So, 2003). Irene Wong and Ernest So (2003) explored the prevalence of problem gambling and pathological gambling in Hong Kong, results showed that 4% of respondents classified as problem gamblers and 1.8% of the respondents could be classified as pathological gamblers. According to significant differences between the survey sample and the respondents classified as problem and

pathological gamblers, the study also predicted that sex, education level, and family income might contribute to problem and pathological gambling. Correspondingly, two-thirds of respondents in Macau expressed that they have participated in at least one of the fourteen forms of gambling listed in the SOGS, such as social gambling, Mark Six lottery, soccer/basketball betting, Macao Casino, Greyhound Racing, Mahjong House, Pacapio, Casino Ship and Online Casino etc. in the past year, and the three most forms are social gambling, Mark Six lottery, and soccer/basketball betting (Fong and Ozorio, 2003). Results indicate that the prevalence of pathological gambling and problem gambling are 1.78% and 2.5% respectively. In addition, the most popular forms of gambling in Macau are defined as social gambling, such as "Mark Six" and soccer/basketball betting. Researchers based in Hong Kong and Macau prompted us to be more focused on gender differences, education levels, family income and forms of gambling in our survey.

In 2006, Mariko Ono explored male Chinese gambling behavior in the San Francisco Bay Area using a modified version of the SOGS, with specific additional questions that explored the aspect of fate/destiny (ming) and luck (yun) rooted in Chinese culture. A total of 68 Chinese adult males in her study participated in Ono's study (2006); the overwhelming majority of participants (over 90%) had lived in the U.S. for over ten years and had graduated from high school or had obtained a higher degree. Regarding their financial situation, less than half of the participants stated that "they have enough money", and over one third stated "they were just able to make ends meet". Approximately half of the participants displayed possible problem gambling behaviors by the SOGS standard. Responses showed that Mah Jong, poker, other casino-typed card games, and bingo/keno, dice are the most popular gambling types and Chinese male gamblers are more prone to 60% believe in fate/destiny and luck. These findings revealed

Chinese cultural nuances in gambling behavior and Chinese male gamblers are more likely to have problem gambling issues in their process of acculturation in the U.S.

In general, problem gambling, as a significant mental health issue, has been sparsely researched, especially in how it affects Chinese immigrants. Additionally, there are very few studies that focus on female Chinese problem gamblers, since her study was conducted in 2006 (cite here what the other studies are).

Similar Prevalence of Problem Gambling in Other Population

Due to the limited problem gambling prevalence research in the Chinese community, this section will explore other similar studies with different populations. One prevalence problem gambling study was done in Maryland (USA) at the Oxford House (Majer et al., 2011). Oxford house is an inpatient recovery treatment center for addiction. There are about 1500 Oxford house in the US, Canada, and Australia. Oxford House professional treatment staff do not live on the premises. The clients who live in Oxford House maintain the milieu settings and other housekeeping works. According to the researchers for this study, Oxford House follows the abstinence model and clients could stay as long as they want as long as they are sober. John M. Majer, Robert S. Angulo, Darrin M. Aase, and Leonard A. Jason (2011) used SOGS as their measurement for the study. The population appeared to be Caucasian if not mostly Caucasian because the study does not specify the race of the population. Majer et al. (2011) hypothesized that problem gambling may be comorbid with substance abuse and other mood disorders such as anxiety, ADHD, bipolar disorder, or depression.

The outcome of the research showed that clients who stayed with Oxford House longer than six months have better self-regulation and better decision making. In addition, gamblers share similar behaviors to those who struggle with substance abuse. Half the population of the

study have gambling problem. This article demonstrates that problem gamblers seek more treatment compared to other studies. One of the limitations in this study is the sample: the population sampled may not be new to recovery as opposed to those who seek it out for the first time. In other words, they are more likely to seek treatment because they know what to expect. This may suggest that problem gamblers may not seek treatment as often if they feel stigmatize from cultural beliefs, or they are not ready to change. In addition, the sample population does not represent the whole problem gambling population and does not account for those who may resist treatment. One facet of our study that we are interested in exploring further is the possible co-occurrence of problem gambling with mood and substance abuse disorders.

In another problem gambling prevalence study done in Spain, Susana Jiménez-Murcia, Roser Granero, Randy Stinchfield, Fernando Fernández-Aranda, Eva Penelo, Lamprini G. Savvidou, Frida Fröberg, Neus Aymamí, Mónica Gómez-Peña, Laura Moragas, Amparo del Pino-Gutiérrez, Ana B. Fagundo, and José M. Menchón (2013) studied the Spanish-speaking young problem gamblers using the SOGS. The sample population consisted of 17-25 year-old Spanish-speaking individuals in outpatient problem gambling treatments. Many of the sampled participants have "no more than primary education level...and they are married or lived with a partner." Jiménez-Murcia et al. mentioned that problem gambling is a "complex disorder."

From the findings of the study, Jiménez-Murcia et al. (2013) categorized the participants into three types. Type 1 ("healthiest group") consisted of those with high education, showed minimal negative consequences and low level of mental health symptoms. Type II (depression type) consisted of individuals with "emotional distress, shame, negative feelings, immaturity, and hostility" (Jiménez-Murcia et al., 2013, p. 5). The article also mentioned that this group showed premorbid states of anxiety and depression. Type II also had a history of child abuse or

family conflicts, and Jiménez-Murcia et al. suggested they may be using problem gambling to regulate their negative emotions. Type III, the psychopathological group, appeared "disorganized…, illogical, immature, prone to fantasy, and dysfunctional personality" (Jiménez-Murcia et al., 2013, p. 6). This study suggests that those with lower education levels and those with a history of trauma are likely to use problem gambling as a coping mechanism. By replicating a prevalence study in the Chinese community, we can measure if these stressors (like acculturation, which we will explore further in this chapter) and low levels of education also apply to the San Francisco Chinese community who struggle with problem gambling.

History of Chinese and Problem Gambling

In ancient China, Chinese rulers and governments used gambling as a means of financial support (Tse et al., 2010). In contemporary China, gambling played a major role in China because casino games are illegal in Mainland China. Lotteries were introduced in 1989 and quickly became widespread nationally. With prosperous development of Chinese economy in the past two decades, the prevalence of illegal and excessive money wagering has proliferated in Mainland China, in both urban and rural areas (Wu & Lau, 2014). The problem of gambling participation and addiction has emerged ubiquitously in the form of lotteries, card, *Mah Jong*, and via the Internet among many Chinese (Tse et al., 2010). Consequently, the rates of problem gambling has significant increased to alarming level.

On the other hand, high rates of problem gambling exist in the Chinese community from migrant communities and it appears to be somewhat *higher* than the international average rate (Hong & Chiu; Keen et al., 2015; Ono, 2006; Toy & Wong, 1999). According to Toy and Wong (1999), gambling among Chinese adults in San Francisco, 14.5% meet criteria for problem gambling, and 21% meet criteria for pathological gambling. In the meanwhile, significant

differences about the prevalence of pathological gambling among university students was found in ethnicity and race, which is 12.5% among APIs ,4-5% among African-American, Whites, American Indians, and 11% among Latinos respectively (Lesieur et al, 1999). In addition, studies show that problem gambling rates among Asian immigrants in Western countries are higher than national averages (Petry et al, 2003). It is undeniable that the Asian community is struggle with problem gambling issue due to increasing intensity of gambling among Asian immigrants.

Research studies on Chinese and Problem Gambling

Due to the rapid rise in problem gambling in the time the Toy and Wong study was first published, there is an imperative need to replicate the Toy and Wong (1999) study to demonstrate not only the increased prevalence in problem gambling, but to also demonstrate how it may affect other issues, such as familial conflict with their intimate partners. According to first name! Liao (2015), casinos are frequently visited by Chinese, and there is a relationship between domestic violence and problem gambling in the Chinese community (Problem Gambling Awareness Training). Valerie C. Lorenz and; Duane E. Shuttlesworth (1983) conducted a survey in Canada, which showed 50% out of 144 partners of individuals struggling with problem gambling reported experiencing both physical and verbal abuse. In addition, the National Gambling Impact Study Commission (1999) showed that many domestic violence cases are connected to the casinos. Another study conducted by Michael Liao (2008) in San Francisco specifically focusing on the Chinese community also found a high rate of domestic violence in correlation to problem gambling. From examining past and present data, we can see that problem gambling still remains an issue for problem gamblers as well as their family members. However,

there has been limited research to measure if treatments or preventions are successful in decreasing the numbers of individuals struggling with this issue.

Exploring other research studies conducted in other countries (because there are limited studies in the US on the Chinese community) can help us to better understand problem gambling in the Chinese community, specifically in San Francisco. Tse, Hong, and Ng's (2013) study showed that there is a higher rate of older adults in Singapore among the Asian community struggling with problem gambling. Tse, Hong, and Ng's research was conducted in four different languages among different Asian groups to show that language barriers were taken into account. The results of Tse, Hong, and Ng's study showed that many older adults struggling with problem gambling started gambling when they were young. In addition, the numbers of older adults accessing treatment appeared lower compared to those who identified as struggling with this addiction. Tse, Hong, and Ng's study appeared to yield similar results to the telephone intervention referenced earlier. This implies that those who identified as struggling with problem gambling face barriers to accessing treatment. Hence, there is a need to conduct an updated prevalence study on problem gambling in the Chinese community because problem gambling also affect older adults. With the baby boom population becoming seniors, I wonder if the prevalence rate of problem gambling in San Francisco has increased.

Samson Tse, Lorna Dyall, Dave Clarke, Max Abbott, Sonia Townsend, and Pefi Kingi (2012) conducted another research study in New Zealand, which highlights several factors that lead individuals to problem gambling. Some of these factors include personal, recruitment, environmental and social reasons. Tse et al.'s study mentions that for many in the Chinese community, gambling changes its meaning when they move to a different county. In addition, they found that Chinese immigrants saw gambling as a way of obtaining "fast, quick money" as

a way to cope with stressors. With this finding in mind, I hypothesize that in the Chinese community in San Francisco, many individuals in low-income homes are struggling with gentrification. This stressor is more important than other stressors because these individuals will want to earn "easy cash" for extra income to pay for living expenses. Hence, there is a need to conduct another prevalence study on problem gambling to measure if the rate of problem gambling has increased since 1999.

San Francisco Problem Gambling Treatment and Prevention Organization

NICOS Chinese Health Coalition (NICOS) and Richmond Area Multi-Services (RAMS) are two local agencies known in the Bay Area for treating and advocating for those who struggles with problem gambling and the Chinese community. NICOS was founded in 1985 by the five largest Chinese organizations serving the Chinese population in San Francisco. These agencies (**N**orth East Medical Services, **I**PA (**C**hinese Community Health Care Association, Chinese Hospital, **O**n Lok Senior Health Service, and **S**elf Help for the Elderly) make up of the acronym for NICOS. In 1993, NICOS became recognized as a nonprofit agency.

In 1997, NICOS surveyed Chinatown and found that the community recognized that problem gambling was an issue. In 1999, NICOS recruited several graduate students in social work at a local university to conduct research in the city related to problem gambling. Toy and Wong's prevalence research on problem gambling was one of them. In 2000, NICOS began developing prevention workshops, and created the problem gambling hotline. In 2005, NICOS partnered with the San Francisco District Attorney Office (SF DAO) on problem gambling treatment referral problems. NICOS is still prominently leading the way in advocacy and prevention for problem gambling in the Chinese community, with its prevention work and published articles about problem gambling.

Like NICOS, RAMS (Richmond Area Multi-Services) is another agency dedicated to serving the Chinese problem gambling population. RAMS was founded in 1974 by the Richmond Asian Caucus. They provide multi-lingual and culturally competent services in the community. RAMS is also known as the first mental organization solely focused on Asian-related public health. Since its inception, RAMS' services have expanded to 60 locations providing mental health services with various populations.

Asian Family Institute (AFI), one the departments in RAMS, later began collaborating with NICOS on the problem gambling project. AFI provided language specific group treatment in the Cantonese and Mandarin languages for their clients struggling with problems as well as providing individual counseling. Additionally, AFI is also in charge of the 24 hours problem gambling hotline. The hotline provides brief case management, consultation for affected individuals (family members of problem gamblers), and other resources in the community. Recently, AFI discontinued their problem gambling group treatment due to loss of group membership. However, they still provide a dedicated 24-hour hotline service.

Different Types of Gambling and Problem Gamblers

Gambling like other addictions has a continuum. From the definition in the booklet, Freedom from Problem Gambling,

> Gambling involves risking something of value (usually money) on an activity or event in which the outcome is uncertain. The risk is undertaken in hopes of an immediate reward. Skill may be involved, in which case it may reduce the uncertainty but does not eliminate it" (Fong and Rosenthal, 2014, p 2).

A simpler definition from NICOS (Liao, 2015):

> Gambling can refer to any game of chance or skill that involves a financial risk. It is noted that for many, in particularly teens, gambling may involve objects that hold personal or material value that are wagered in place of money" (Problem Gambling Awareness Training).

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In a continuum, there are six different types of gamblers. The first type is the non-gambler, who does not gamble at all. The second type is the casual social gambler, who only gamble recreationally. These individuals gamble for fun and could withdraw from gambling whenever they want. The third type is the at-risk gambler, who is on the verge of struggling with problem gambling. This means that they are gambling more and more but still have some control in stopping. The fourth type is the problem gambler, who struggles with quitting and "chasing" their losses. This also could signify that they struggle with finances, relationship problems, holding a job, and some sense of grasping reality. The fifth type is the pathological gambler, who is out of touch with reality. This type of gamblers is completely consumed with gambling and cannot stop. This means that nothing is more important than gambling and would rather gamble than to have any relationship with anyone. The last type is the professional gambler. These individuals make a living from gambling. The different between professional gamblers and other gamblers, according to Freedom from Problem Gambling (Fong & Rosenthal, 2014), is the following:

> Professional gamblers bet to make money, not for the excitement or to avoid or escape problems. They show tremendous discipline and don't take unnecessary risks. They usually stop when they are ahead. Many problem gamblers claim to be professional gamblers but the reality is that professional gamblers do not have problems caused by gambling. At the end of the month or the year, they are always ahead, whereas people with gambling problems are almost always behind. Many 'professional gamblers' become problem gamblers over time (p. 13).

This suggests that even those who gamble professionally may fall into the at-risk gambler type.

There are different types of popular gambling. Common types of gambling are casinos games (cards, slots machines and dice), raffles, bingos, lottery, *Mah Jong* (popular in the Chinese community), animal-fighting (this includes popular animals/insects such as dog, cricket,

rooster, etc.) or car racing, and online gambling (*Common Types of Gambling,* 2012; & *Types of Gambling,* 2015)*.* Examples of some online gambling are online arcades, casinos games, stock, and sports betting (which includes horse racing and fantasy sports). There are a total of seven states that legalize online gambling. These states are California, Illinois, Massachusetts, Mississippi, New York, Pennsylvania and Washington (Griffin, 2015).

Fantasy sport has become a recent controversial form of entertainment that may constitute a form of gambling. Fantasy sport used to be exempt as a form of gambling or "online financial wagering" (Bogdanich, Drape, & Williams, 2015). However, a New York attorney, first named Eric Schneiderman, challenged this legislation arguing that fantasy sport is a form of illegal gambling, causing two major fantasy sport companies (DraftKings, and FanDuel) to lose millions of dollars. Both companies are trying to push back Schneiderman's claim, arguing that "Fantasy sport is a game of skill and legal under New York state law. This is a politician telling hundreds of thousands of New Yorkers they are not allowed to play a game they love and share with friends, family co-workers and players across country." (Bogdanich, Drape, & Williams, 2015). This appears to bring up the controversy of skill versus luck and suggest that as long as the game is skill-based, it is not considered gambling.

In "When Does Playing For Fate Lead To Addiction? An Exploratory Study of the of Cultural Factors in Chinese Male Gambling Behaviors," Ono mentions the controversy of skills versus chance (2006). She explained that stock and real estates are often linked to business rather than gambling. In some of the survey responses from her study, some of her participants feel strongly that stock should not be excluded on the gambling list. However, both stock and real estate are described as involving some level of chance in outcome rather than skills.

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In a more recent study, Susana Jiménez-Murcia, Roser Granero, Salomé Tárrega, Fernando Fernández-Aranda, Neus Aymamí, Mónica Gómez-Peña, Laura Moragas, Núria Custal, Lisa Orekhova, Lamprini G. Savvidou, and José M. Menchón (2012) compared the behaviors and personalities of problem gamblers who struggle with stock market investment (SMI) and other types of gambling in Spain. Granero et al. found those associated with SMI has higher education level. In addition, the individuals are more unlikely to seek help because SMI is more socially accepted compared to other forms of gambling and is associated with social prestige. Granero et al. speculate that problem gambling may be "under diagnosed" because stock (which is played by many) has little stigma associated with it but instead held in high regard of social status (p. 5). Future studies may be needed to explore types of gambling that are accepted by society and those that are negatively viewed.

SOGS' Literature on Problem Gambling

The South Oaks Gambling Screen (SOGS) is a widely used measurement for measuring the prevalence of problem gambling. Many studies (Fong, & Ozorio, 2012; Goodie et al., 2013; Locke, 2011; Majer et al., 2011; Ono, 2006; Stinchfield, 2002; Tang et al., 2012; Toy & Wong, 1999) continue to use SOGS despites some limitations in its use, but it continues to offer satisfactory results in both reliability and validity. Hence, this section will explore the strengths and weakness of SOGS.

Randy Stinchfield (2002) conducted a study on the validity, reliability, classification on the SOGS, and demonstrated the overall "demonstrated satisfactory" use of the measurement for both reliability and validity. However, the results from the general population appears less satisfactory. This study showed that the SOGS is generally reliable, but requires additional narrative questions to address the less satisfactory issue toward the general population.

In Locke's dissertation (2009), he mentioned that among other popular problem gambling measurements, the SOGS is consistent with the DSM-IV pathological criteria for problem gambling, whereas the Diagnostic Interview Schedule (DIS) and the Massachusetts Gambling Screen (MAGS) may yield different results. Some of the strengths he mentions about SOGS is that the instrument is brief and can be self-administered.

Tang et al. (2009) did their study on reliability, validity, and cut-off scores in Hong Kong with the Chinese community. From the results, SOGS yielded reliability and consistency. They also mentioned that the SOGS yielded acceptable validity when using the cut score of 5. On the other hand, it also demonstrated a 0.52 of false positive error rate. This means that the SOGS could not differentiate between those who are seeking treatment and those in their remission of problem gambling. They suggested for future study to use the cut score of 8 to yield better validity. However, in general, SOGS demonstrated satisfactory reliability and validity in the Chinese community.

Adam Goodie, James MacKillop, Joshua D. Miller, Erica E. Fortune, Jessica Maples, Charles E. Lance, and W. Keith Campbell's (2013) study is to evaluate SOGS in comparison to DSM-IV and DSM-5 criteria. The diagnostic criteria for the Gambling Disorder include the following:

> A. Persistent and recurrent problematic gambling behavior leading to clinically significant impairment or distress, as indicated by the individual exhibiting four (or more) of the following in a 12-month period:
>> 1. Needs to gamble with increasing amounts of money in order to achieve the desired excitement.
>> 2. Is restless or irritable when attempting to cut down or stop gambling.
>> 3. Has made repeated unsuccessful efforts to control, cut back, or stop gambling.
>> 4. Is often preoccupied with gambling (e.g., having persistent thoughts of reliving past gambling experiences, handicapping or

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planning the next venture, thinking of ways to get money with which to gamble).

5. Often gambles when feeling distressed (e.g., helpless, guilty, anxious, depressed).
6. After losing money gambling, often returns another day to get even ("chasing" one's losses).
7. Lies to conceal the extent of involvement with gambling.
8. Has jeopardized or lost a significant relationship, job, or educational or career opportunity because of gambling.
9. Relies on others to provide money to relieve desperate financial situations caused by gambling.

B. The gambling behavior is not better explained by a manic episode. (American Psychiatric Association, 2013).

Goodie et al. are concerned about the SOGS yielding higher prevalence in problem gambling from the other studies. This means that the results from the screen may not be true or accurate. However, Goodie et al.'s study showed SOGS is mostly aligned with the DSM criteria and "remain unchanged" with DSM 5. The only limitation Goodie mentions was that SOGS may not be the best tool for categorizing groups and in prevalence study. He suggests to reevaluate the scoring and revised the cutoff score of 12 for prevalence studies.

Acculturation and other cultural sub-issues

The process of acculturation occurs when a migrant is exposed to a new culture. This process brings many changes and losses in the family and profoundly influences one's cultural and psychological identity. Migrants often face social exclusion due to language, cultural barriers as well as economic, administrative and legal challenges. As a result, they suffer a difficult process of acculturation, including cultural learning and behavioral modification. John W. Berry (2001) developed an acculturation model which includes "host-culture acquisition" and "heritage-culture retention" as two independent dimensions (Berry, 2001). In this model, these two dimensions intersect to create four possible outcomes of acculturation:

- **Assimilation** (completely adopt the host culture and discards the heritage culture);

- **Separation** (fully retains the heritage culture and rejects the host culture);
- **Integration** (selectively incorporate aspects of both the host culture and the heritage culture);
- **Marginalization** (rejects both the heritage and host cultures).

Gambling has been associated with negative migration experiences, such as the cultural and language barriers or experience of discrimination. Immigrants with adaptation problems are also likely to experience isolation, boredom, loneliness, stress, and mood states such as depression and anxiety, due to unrealistic expectations of making money in the migrated country (Raylu and Oei, 2004). These variables have been shown to be important motivators for gambling and continued gambling. Furthermore, more psychological, financial and unemployment stressors due to issues with acculturation and immigration may increase one's risk of developing gambling problems. Specifically, low-income, unemployment, and low socioeconomic status are often associated with immigrants and have become probable predictors of gambling problems. However, some researchers believe gambling is independent from the acculturation process (Kim, 2011) with the considerations that one does not need language proficiency to participate in gambling and also, that Asian immigrants may stay in their ethnic enclave (such as Chinatown) and gamble during leisure time.

Conclusion

This literature review explored the need to review prevalence rates of problem gambling in the Chinese community as well as explored other issues that affect individuals and families with problem gambling. Much of the research has been conducted in non-U.S. countries and there is a need to address the gap in literature on this issue in the U.S. With the rapid advancement in technology to offer online gambling and make it that much more accessible, there is also need to explore if problem gambling still continues to be a problem.

Treatment Options

Like other forms of addiction, problem gambling has many similar treatment modalities. With effective treatment, problem gambling behavior theoretically decreases along with the prevalence rate. Hence, this section will explore the different empirical research that has been conducted on problem gambling. Some of these treatments include mindfulness, cognitive behavioral therapy (CBT), brief acceptance therapy, the 12-step model, self-exclusion, online help, and a telephone hotline.

Mindfulness is one treatment that has shown effectiveness in treatment with both medical and medical health problems (Toneatto, Pillai, & Courtice, 2014). However, according to Toneatto et al. noted that their study was the first empirical study on mindfulness with the problem gambling population due to the lack of any articles that had been conducted on mindfulness as treatment for problem gambling. The sample population in this study consisted of middle-aged adults (males and females) who reported approximately 12 years of problem gambling. Toneatto et al. used Centre for Addiction and Mental Health (CAMH) intake assessment for the problem gamblers. This is a five-session study that integrates mindfulness techniques with Cognitive Behavioral Therapy (CBT) and a follow-up after three months. The findings showed that the group who practiced mindfulness had better outcomes (a decrease in behaviors) than those who did not practice mindfulness.

Another popular treatment is cognitive behavioral therapy (CBT). CBT appeared to be a popular practice that is used in addition to other treatment approach (Guo and Hentley, 2015; Nastally and Dixon, 2012; Okuda and Blanco, 2014; Petry et al., 2003; Shonin et al., 2014; Stecker et al., 2014). Toneatto and Dragonetti (2008) did a study on CBT and 12-step groups. The goal was to explore which modality is more effective in treating problem gambling. The sample population consisted of 20% of participants who replied through a newspaper inquiry and

80% who came through mental health agencies. Toneatto and Dragonetti used two measuring instruments (SOGS and the DSM IV criteria). The participants were divided into two lottery groups: CBT and 12-step. Only the first five steps of the 12-step were practiced:

> Step 1. We admitted we were powerless over gambling—that our lives had become unmanageable.
> Step 2. Came to believe that a Power greater than ourselves could restore us to a normal way of thinking and living.
> Step 3. Made a decision to turn our will and our lives to the care of this Power of our own understanding.
> Step 4. Made a searching and fearless moral and financial inventory of ourselves.
> Step 5. Admitted to ourselves and to another human being the exact nature of our wrongs (Gambler Anonymous, 1989).

They found that the two treatment approaches **were comparable** in reducing gambling behaviors. They suggested that reducing gambling behaviors is a good first step, but that there is also a need to reduce the gambling-related consequences, such as ruptured relationships and financial strain.

In another study by Nancy M. Petry, Jeremiah Weinstock, David M. Ledgerwood and Benjamin Morasco (2003), focused on Motivational Enhancement Therapy (MET) and CBT. They created four groups for their study. These groups were the following: assessment only (control group), brief advice, MET only, and MET with CBT. Petry et al. used SOGS to measure the gambling behaviors of the participants in three discrete time periods (baseline, six weeks, and nine months). The study showed that gambling behaviors decreased in all four groups. However, MET and CBT had better outcome among the three. Petry et al. concluded that a short brief assessment is good to assist with reducing gambling habits. One limitation in Petry et al.'s study is that they did not explore the distress of the participants before, during, or after the study. This means that we could not measure if the stress of the participants decreased along with their gambling behaviors. Measuring the stress impact of the participants through the three stages

(before, during, and after) may help us understand if the treatment was successful or is there other factors that contribute to reducing gambling habits.

In another brief intervention, Becky Nastally and Mark Dixon (2012) conducted a study focused on using Acceptance Commitment Therapy (ACT) with problem gamblers. ACT is the third wave of CBT, which is basically a mindfulness based psychotherapy. The goal of ACT is to help the individuals to reduce "avoidant coping style" by analyzing their behaviors and personality (Serani, 2011). They used SOGS as the measuring tool for the study. According to Nastally and Dixon, ACT includes mindfulness in the practice. They explained that mindfulness is just as effective in reducing gambling behaviors without other treatment approaches. Nastally and Dixon described ACT has six psychological processes: *acceptance, defusion, self as context, contact with the present moment, values, and lastly committed action*. Nastally and Dixon argue that CBT is beneficial on its own but more effective when combined with other treatment approach. Nastally and Dixon found that treatment with ACT appeared successful in changing gambling behavior. However, this study was only based on three participants, which is a very small sample size to deduce efficacy in treatment.

Sally M. Gainsbury (2013) conducted a study on self-exclusion as an intervention. Self-exclusion is a contract signed by the problem gambler with the casino to the following agreements:

- for nominated venues, they agree not to enter gaming areas, not to play gaming machines or not to enter the venue at all;
- authorizing staff to stop them from entering or remaining in a gaming area or venue that they are excluded from;
- authorizing for photographs and personal details to be taken and disseminated to relevant venues and for venues to display the photographs;
- waiving the right to sue nominated venues, their staff or the program administrator on the grounds of assault, defamation or failing in a duty of care to exclude;

- accept their personal responsibility to stay away;
- acknowledge that nominated venues or their staff have no legal duty implied by the self-exclusion deed.

In other words, *the participants agree to ban themselves from the casino for life.* Gainsbury mentions that self-exclusion is underutilized as an intervention treatment. He explained that self-exclusion is generally helpful to problem gamblers and that they then gamble less after this intervention is applied. He described that this approach is promoted as a way to help problem gamblers gain control back. One limitation in Gainsbury article is that he fails to provide the opposing view of this intervention. There also is a lack of explanation about why problem gamblers are not using the self-exclusion intervention.

Interventions can also be conducted anonymously and indirectly due to the advent of the Internet. Seeking help online has proven popular with the younger population and younger generations (Lee, 2010). In a study done in Macau, Hong Kong, and China, Patricia Lee recruited a group of college students to help with this research. The goal of Lee's study is to measure the accessibility of online help to Chinese youth from age 21-13 years of age. They found that online help is popular *but not most effective*. They described that certain website features were useful—attracting users to find help through different search engine. They explained that youth are more likely to seek online support in comparison to face to face. I speculate that with the younger generation so wedded with technology, that seeking online support removes the stigma of having to ask someone for help from face to face interaction.

One of the strengths from this study is the benefit of accessible forum or chat lines for problem gamblers to communicate directly with mental health professionals. Lee (2010) asserts that their study demonstrates online help offers more privacy and helps reduce stigma for problem gamblers. This means that the Chinese population can "save face." Saving face represents saving ones' pride. In the Chinese culture asking for help is demeaning. In addition,

asking for help means that the individual has to admit that they have a problem that they could not fix themselves. Lee found that users are more drawn to websites that are frequently updated, appeared warm, and are easily accessible. By easily accessible, Lee means that the website is easy to use. Links are easy to find, and easy to navigate. Lee also suggested that hotline is a good tool for the Chinese as well.

Some of the limitations that Lee mentioned in the study is that finding the problem gambling treatment website posed to be a challenge. Lee explained that without advertisements, the problem gambling treatment may struggle to gain prominence with users. Lastly, this study was based on a small sample of college students. This population tends to be more web-savvy than other individuals, which may influence the outcome of this study.

Lastly, telephone treatment is a recent and increasingly popular intervention in aiding Chinese individuals with problem gambling. In the preliminary results from a recent study, researchers found this treatment to be a cost- effective treatment that was helpful to the clients who enrolled. Parhami et al. modeled like other telephone treatment for treating substance abuse. Telephone treatment is primarily set up as an initial intervention to engage those who are completative about treatment, vs. those who require full treatment and needed aftercare (Carter et al., 2008; Glass, 2015; McCollister et al., 2016; Stecker et al., 2014). While telephone interventions for substance abuse have a higher enrollment rate, the number of people accessing the telephone treatment had declined from when it was originally started. This might be due to the rise of technology users. Parhami et al. mentions that those who are struggling with problem gambling also often suffer from other mental illnesses and have a higher risk for suicidal ideation and suicide. Parhami et al. point out that there is a low rate of participants accessing this service, and that telephone intervention may not be the best treatment for clients with suicidal ideation.

Hence, a new prevalence study on problem gambling may be able to explore possible

improvement for the telephone intervention and to analyze what keeps Chinese problem

gamblers from accessing this service, such as stigma or other social factors.

This was a joint research projects. For more information on problem gambling empirical

researches focused gender, please refer to Lin Fang (Yvonne) Zhao's thesis.

CHAPTER III

METHODOLOGY

Gambling is a popular social entertainment not only in Asia but anywhere populated with Asians. This includes San Francisco, a city populated with many Chinese. As mentioned in the previous chapters, there are studies (Ono, 2006; Toy and Wong, 1999) conducted in San Francisco Chinese population in relation to gambling. The goal of this research is to update the prevalence rate of gambling in the Chinese community of San Francisco in addition to identifying some factors that may contribute to the decline rates of Chinese accessing treatment or treatment related support (as researched by V. Hui); and in identifying the gender differences in gambling behaviors and habits (as researched by Y. Zhao). Hence, this chapter will review the research design, sample, sample recruitment, data collection, instrument design, and biases.

Research Design

This research was conducted using the quantitative method to replicate Toy and Wong's (1999) research, but with a slight variation. Toy and Wong's research was a descriptive study which examined gambling activities and frequency of gambling behaviors in their participants, as well as the correlation between the participants' demographics and problem gambling. Hence, this research is a descriptive study to measure if there are any differences or similarities between the data for this study and Toy and Wong's study from 1999.

In general, this study focused on the prevalence of problem gambling among Chinese immigrants in San Francisco. This research highlighted the importance of inter-generational and acculturation stresses regarding the development of problem gambling. As a relatively new topic, we (researchers V. Hui and Y. Zhao) collaborated to write a joint thesis due to the concerns of the study's effectiveness and integrity. Since this is a joint thesis, there are two researchers with

supplementary academic and cultural background. One researcher (V.Hui) explored the aspect of prevention and treatment and the second researcher (Y. Zhao) focused on gender differences in problem gambling issues.

(V. Hui): Toy and Wong's (1999) independent variables were demographic characteristics and their dependent variables were frequency of gambling behaviors and lifetime expectancy of problematic gambling behaviors. However, this study's variables are slightly different. The independent variable for this study focused on Chinese adults who are 18 years and/or older, who identify as Chinese, and who frequently travel to or reside in San Francisco. The reason I do not want to limit the study's participants to only San Francisco's residents is because we want to ensure that we obtain sufficient participation for this study. Moreover, we presume that there are many Chinese individuals who live in another city but still commute to San Francisco for jobs and errands due to the high cost of housing in San Francisco. The dependent variables measured if any of the participants has accessed treatment relating to mental health or problem gambling. I speculate that as problem gambling-related preventions and treatments have been established and utilized, that there will be a lower prevalence rate of problem gambling in the Chinese community. In addition, with a lower prevalence rate of problem gambling, there will be more individuals engaged in treatment. This will mean that this study hypothesizes that there will be more positive responses to effective treatments.

(Y. Zhao): Since this research will be replicating Toy and Wong's (1999) study, I also used the same instrument that Toy and Wong used to compare our data. Toy and Wong's study used the South Oaks Gambling Screen (SOGS) for screening problematic gambling behaviors. In addition, I used the Chinese version of the SOGS that Toy and Wong translated to insure consistency, and make this accessible to participants who can only read Chinese. I hypothesize

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that Chinese males and females gamble in different forms and display different gambling behaviors. Although Chinese males gamble more frequently and heavily than Chinese female gamblers (and experience more overall problems), Chinese female gamblers experience more health and social problems due to cultural-specific norms and beliefs—such as gender roles, patriarchal family systems and the impact of stigma on gambling, along with the influence of couple dynamics on gender differences in gambling behavior. The gender differences among immigrant Chinese gamblers have implications for the field of problem gambling by informing culturally competent prevention and treatment.

Sample

This research focused on participants in the greater San Francisco Bay Area. This included those individuals who live, work, or visit San Francisco at least once a week. These participants also included all gender categories (those who identify as male, female, transgender, queer, and/or gender neutral), 18 years and older, and identify as Chinese or Chinese American who can speak Chinese and/or English. Hence, anyone who didn't fit the inclusion criteria was excluded from the study. San Francisco is an American city that has one of the highest rates of Chinese residents in the United States. We avoided distributing our surveys to any participants who may have any conflict of interest with us.

Sample Recruitment

We used the nonprobability sampling, which include snowball and convenience sampling methods due to having limited resources. Some of the benefits using nonprobability sample are:

1. They're convenient;
2. You can make choices of inclusion/exclusion and don't have to use a complex randomization or computerization process;
3. They're efficient, generally needing less time and money than a random selection process; and

4. They make it easier to access populations that would otherwise be
   difficult to reach and for which it would be even more difficult to
   develop a sampling frame, such as homeless persons in a large
   city or underground cultures (Steinberg, 2004).

Since we used the convenience and snowball sampling methods, the result may be biased due to

the type of participants this study will be attracting. Some of the surveys were completed through

friends and families of the researchers (V. Hui and Y. Zhao) through the convenience method,

and many were completed through health care community events during the weekend in

collaboration with NICOS (an agency that focus on health education and gambling issue in the

community).

We initially anticipated that we would be recruiting our participants from RAMS and

NICOS. However, when we reached out to RAMS, they no longer provide a problem gambling

support group due to dwindled group participations. Hence, we sought support from community

mental health clinics directly, and from families and friends along with our original plan of

working with NICOS. We contacted the Chinatown North Beach Mental Health, Sunset Mental

Health, and North East Medical Services. Unfortunately, we were unable to recruit any

participants from these three services because they did not grant us access. We also attempted to

do recruitment on the streets at casino bus terminal at Richmond district, where there is a large

population of Chinese residents. However, we were unsuccessful due to resistance from the

people waiting at the casino bus terminal. As soon as we mentioned "gambling," they felt

stigmatized and refused to participate. They were also preoccupied with getting on the bus

quickly to go the casinos and appeared hurried.

This researched relied heavily on the support of NICOS and a portion of families and

friends. We were expecting to recruit the majority of our participants' quota (40-60 people total)

at the Chinatown Lunar New Year Parade and solicited any participants who want to take part in

our survey project. However, because NICOS did not have a booth this year at the Chinese New Year festival, we were not able to start the recruitment until mid-April. We requested an extension from the original recruitment deadline and the deadline was extended to late-May which proved to be successful in terms of reaching our sample target. Many of our recruitments were held at community and family health or resource fair with NICOS. The locations covered Excelsior district, Noe Valley/Mission district, Richmond district, and Chinatown district. Some of these fair were held at recreation centers, community colleges, and public schools. In addition, we were able to recruit three surveys completed with specific participants whom are seeking service for problem gambling issues and 20 surveys completed by friends and families.

Data Collection

We transcribed the survey, the consent forms, and other documentation into both traditional and simplified Chinese for the participants to need as little assistance as possible from us (the researchers, V. Hui and Y. Zhao). We anticipated that there would be more participants requesting to complete the simplified Chinese surveys versus the traditional Chinese surveys. Ironically, no one requested to complete the simplified surveys. We assumed that those who can read simplified Chinese can also read tradition Chinese. Hence, the simplified surveys were not needed.

We had some direct interaction with the participants during the recruiting process while trying to limited contact with them as much as possible to ensure the confidentiality agreements. However, many of the participants felt reluctant to complete the survey unless someone read to them the survey questions. Hence, the researchers (V. Hui and Y. Zhao) of this study, NICOS' staffs, and volunteers of this study rotated around to assist the participants to complete the survey while maintaining neutral and non-judgmental.

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We anticipated the participants to finish the survey no more than 30 minutes. Since the survey consisted of roughly 20 multiple choices and 6-8 qualitative questions, the participants were able to complete the survey within 30 minutes or less. Many of the participants completed the surveys on the spot. However, not every question was answered completely and some were skipped altogether. When participants requested more time to complete the survey, more time was granted. The participants at the community health and resource events brought the survey with them and turned in the survey before the fair ended. Some of the participants decided to bring the surveys home and mailed the researchers their completed surveys. The researchers (V. Hui and Y. Zhao) provided the participants with a designated address on the envelope for the participants to mail back.

Instrument Design

The instrument of this study is separated into four sections. The first section consists of identifying the participants' demographic information. This includes their age, culture, race, income, education level, and etc.

The second section focuses on the South Oaks Gambling Screen, the SOGS (our base instrument) with its own scoring system. SOGS has a total of 16 questions and 36 sub-items, which there are only 20 scoring items weighted with "yes" and "no" answers. For every "yes" reply, participants receive one point; for every "no" answer, they receive zero point. The total score the participants received from the survey has different meanings. A score of 0 means that this person has no problem gambling behaviors. A score of 1-4 means that this person may have problem gambling behavior. A score of 5 or higher suggests this person may have pathological problem behaviors. The remaining 16 items are non-scoring items not used for tallying. These items consist of questions related to family history with gambling, the amount of money

gambled, types of gambling activities, methods used to continue gambling, and whether gambling is the source of conflicts.

The third and fourth sections focus on a set of qualitative questions created from the researchers (V. Hui and Y. Zhao). Each section included a set of four separate qualitative questions that focused on our individual research objectives. Section three explores the effectiveness of problem gambling treatments and section four explores the gender differences in problem gambling behaviors.

Biases

This study was operated as a non-judgmental study as much as we strived toward protecting the confidentiality of the participants. However, there were some biases in this study. One of the biases involved attracting any participants who identified as Chinese. We had difficulty recruiting members so we relied on the convenience method more than snowballing. This meant that we welcomed any Chinese participants to take the survey even if they were not completed and they appeared to only shown interest of the survey for small compensation ($1 scratchers, and raffle tickets provided by the fair). As the recruitment went on, we appeared to show more interest to those who reported that they go to the casino recreationally than those who reported that they do not gamble.

Another bias in this study was the survey incentive. We gave out $1 scratcher to those who were willing to complete our surveys. We are aware that the $1 scratcher a form of gambling. However, without incentive, we were afraid that we would not be able to attract participants who do gamble. We were also aware that the $1 scratcher might not be attractive enough for recruiting the sample of participants whom may have gambling issue. Other gambling

research studies have also resorted to doing a raffle or offering a gift for compensation. This gave the participants more incentive to complete our surveys.

Lastly, some of our surveys were completed by friends and families. This meant that the participants may or may not be completely honest with the survey. Some friends and families were asked for convenience of fulfilling the quota for this study, while some were specifically asked to complete the surveys because the researchers (V. Hui and Y. Zhao) are aware that they do have some gambling behaviors.

Data Analysis

For the purpose of analyzing this study, we (V. Hui and Y. Zhao) used the Statistical Package for Social Sciences (SPSS) for section one (demographics) and section two (SOGS) into ordinal and nominal data from the survey results. Though this study replicates Toy and Wong's study, our SOGS format was slightly different from theirs. We used the SOGS updated in 2006, which excluded the questions on past years' experience with gambling behaviors. We were also aware that in Toy and Wong's study that there were four categories (recreational gambler, mild problem gambler, problem gambler and pathological gambler types) derived from the SOGS scoring. However, the researchers (V. Hui and Y. Zhao) decided to use the original SOGS scoring to only three categories (non-gambler, problem gambler, and pathological gambler types) due to our small sample size. Hence, we only compared lifetime prevalence of problem gambling stats and the lifetime extent of problematic gambling behaviors statistics that Toy and Wong mentioned in their surveys. Lifetime prevalence of problem statistics compared to the first questions of the SOGS (gambling activities) with the following questions in the screen that measure gambling behaviors as well as lifetime extend of problematic gambling behaviors.

The purpose of this study is to measure the prevalent rate of problem gambling in San Francisco's Chinese community in comparison to a similar study conducted16 years ago by Selina Toy and Annie Wong. Two new sections were introduced as well. Researcher V. Hui measured treatment success and researcher Y. Zhao measured differences in gender gambling behaviors. This chapter will cover the findings of the four sections (demographic characteristics, treatment, and gender variability). The last section of this chapter will consist of comparative statistics from Toy and Wong's study with ours study, which consists primarily of the SOGS findings.

Demographic Characteristics

This research consisted of a relatively small sample size. A total of 68 individuals participated in this study. As represented in Table 1, of the 68 participants 29.4% (n=20) are males, 63.2% (n=43) are females, 1.5% (n=1) identified as other, and 5.9% (n=4) refused to identify their gender preference. The majority of the surveys were completed in Traditional Chinese. Roughly 69.1% (n=47) were completed in Chinese, and 30.9% (n=21) surveys were completed in English. Most of the participants reported they were born in Mainland China. Over 45% (n=31) reported that they have lived in the U.S. for more than 20 years. Less than half of the participants received a bachelor degree or completed a higher degree. Twenty five percent (n=17) reported that they completed elementary school/some high school, 29.4% (n=20) completed high school/GED, and 22.1% (n=15) completed some college/vocational/technical/trade school.

Table 1

Demographic Characteristics of Participants

	Frequency (n)	Percent (%)
Gender		
male	20	29.4
female	43	63.2
other	1	1.5
Primary Language		
Chinese	47	69.1
English	21	30.9
Age (years)		
18-35	17	25
36-50	14	20.6
50-65	25	36.8
Over 65	12	17.6
Years Living in the U.S.		
Less than 12 months	9	13.2
1-5 years	11	16.2
6-10 years	8	11.8
11-20 years	9	13.2
Over 20 years	31	45.6
Birthplace		
U.S.	8	11.8
Mainland China (not Hong Kong)	45	66.2
Hong Kong	6	8.8
Taiwan	3	4.4
Vietnam	3	4.4
None of the above	3	4.4
Generation Status		
1st generation	43	63.2
2nd generation	18	26.5
Other	7	10.3
Relationship Status		
Single	19	27.9
Married/domestic partner	35	51.5
Divorced or separated	9	13.2
Widowed	2	2.9
None of the above	3	4.4

Education Status

Elementary school/some high school	17	25
High school graduate or GED	20	29.4
Some college courses	15	22.1
Bachelor's degree	6	8.8
Graduate study or degree	6	8.8

Table 2 displays the financial status and living situation of participants.

It is worth mentioning that among all the participants only 25% (n=17) reported having enough

money, but roughly 69% marked that they were either satisfied or very satisfied with their living.

Table 2

Financial Status and Living Situation of Participants

Annual Income		
Less than $20K	13	19.1
$20-35K	4	5.9
$36-50K	18	26.5
Over $50K	31	45.6
Missing	2	2.9
Work Status		
Fulltime	50	73.5
Part-time	4	5.9
Going to school and not working	3	4.4
Unemployed	5	7.4
Unemployed but looking for work	2	2.9
Retired	4	5.9
Financial Status		
I have just enough money	31	45.6
I am just able to make ends meet	23	33.8
I sometimes struggle with finances	7	10.3
I don't have enough money	6	8.8
Multiple answers checked	1	1.5
Current Living Situation		
living alone	20	29.4
living spouse/partner	14	20.6
with spouse/partner and children	13	19.1
with children only	2	2.9
with spouse/partner, children and relatives	6	8.8
with relatives(not spouse)	7	10.3

none of the above	3	4.4
Current Living Satisfactory		
very satisfied	8	11.8
satisfied	39	57.4
dissatisfied	16	23.5
very dissatisfied	1	1.5
Prior Living Situation		
living alone	11	16.2
living spouse/partner	6	8.8
with spouse/partner and children	12	17.6
with children only	1	1.5
with spouse/partner, children and relatives	2	2.9
with relatives(not spouse)	13	19.1
none of the above	3	4.4
Comparison between Current and Prior Living Situation		
much better than current living situation	10	14.7
a little better than current living situation	16	23.5
no different than current living situation	11	16.2
a little worse than current living situation	9	13.2
much worse than current living situation	2	2.9

Treatment Factors on Problem Gambling

Of the 68 participants, only five participants partially completed this section of the

survey. For the first question inquiring about preferences in treatment, five individuals responded

to this question. Among the three treatments (hotline, individual, and group) only hotline and

individual appeared to be positive. Two people agreed that hotline is safer and their "privacy

could be better protected." Two people appeared to prefer individual treatment and one reported

that "I don't need to meet too many people, relatively more secure, could use body language."

The second question focused on the concerns of the different treatments. Only two

individuals voiced their opinions. One reported feeling concern with both hotline and group. For

group, this individual reported that they "couldn't express clearly through phone," or "further

communicate," and for group reported "I don't want to disclose my problems to too many

people." This participant preferred individual; however, this individual reported feeling

concerned with finding the "matched counselor. The second participant reported that "individual has no effect and not being understood."

The third question focused on alternative support other than traditional treatment. Four individuals answered this question. Two participants sought friends for support while the third participant reported using self-talk.

The fourth question explored the meaning of treatment and possible stigma of accessing treatment. Only three out of four responses were applicable to this question. The responses included the following:

1. the treatment will take a long time;

2. it means it [will] have a huge gambling problem that involve poor financial judgement;

3. more methods to help myself to recognize my problem no, my family is open to this, they want to me to correct it when I do something wrong

The last question explored life after treatment. Only two out of the four responses were applicable to this question. One person reported feeling better a bit and less irritable. Another person reported not being able to play any gambling games for a period of time and only gamble recreationally now.

Toy and Wong's 1999 Prevalence Study

Prevalence of lifetime gambling. According to Toy & Wong (1999), actual lifetime prevalence rate of gambling was 76% based upon the sample of 159 Chinese adults in San Francisco, which means 76% responded indicated that they had gambled at least once in their lifetime. Researchers also created the adjusted lifetime prevalence rate by including respondents who reported they have not ever gambled however they also reported specific gambling

behaviors in subsequent sections of the survey. As a result, the adjusted lifetime prevalence rate of gambling is 92%. The 16% discrepancy could be interpreted as differences between the respondents' perception of "gambling" and their actual gambling behaviors.

Lifetime extent of problematic gambling behaviors. Toy and Wong (1999) examined the extent of problematic gambling behavior by using the SOGS scores based upon demographic characteristics. Of the 143 identified respondents (missing data=17) in the study, 28.7% were found to be recreational gamblers, 35.6% were mild problem gamblers, 14.7% were problem gamblers, and 21% of respondents met the criteria for being a pathological gambler. They concluded that respondents who gambled more frequently were more likely to be male, age over 55 and over, married or in a common law marriage, having limited education (primary school or less), working full time or not employed, have an annual household income of $40,000 or less, immigrated from China, had been living here for over 20 years, and able to speak English and/or a Chinese language.

Present Study's Findings

Prevalence of Lifetime Gambling. From the results of our 68 participants, most of them have engaged in some kind of gambling activities in their lifetime as shown in Figure 2. Almost 58% (n=37) responded that they exhibited gambling behaviors in their lifetime, and 42.2% (n=27) have never gambled in their lifetime. We created the adjusted prevalence of lifetime gambling by counting those who responded "no" to question one but answered "yes" to the subsequent questions which highlighted their gambling behaviors. Accordingly, the adjusted prevalence of lifetime gambling is 73.5% (N=50) as shown on the right of Figure 2 which shows the adjusted prevalence of lifetime gambling. The overall inconsistency in this survey is 19% (n=12). Researchers also found that there is a higher inconsistency percentage among these

demographic categories: ages 50-65, those born in mainland China, first generation in the U.S., single, work full-time, females, and those who lives alone.

| Actual Prevalence Rate (based on self-report) | Adjusted Prevalence Rate (based on actual gambling behaviors) |
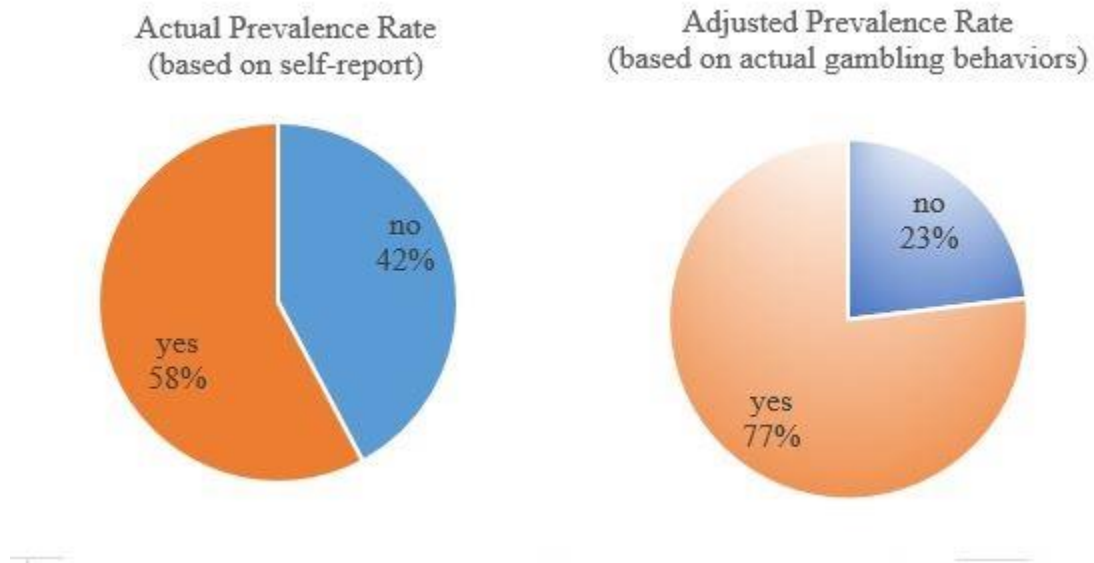
Figure 1 Prevalence of Lifetime Gambling

Lifetime Extent of Problematic Gambling Behaviors. Figure 3 shows the lifetime extent of gamblers behaviors. Participants with the score of 0 is considered to have no problem with gambling, 1-4 is considered to have some problem with gambling, 5 is considered to have probable pathological gambling. Accordingly, out of 68 participants (missing data=3), 55% of participants (n=36) did not have a problem with gambling, 40 % (n=26) displayed some problem with gambling behavior, and almost 5% (n=3) displayed probable pathological gambling behavior,
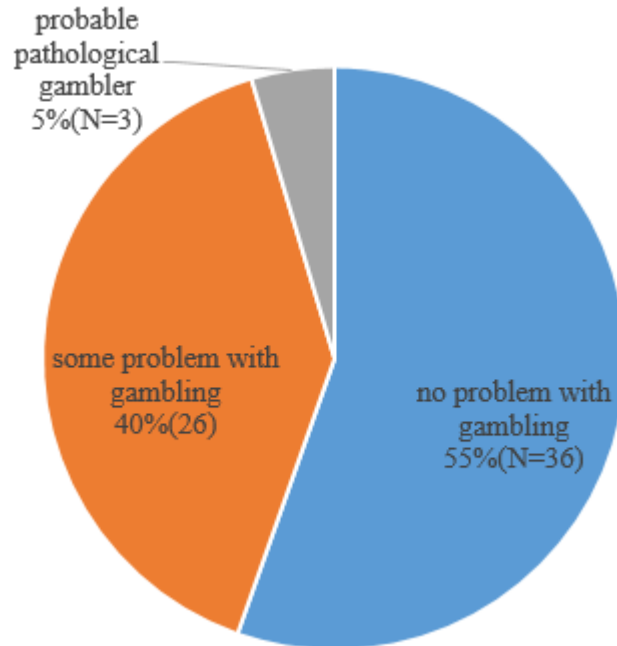
Figure 2 Results from the South Oaks Gambling Screen (n=68)

In addition to examining the SOGS scoring, we also used the cross tabulation (see Table 3) to examine their demographics and the lifetime extent of problematic gambling behaviors.

Table 3

Cross tabulation of demographics and SOGS category

	No problem with gambling (SOGS score=0)		Some problems with gambling(SOGS score=1-4)		Probable pathological gambler(SOGS score>=5)	
	count	valid% within category	count	valid% within category	count	valid% within category
Age (years)						
18-35	7	19.4%	8	30.8%	1	33.3%
36-50	5	13.9%	7	26.9%	1	33.3%
50-65	18	50.0%	6	23.1%	1	33.3%
Over 65	6	16.7%	5	19.2%	0	0.0%
Years Living in the U.S.						
Less than 12 months	4	11.1%	3	11.5%	1	33.3%
1-5 years	5	13.9%	4	15.4%	1	33.3%

6-10 years	4	11.1%	4	15.4%	0	0.0%
11-20 years	7	19.4%	2	7.7%	0	0.0%
Over 20 years	16	44.4%	13	50.0%	1	33.3%
Birthplace						
U.S.	2	5.6%	5	19.2%	0	0.0%
Mainland China (not Hong Kong)	23	63.9%	18	69.2%	2	66.7%
Hong Kong	2	5.6%	3	11.5%	1	33.3%
Taiwan	3	8.3%	0	0.0%	0	0.0%
Vietnam	3	8.3%	0	0.0%	0	0.0%
None of the above	3	8.3%	0	0.0%	0	0.0%
Generation Status						
1st generation	22	61.1%	16	61.5%	2	66.7%
2nd generation	9	25.0%	9	34.6%	0	0.0%
Other	5	13.9%	1	3.8%	1	33.3%
Relationship Status						
Single	11	30.6%	6	23.1%	1	33.3%
Married/domestic partner	20	55.6%	12	46.2%	2	66.7%
Divorced or separated	4	11.1%	4	15.4%	0	0.0%
Widowed	1	2.8%	1	3.8%	0	0.0%
None of the above	0	0.0%	3	11.5%	0	0.0%
Education Status						
Elementary school/some high school	9	25.7%	8	33.3%	0	0.0%
High school graduate or GED	13	37.1%	5	20.8%	1	33.3%
Some college courses	6	17.1%	7	29.2%	1	33.3%
Bachelor's degree	3	8.6%	3	12.5%	0	0.0%
Graduate study or degree	4	11.4%	1	4.2%	1	33.3%

According to Table 3, participants in the group "with no problem with gambling," were generally between 50-65 years of age, had been living in the U.S. over 20 years, were born in Mainland China, identified as first generation, identified as married or having a domestic partner and graduated from high school or obtained their GED. In the group with some gambling problem, participants were quite spread out in terms of age, education status and varied overall from the first group. The majority of the participants in this group between were between18-35 years of age and had some elementary school and/or some high school education. The rest of the

demographic characteristics were similar with the non-gambler group. As aforementioned, total

participants of probable pathological gambling group (SOGS score 5+) was only three. The cross

tabulation of demographics and probable pathological gambler won't be analyzed in this session.

Comparative Statistics

Figure 3 and 4 below are the comparative statistics on Toy and Wong (1999) and this

study in terms of prevalence rates of lifetime gambling and rates on the extent of gambling

behaviors. The discussion of these findings will be elaborated in the next chapter.

	Actual Prevalence Rate	Adjusted Prevalence Rate
Pesent Study (2015)	57.8%	76.9%
Toy and Wong (1999)	76.0%	92.0%
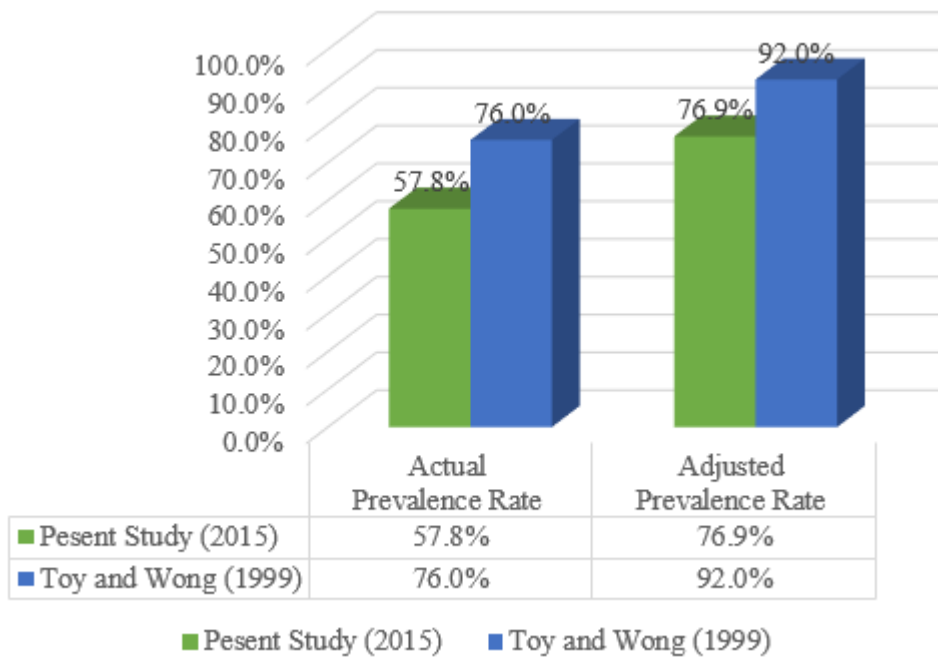
Figure 3 Comparative Statistics on Present Study and Toy & Wong Prevalence

	SOGS Score 0	SOGS Score 1-4	SOGS Score 5+
■ Pesent Study (2015)	55.40%	40.00%	4.60%
■ Toy and Wong (1999)	28.7%	50.3%	21.0%

■ Pesent Study (2015)   ■ Toy and Wong (1999)
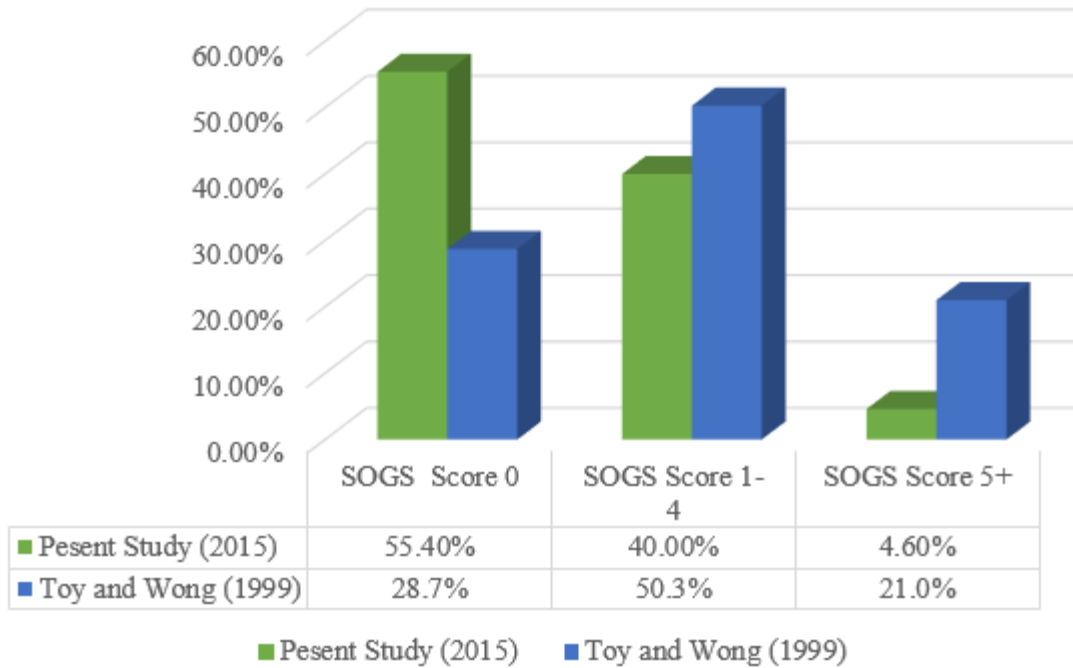
Figure 4 Comparative Statistic on Present Study and Toy &Wong Rates on the Extent of Gambling Behavior

This was a joint research projects. For more information on the finding of gender differences in problem gambling behaviors, please refer to Lin Fang (Yvonne) Zhao's thesis.

CHAPTER V

Discussion

The main purpose of this research study was to explore the prevalence of problem gambling among Chinese immigrants in San Francisco. We also strived to demonstrate the importance of inter-generational and acculturation stresses that led to problem gambling. Additionally, the aspect of prevention and treatment as well as gender differences in problem gambling issues were examined through this joint study. In this chapter, we will discuss our key findings from the Findings chapter in comparison with current literature on problem gambling in the Chinese community. Furthermore, we will also elaborate on the challenges we encountered in this study, as well as the strengths of this study. Lastly, we will summarize the practice and policy implications based on the findings from our research and offer several recommendations for future studies on problem gambling, especially for the wider Asian community.

Challenges during the Study

We immediately encountered challenges when we started recruiting participants. We initially planned to set up a booth and recruit participants mainly at the casino bus lines, on the street during the Chinatown Parade, and at different agencies that provide services to problem gamblers. However, when we tried to recruit people from the casino bus terminal, we were rejected by the driver due to lack of permission from the casino. People who were waiting for the casino bus also flatly refused to take the surveys. One of them reported "don't you dare say that we Chinese people have gambling addiction". We also tried to contact the casinos to gain permission, but with no success. Thereafter we turned our attention to contact several agencies from and who work with the Chinese community who might have potential participants. Again, we encountered unforeseen obstacles. We got in touch with Richmond Area Multi-Services

(RAMS) and some California Gambling Education and Treatment Services (CalGETs) providers, but very few surveys came back to us. Before we could collaborative with other similar agencies, our research has to be approved by Community Behavior Health Service (CBHS). We emailed CBHS back and forth and finally decided not to continue due to the inefficiency. Unfortunately, we were also informed by NICOS that they wouldn't set up a booth during the Chinatown Parade which we were heavily relying upon for participants. Additionally, NICOS' Problem Gambling outreach events (e.g. family resource fair) would not start until Mid-April. At this point, in order to recruiting enough participants to the study, we had to rely on the convenience method more than snowballing method, with distributing the surveys to the acquaintances. Learning from the past few recruitment experience, we realized that the mere meaning of the word "gambling" was stigmatizing in Chinese culture. We had to reframe the purpose of our research by emphasizing the generic terms of "game", or "activities" instead of "gambling" in Chinese and subsequently revised the translation of the survey and consent forms. We also postponed our recruit period until May so that we could join in the Problem Gambling Outreach events with NICOS. Eventually, we were able to solicit over 60 valid survey responses by Mid-May through outreaching to friends, families, and the support of NICOS.

Limitations of the Study

A number of limitations need to be highlighted that affected the outcome of this study, which made it difficult to accurately address the prevalence of Problem Gambling in the Chinese community in San Francisco.

One of the main limitations of this study was that our sample was not diverse enough and not large enough to produce any generalizations about gambling behavior among the Chinese population. The sample was primarily derived from random recruitment during an annual family

community health fair, where higher rates of females prevail in attending these types of community events. This could be one of the main reasons why female participants outnumbered the male participants in the study—say the specific number here. Also, due to some family members of the researchers interviewed, the self-report measurement might be skewed due to feelings of being less anonymous. We also had conflict with enticing participants with a form of direct gambling (the $1 scratchers) even though other research studies had resorted to such tactics and seemed to be the only way to recruit members. In addition, some of the participants only completed the surveys because there was a bigger incentive from the health fair to win a bigger raffle prize. This means that they may have rushed through completing their surveys in order to gain reward. .

Another major limitation of this study was due to the survey instrument (both SOGS and our own section of the survey instrument) in terms of its reliability and validity. SOGS is one of the most widely used screen tool to measure problem gambling behavior, and yet there are still many compromised factors especially when it applies to the Chinese population. Firstly, SOGS was primary developed to screen "pathological gambling" in general population (Battersby et al., 2002). However, in our sample, the gamble problem severity was much lower than "pathological" level. Along with stigma towards gambling in Chinese culture, many participants reported that they're gambling for recreational purposes only and the questions from SOGS were not relevant to their situations. One of the participants, who is seeking treatment in a mental health agency, only completed the demographic section of the survey stating "the [rest of the] survey is not suitable to me". Several obvious deterrents of our survey instrument had been noticed during the process of recruiting. For instance, for Question 1 of SOGS, many individuals questioned which category "Mahjong" belongs to, which is a hugely popular activity for most

Chinese adults, especially older adults. In addition, the frequency was divided into "not at all", "less than once a week" or "once a week or more" categories which greatly limited variation for participants. Some participant reported for several activities, they may just play once or several times a year which is way less than "less than once a week;" they felt reluctant to choose either "not at all" or "less than once a week" while there was no choice in between such as "rarely", "seldom" or "sometimes" in terms of the frequency.

The third limitation was the difficulty of accessing a random sample. We wanted to confirm whether the prevalence rate of problem gambling has risen or decreased with this population. To measure if this hypothesis was true or not, we wanted a sample of individuals who have problem gambling behaviors. We speculated that those who have problem gambling behaviors, might also have reoccurring mental health concerns. Hence, we reached out to community mental health clinics (Chinatown North Beach Mental Health, North East Medical Services (NEMS), and Sunset Mental Health). However, we did not get any response from NEMS, and we were redirected to gain permission from CBHS before we could recruit at Chinatown North Beach Mental Health and Sunset Mental Health. The process of communicating with the CBHS spokesperson took over a month. They initially stated they could accommodate our research study. They later denied our access to recruit altogether in the month we planned to collect surveys, and we were forced to stop recruitment at these agencies. Therefore, our sample may not be consider a full representation of the prevalence rate of problem gambling in San Francisco.

The four limitations relate to our sample size. We realized that our sample not only lacked diversity among the different problem gamblers, but also that the sample size is quite small. Having a small sample means that the results may not represent the whole Chinese

population as a whole. In addition, we have only 4.6% (n=3) probable pathological gamblers, which makes it difficult to explain any correlation with the demographics.

The fifth limitation was the short time frame. Our proposal for this study was approved in February. However, we had difficulty recruiting while also fulfilling our internship requirements. But most importantly, we were anticipating that we would be getting the majority of our participants at the Chinatown Lunar New Year Festival near the end of February, in addition to the support of CBHS. When this plan failed, we had to request for an extension to ensure that we would have enough participants for this surveys. Many of the recruitments happened in May. If we would have had more time, we could have accessed a more random sample (due to more events and fairs happening after May).

Lastly, another limitation we came across were the short responses from the qualitative questions. The majority of the participants (n=55-64) skipped this section altogether and didn't answer the qualitative questions. We speculate questions in multiple choice format are more acceptable to Chinese-identified participants because they were easier to answer and usually took shorter time to complete. They also appear more "anonymous" than qualitative responses that require one to be subjective. Another reason might be the participants didn't think qualitative questions which focused on treatment and gender different applied to their situation. The questions might also have been too challenging and personal to the participants and they weren't familiar with these specific questions without researcher's clarifications. Also, what about culturally for Asians to reply subjectively to open-ended questions?

Practical Implications and Recommendations for Future Studies

This study was conducted using the quantitative method to partially replicate Toy and Wong's (1999) research and it provided a snapshot of problem gambling behaviors through a

sociocultural lens of and the prevalence of problem gambling in the Chinese community in San Francisco. The findings of this study have implications that demonstrated the importance of considering culture, acculturation and intergenerational factors on gambling behaviors among Asian Americans, both for the individual and for the family unit. These are significant factors when generalizing gambling behavior among the Chinese, which wasn't indicated through SOGS scores. It's important for clinicians to build rapport with Chinese problem gamblers by portraying an understanding and interest in the Chinese culture and traditions. Clinicians and mental health agencies may need to work beyond each individual and collaborate with their family or even their community to provide culturally responsive prevention and intervention, such as community education which could reduce the cultural barriers and increase the awareness of problem gambling. In addition, we recommend updating the SOGS questions to include more multiple choices than open ended questions.

Most importantly, we noticed that 55.4% (n=36) of our participants who completed our surveys identified as non-gamblers. On the other hand, those we interacted with who reported gambling more frequently that the average, refused to take the survey. We speculated that the stigma of problem gambling in the community is still fairly strong. Many of the potential participants at the community fair appeared to have a strong reaction as soon as we mention the word "gambling." These participants often defended "I do not have a gambling problem," "I do not gamble; I do not need to take this survey," "Is this anonymous," or "Gambling is bad." For future research, it's important to be mindful and strategically approach the participants that may further trigger the stigma of gambling in the Chinese community.

Based on information provided by this study, we have several recommendations for future studies in this field. First, we compared living situations "prior to" and "after" individuals

live in the U.S. in our study. To better assess the correlation between acculturation change and gambling behaviors, future studies need to consider measuring pre- and post-immigration differences in rate after moving to the U.S.

Secondly, although we didn't successfully recruit people at the bus terminal or on the casino buses for our sample, we found that the majority of the people who were waiting for the casino bus appeared to be Chinese seniors and they appeared anxious yet excited to get to the casino. We (V. Hui and Y. Zhao) had visited the bus terminals multiple times and the Chinese seniors were consistently in the majority. Therefore future studies could also assess senior gambling in Chinese Community in San Francisco.

Thirdly, we suggest that further research focuses on adding more questions to the SOGS. As we were analyzing the results, we found that it is important to measure the past year prevalence experience as well as treatment-related questions. We speculate that the current SOGS may not be able to measure problem gambling behaviors in the past, which includes treatment access. In addition, questions relating to stigma should be included in the survey as a way to help understand gambling in the Chinese culture.

Fourthly, we suggest future researchers re-evaluate the SOGS's scoring method. There should be at least five categories (non-gambler, recreational gambler, mild problem gambler, problem gambler, and pathological gambler) to match with the changes made from DSM-VR to DSM 5. We had a large sample of participants fit into the categories of non-gamblers and some problem gamblers. We speculate that in those two categories, some could fall under recreational gambler, mild problem gambler, and problem gambler types.

Lastly, there were more participants 50 and older years old compared to18-29 years old. We speculate that the age range of 18-29 years is more technologically savvy and doing

gambling online. However, because of the complication of protecting participants' confidentiality online and the limited time frame with had with this study, we were not able to launch our survey online. With the rapid advancement in technology to offer online gambling and make it that much more accessible, there is also a need to explore if problem gambling still continues to be a problem in future research.

Conclusion

This empirical study is a study that replicated Toy and Wong's study (1999) to measure if there are any changes in the San Francisco's Chinese community prevalence rate of gambling after 16 years. In additional, this study also introduced two new concepts in gambling treatment efficiency and further examined differences between gender gambling behaviors. Although many participants of this study did not report having any gambling behaviors, the researchers (V. Hui and Y. Zhao) observed that gambling is still stigmatized in the Chinese community. Many potential participants refused to participate in this study as soon as they hear the word "gambling." We hope that this research will open up pathways for more research in the future to help understand the gambling behaviors in this community. With the growth of online gambling and traditional gambling, it would be interesting to compare the younger generation's gambling preferences versus the older generation.

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Recruitment Letters

Hi, our names are Vivian Hui and Yvonne Zhao. We're both 2nd-year MSW students at Smith College. We hope to get support from your agency for our research. We will be conducting a study that will seek voluntary participation from your clients. The following points will describe the study and provide instructions for your involvement. Thank you so much for considering our request!

Object of the research:

This research aims at measuring whether problem gambling is still prevalent in the Chinese community in San Francisco. Researchers will explore whether interventions and preventions contribute to a lower prevalence rates of problem gambling. The researchers will also investigate gender differences concerning gambling behavior.

Nature of participation:

The study will target four districts in San Francisco which are highly populated by Chinese individuals. The research will occur during the weekend from early morning to early evening.

Sample questions:

- SOGS questionnaires:
    o Do you feel you have ever had a problem with betting money or gambling?
    o Have you ever felt guilty about the way you gamble or what happens when you gamble?
- Treatment Related:
    o What do you like about hotline, individual, or group intervention?
    o What does seeking treatment mean to you?
- Gender Differences:
    o What kind of health problems does gambling cause you, including physical and mental problems?
    o What does gambling mean to you and your family?

Risks and benefits to participation

Risks associated with the participation are that it is possible that the survey may elicit uncomfortable feelings or concerns about the gambling topic or about revealing private information. The participants may refuse to answer any question, and they can choose to withdraw from the study at any time. To assure the confidential and anonymous nature of the study, if you choose to withdraw from the study, please do not submit the research packet. The researchers will also provide brochures for the distressed/triggered participants to access appropriate resources/supports to attend to their needs. These brochures will link participants to local gambling hotlines, support groups, and mental health community center for services.

There will only be a $1 scratcher given to the participants as a gift compensation for their participation in this research. More importantly, this research will be greatly beneficial to the researchers, the participants, and the field of clinical social work. By conducting this study, we could better understand the view and progress of problem gambling in the Chinese community which could help lead to advocating for more services in the Bay Area and build awareness on the issue of problem gambling. If the participants are interested in knowing more about problem gambling or seeking services for either themselves or others, we could provide them with resources in the community. There is very limited research in the field that focuses on Chinese and Chinese American in the United States. Hence, this research could offer service providers

updated information concerning problem gambling to better service the Chinese population in the community.

Inclusion Criteria For Participants:
- Identify as Chinese;
- At least 18 years of age;
- Be able to read, understand and/or speak conversational Chinese;

- Live/d, work/ed, or come to San Francisco at least once a week

Instructions:
1. The purpose of this study is to measure prevalence of problem gambling among Chinese community and to examine the role of gender and participation in treatment. Participation is fully voluntary.

2. If clients are interested, please give clients the Research Packet which includes: informed consent form, the Four-Part Survey (10 Pages), and an envelope (for returning their completed survey). Clients will complete the FULL survey anonymously and submit the sealed envelope to the confidentiality box provided.

3. Assure the clients that they are not required to let you know about their participation status. If the clients have started completing the packet but chose not to finish it, inform them that they are responsible for discarding their own packet to protect their confidentiality.

4. When the clients complete their survey they may put the completed survey sealed in the empty envelope provided in the packet. We (Yvonne and Vivian) will bring the confidentiality box and collect their sealed survey.

5. If clients are interested in the study, they can sign the consent form, complete the contact information sheet. We (Yvonne and Vivian) will mail the research packet to the provided address from the participant. In the packet, we will also provide a self-addressed stamped envelope for them to mail the packet back to us.

6. Please direct all questions and concerns to us (Vivian or Yvonne). Our contact information can be found in the informed consent form. If you have any questions or concerns, you can reach us at our personal contact information (zzz) zzz-zzzz (Vivian), or (zzz) zzz-zzzz (Yvonne). We ask that you do not distribute our person contact information to the participants and instead direct them to the Google voice number – (zzz) zzz-zzzz - on the consent form. Thank you for your participation!

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

September 01, 2015

Smith College
School for Social Work
Lilly Hall
Northampton, MA 01063

To Whom It May Concern:

On behalf of NICOS Chinese Health Coalition, I am writing to
acknowledge the agency's support of Vivian Hui and Lin Fang (Yvonne)
Zhao in their work on their thesis, which is partial fulfillment toward a
Masters of Social Work degree from Smith College School for Social
Work. The agency will share resources to enable recruitment of
participants, including access to research studies showing the prevalence of
problem gambling in the Chinese community (Toy and Wong, 1999),
problem gambling self-help and resource brochures, and shared space at
outreach events. If you have any questions or comments, please feel free to
contact me at Kentwoo@nicoschc.org or (▮▮▮▮▮▮▮▮)

Sincerely,

Kent Woo, MSW
Executive Director

Title of Study: The Study of Chinese Problem Gamblers

Investigator(s):

> **Vivian Hui,** 2nd year MSW Student, (zzz) zzz-zzzz
> **and**
> **Lin Fang (Yvonne) Zhao,** 2nd year MSW Student, (zzz) zzz-zzzz
> …………………………………………………………………………..

This study protocol has been reviewed and approved by the Smith College School for Social Work Human Subjects Review Committee (HSRC).

Introduction
- You are being asked to be in a research study on prevalence of problem gambling in San Francisco's Chinese community. In addition, the researchers would like to measure if intervention and gender differences contribute to the prevalence rate of problem gambling in San Francisco.
- To participate in this research you must:
  - Identify as Chinese;
  - Be at least 18 years of age;
  - Be able to read, understand, and/or speak conversational Chinese;

  - Live (or have lived), work (or have worked), or come to San Francisco at least once a week

- We ask that you read this form and ask any questions that you may have before agreeing to be in the study.

Purpose of Study
- The purpose of the study is to measure problem gambling in the Chinese community in San Francisco. Researchers will also determine whether interventions and preventions contribute to a lower prevalence rates of problem gambling. Researchers will also investigate gender differences in gambling behavior.
- This study is being conducted as a research requirement for the master's in social work degree at Smith College.
- Ultimately, this research may be published or presented at professional conferences.

Description of the Study Procedures
- If you agree to be in this study, the following will occur:
  1. You will be given the Research Packet which includes: this informed consent form, the Four-Part Survey (10 Pages), and an envelope (for returning the survey). Please complete the FULL survey anonymously and seal the completed envelope in the blank envelope provided.

2. If you start the survey but decide that you no longer want to participate before you complete it, you are responsible for discarding your partially completed survey.

3. When the participants sign their consent form and complete their survey, they may give the completed packet sealed in the empty envelope provided. We (Yvonne and Vivian) will have the confidentiality box ready for the client to put in which could keep all the collected information confidential.

Risks/Discomforts of Being in this Study
- The study has the following risks. First, the survey may elicit uncomfortable feelings or concerns because it asks for private information and addresses sensitive topics. You may refuse to answer any question, and you can choose to withdraw from the study at any time. To assure the confidential and anonymous nature of the study, if you choose to withdraw from the study, please do not submit the research packet. If your participation in the study raises questions or concerns about your gambling behavior then you may be able to address them via a list of community resources in the Bay Area for problem gambling that will be given to you at the end of the study.

Benefits of Being in the Study
- Participation in the study may give you a better understanding and insight into problem gambling in the Chinese community and provide you with resources to access help for problem gambling.
- The field of social work and society may benefit from more research data focusing on Chinese and Chinese Americans in the United States. This research may offer service providers updated information concerning problem gambling to better service the Chinese population in the community.

Confidentiality
- Your participation will be kept confidential. After we receive your completed survey in a blank sealed envelope with no identifiable information on the envelope, we will keep the envelope with your answers to our survey questions in a secure place ensure your privacy. No one will have access to the packet unless they are the researchers, volunteers, or transcribers. *In addition,* the records of this study will be kept strictly confidential.
- All research materials including recordings, transcriptions, analyses and consent/assent documents will be stored in a secure location for three years according to federal regulations. In the event that materials are needed beyond this period, they will be kept secured until no longer needed, and then destroyed. All electronically stored data will be password protected during the storage period. We will not include any information in any report we may publish that would make it possible to identify you.

Payments/gift
- You will receive a $1 scratcher as a gift for your participation.

Right to Refuse or Withdraw

- The decision to participate in this study is entirely up to you. You may refuse to take part in the study *at any time* (up to the date noted below) without affecting your relationship with the researchers of this study or Smith College. Your decision to refuse will not result in any loss of benefits (including access to services) to which you are otherwise entitled. You have the right not to answer any single question, as well as to withdraw completely up to the point noted below. Once you have submitted your survey packet, this study will not permit the researchers to destroy data after it has been collected due to the anonymous nature of this study. If you want to withdraw from the study, please do so by not submitting the research packet. .

Right to Ask Questions and Report Concerns
- You have the right to ask questions about this research study and to have those questions answered by me before, during, or after the research. If you have any further questions about the study, at any time feel free to contact us, *Vivian Hui* at *vhui@smith.edu,* or *Lin Fang (Yvonne) Zhao at lzhao44@smith.edu.* You can also reach us by telephone at *(zzz) zzz-zzzz* If you would like a summary of the study results, one will be sent to you once the study is completed. If you have any other concerns about your rights as a research participant, or if you have any problems as a result of your participation, you may contact the Chair of the Smith College School for Social Work Human Subjects Committee at (413) 585-7974.

Consent
- Your signature below indicates that you have decided to volunteer as a research participant for this study, and that you have read and understood the information provided above. You will be given a signed and dated copy of this form to keep. *You will also be given a list of referrals and access information if you experience emotional distress related to your participation in this study.*

……………………………………………………………………………..

Name of Participant (print): _____

Signature of Participant: _____ Date: _____

Signature of Researcher(s): _____ Date: _____

SMITH COLLEGE

2015-2016

調查同意書

Smith College School for Social Work ● Northampton, MA

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研究標題：對於華人社區的賭博問題研究

調查人員

Vivian Hui, 史密斯學院社會工作研究生課程的二年級學生，
Yvonne Zhao，史密斯學院社會工作研究生課程的二年級學生，

簡介

感謝您參與關於在三藩市的華人社區中賭博問題普及程度的研究。此外，研究人員想測試是否干預措施和性別差異會對賭博問題在三藩市的發生率有所影響。

參與者要求：

o 中國人

o 18 歲以上

o 懂國語或粵語

研究目的

研究目的在於測量三藩市的中國社區的賭博問題的普及程度。研究人員還將確定干預措施和預防措施是否有助於降低賭博問題的發生率。研究人員還將調查賭博行為的性別差異。

這項研究是被史密斯學院的作為社會工作研究生課程中必要的研究而進行的。

最後，這項研究可能會被發佈，或在專業會議上提出。

研究描述

如果您同意參與該研究，以下須知：

1. 您將獲得該研究文件袋，其中包括：同意書，由四部分組成問卷調查（10 頁），以及一個信封（用於送返問卷）。請**匿名**填寫完整的問卷調查，以及在所提供的空白信封上面填寫必要信息並將其密封。

2. 如果您開始此項問卷調查，但是在您完成之前決定終止，您需要負責丟棄您已完成部分的調查。

3. 當您簽署了同意書，並完成該項的調查，您可以將完成問卷放入提供的信封內並密封好。我們（Yvonne 和 Vivian）將保密箱準備好，以確保收集到的信息的保密性。

參與者在此項研究中的風險性

參與該項研究可能會有以下風險。首先，該項調查可能引發參與者自身對於賭博問題的話題或者任何與洩露個人信息可能性的不適以及顧慮。其次，您可以會拒絕回答任何問題，同時您也可以在任何時候終止問卷。為了保證研究的保密性和隱私性，如果您選擇終止調查，請不要提交任何研究資料。如果您對該項研究有任何問題或者您對賭博行為感興趣，在此項研究的最後，您可以得到一些關於賭博問題的社區資源的途徑或方法。

研究的益處

參與這項研究可能幫助您更好的理解和洞察到賭博問題在中國社區中的情況，並為您提供賭博問題服務的相應的資源。

關注在美華人和美籍華人的資料對社會工作領域工作者和社會提供了更多的益處。該項研究可能提供關於賭博問題更新後的信息，以便於更好地服務社區中的中國人。

保密性

您的參與將被保密。當我們收到您對問卷調查的完整回答後，（該問卷完成後將會在一個空白信封），我們將裝有您的答案信封送至一個安全並能確保您的隱私的地方開展我們的研究。除了從事該項研究的研究人員，志願者，或記錄員，任何人都沒有機會獲得這些問卷信息。此外，這項研究的記錄將被嚴格保密。

根據聯邦法規，所有的研究資料，包括錄音，副本，分析以及同意書將被存儲在一個安全的地方三年。萬一該材料超出保持超出該期間的情況下，他們將被安全保存直到不再需要，然後銷毀。所有的電子存儲的資料在存儲期間會將被加上密碼保護。我們將不在任何我們可能會發佈報告中提及任何將識別您的任何身份的信息。

回報/禮物

您將收到價值價值$1 的刮刮卡作為您參與該項研究的回報。

您有權拒絕或撤銷

您有權決定是否參與這項研究。您可以在任何時候拒絕參加該研究（以下將會說明期限），這並不影響您與本項研究的研究人員或史密斯學院之間的關係。您的拒絕將不會導致您的任何損失（包括相關的服務）。您有權不回答任何一個問題，也有權在指定期限內決定退出該研究。一旦您提交了研究袋，這項研究將不允許研究人員對已經收集的匿名資料銷毀。如果您想從該項研究中退出，請不要提交您的研究袋。

提問的權利和報告申明

　　您有權詢問有關這項研究的任何問題，並由我們在研究的任何階段來回答這些問題。如果您對研究有任何疑問，請隨時與我們聯繫，聯繫方式如下：Vivian Hui， 郵箱：*vhui@smith.edu,* 或者 Lin Fang (Yvonne) Zhao，郵箱：lzhao44@smith.edu。您也可以通過電話的方式聯繫到我們，█████████ 如果您對研究結果的有興趣，當我們完成該項研究時會對您送出我們的副本。如果您對您作為研究參與者的權利問題，或者會因為您的參與而造成的任何其他問題，您可以聯繫史密斯學院社會工作人文專案審核委員會的負責人， 聯繫電話：(413) 585-7974.

同意書陳述

以下您的簽名表明您已經決定自願參與這項研究，並且您已閱讀並理解上述信息。您將保留簽名和日期的副本用以保存。

如果您在參與時遇到任何情緒上的困擾，您將可以通過表單上的有效途徑得到相關服務的說明。

....

參與者姓名(列印體)：

_____

參與者簽字：_____　日期：_____

研究員簽字：_____　日期：_____

DIRECTIONS: Please check the box to the left of the best answer for each question.

DEMOGRAPHIC INFORMATION
1. How old are you?
- ❑ 18-35
- ❑ 36-50
- ❑ 50-65
- ❑ above 65

2. How long have you lived in the U.S.?
- ❑ less than 12 months
- ❑ 1-5 years
- ❑ 6-10 years
- ❑ 11-20 years
- ❑ more than 20 years

3. Where were you born?
- ❑ U.S.
- ❑ Mainland China (other than Hong Kong)
- ❑ Hong Kong
- ❑ Taiwan
- ❑ Vietnam
- ❑ none of the above

4. What generation are you?
- ❑ 1st generation (born in native country and first to immigrate to the U.S.)
- ❑ 2nd generation (born in the U.S. and one or more parents born in native country)
- ❑ 3rd generation and above (born in the U.S., both parents born in the U.S.)
- ❑ other

5. What is your relationship status?
- ❑ single
- ❑ married/domestic partner
- ❑ divorced or separated
- ❑ widowed
- ❑ none of the above

6. What is the highest level of school you've completed?
- ❑ elementary school and some high school
- ❑ high school graduate or GED
- ❑ some college courses or vocational/technical/trade school

❑ bachelor's degree
❑ graduate study or degree (including Ph.D)

7. How often do you work? *(Please check only **ONE** box)*
   ❑ full-time (30-40 hours a week)
   ❑ part-time (less than 30 hours a week)
   ❑ going to school and not working
   ❑ unemployed
   ❑ unemployed but looking for work
   ❑ retired

8. What is your yearly household income?
   ❑ under $20,000
   ❑ $20,000 to $35,000
   ❑ $36,000 to $50,000
   ❑ above $50,000
   ❑ prefer not to answer

9. What do you think of your financial status?
   ❑ I have enough money
   ❑ I am just able to make both ends meet
   ❑ I sometimes struggle with finances
   ❑ I don't have enough money to meet my needs

10. What gender do you identify as:
    ❑ Male
    ❑ Female
    ❑ Other

LIVING SITUATION

10. What is your current living situation?
- ❑ living alone
- ❑ with spouse/partner
- ❑ with spouse/partner and children
- ❑ with children only
- ❑ with spouse/partner, children, and relatives
- ❑ with relatives (not spouse)
- ❑ none of the above

11. How satisfied are you with your current living situation?
- ❑ very satisfied
- ❑ satisfied
- ❑ dissatisfied
- ❑ very dissatisfied

12. Did you have a different living situation prior to living in the U.S.?
- ❑ yes
- ❑ no

IF YOU CHECKED "YES":

a. What was your previous living situation? *(Please check only ONE box)*
- ❑ living alone
- ❑ with spouse/partner
- ❑ with spouse/partner and children
- ❑ with children only
- ❑ with spouse/partner, children, and relatives
- ❑ with relatives (not spouse)
- ❑ none of the above

b. How would you rate that previous living situation*? (Please check only ONE box)*
- ❑ much better than current living situation
- ❑ a little better than current living situation
- ❑ no difference between living situations
- ❑ a little worse than current living situation
- ❑ much worse than current living situation

End of Part One….
Continue to Part Two on next page

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 once a week	Once a week or more	
❑	❑	❑	a. play cards for money/Mah Jong
❑	❑	❑	b. bet on horses, dogs or other animals (at OTB, the track, or with a bookie)
❑	❑	❑	c. bet on sports (parlay cards, with bookies, or at Jai Alai court)
❑	❑	❑	d. played dice games (including craps, over & under, or other dice games) for money or drinks, etc.
❑	❑	❑	e. gambled in a casino (legal or otherwise)
❑	❑	❑	f. played the numbers or bet the lotteries
❑	❑	❑	g. played bingo for money
❑	❑	❑	h. played the stock options and or commodities markets
❑	❑	❑	i. played slot machines, poker machines or other game of skill for money
❑	❑	❑	j. bowled, shot pool, played golf or played some other game of skill for money

2. What is the largest amount of money you have ever gambled with on any one-day?
   - ❑ Never have gambled
   - ❑ $1 or less

❏ more than $1 up to $10
❏ more than $10 up to $100
❏ more than $100 up to $1000
❏ more than $1000 up to $10,000
❏ more than $10,000

3. Do (did) your parents have a gambling problem?
    ❏ Both my father and mother gamble (or gambled) too much
    ❏ My father gambles (or gambled) too much
    ❏ My mother gambles (or gambled) too much
    ❏ Neither gambles (gambled) too much

4. When you gamble, how often do you go back another day to win back the money you lost?
    ❏ Never
    ❏ Some of the time (less than half of the time I lost)
    ❏ Every time I lost
    ❏ Most of the time I lost

5. Have you ever claimed to be winning money gambling but were not really? In fact, you lost?
    ❏ Never
    ❏ Yes, most of the time
    ❏ Yes, less than half the time I lost

6. Do you feel you have ever had a problem with betting money or gambling?
    ❏ No
    ❏ Yes
    ❏ Yes, in the past but not now

7. Did you ever gamble more than you intended to?
    ❏ No
    ❏ Yes

08. Have people criticized your betting or told you that you had a gambling problem, regardless of whether or not you thought it was true?
    ❏ No
    ❏ Yes

9. Have you ever felt guilty about the way you gamble or what happens when you gamble?
    ❏ No

❏ Yes

10. Have you ever felt like you would like to stop betting money or gambling but didn't think you could?
        ❏ No
        ❏ Yes

11. Have you ever hidden betting slips, lottery tickets, gambling money, IOUs or other signs of betting or gambling from your spouse, children, or other important people in your life?
        ❏ No
        ❏ Yes

12. Have you ever argued with people you live with over how you handle money?
        ❏ No
        ❏ Yes

13. (If you answered yes to question 12): Have money arguments ever centered around your gambling?
        ❏ No
        ❏ Yes

14. Have you ever borrowed from someone and not paid them back as a result of your gambling?
        ❏ No
        ❏ Yes

15. Have you ever lost time from work (or school) due to gambling?
        ❏ No
        ❏ Yes

16. If you borrowed money to gamble or to pay gambling debts, who or where did you borrow from? (check all that apply)

NO	YES	
❏	❏	a. from household money
❏	❏	b. from your spouse
❏	❏	c. from other relatives or in-laws
❏	❏	d. from banks, loan companies or credit unions
❏	❏	e. from credit cards
❏	❏	f. from loan sharks
❏	❏	g. you cashed in stocks, bonds, life insurance or other securities

❑	❑	h. you sold personal or family property
❑	❑	i. you borrowed on your checking account (passed bad checks)
❑	❑	j. you have (had) a credit line with a bookie
❑	❑	k. you have (had) a credit line with a casino

End of Part Two….

Continue to Part Three on next page

For the following session: Please answer if you ever sought help to quit or minimize your gambling habit; if not, you may skip to the next session.

PROBLEM GAMBLING TREATMENTS

1. What do you like about the hotline, individual, or group treatment? How did you learn about these treatments? Which do you prefer? Why?

2. What do you dislike about the hotline, individual, or group treatment? Why was it not working for you?

3. If you don't like or use professional problem gambling treatment, what has been helpful for you to do personally (speak with family or friends, etc.)? How was it helpful?

4. What does seeking professional problem gambling treatment means to you? Were you stigmatized by the thought of needing professional help? Why?

5. Describe your life after you received treatments or help from the hotline.

End of Part Three….

Continue to Part Four on next page

PROBLEM GAMBLING GENDER DIFFERENCES

1. What type of gambling have you done most frequently? Why?
   Examples: Casino games, Raffles, Cards/Dice, Mah Jong, Poker, or through Internet etc.

2. What kind of health problems does gambling cause you, including physical and mental problems? Describe how these problems affect you?

3. How has your life been influenced by your gambling habits? For instance, has gambling caused you financial problems, broken up your important relationships, or led to neglecting your family, school or work responsibilities?

4. Have you and your partner/spouse had arguments due to your gambling? If yes, what do these conflicts look like? Examples: criticizing, arguments or fighting?

This is the end of the survey….

Please insert your completed survey into the provide envelop and return to the clinician/researcher

問卷說明: 請您根據問題在最佳選項左側的方框內打鉤。

基本信息

1.您的年齡是?
- ❑ 18-35
- ❑ 36-50
- ❑ 50-65
- ❑ 65 歲以上

2.您在美國居住了多久?
- ❑ 少於 12 個月
- ❑ 1-5 年
- ❑ 6-10 年
- ❑ 11-20 年
- ❑ 20 多年

3.您是在哪裡出生的?
- ❑ 美國
- ❑ 中國大陸 (除了香港)
- ❑ 香港
- ❑ 臺灣
- ❑ 越南
- ❑ 以上都不是

4.您是第幾代移民?
- ❑ 第一代移民 （在中國出生，自己第一個移民到美國發展)
- ❑ 第二代移民(在美國出生,並且父母中有一位或雙方都在中國出生)
- ❑ 第三代及以上 (在美國出生，並且父母雙方都在美國出生)
- ❑ 其他

5.您的婚姻狀態是?
- ❑ 單身
- ❑ 結婚/同居
- ❑ 離婚或分居
- ❑ 喪偶
- ❑ 以上都不是

6.您完成的最高學歷是?
- ❑ 小學或上過高中課程
- ❑ 高中畢業或得到GED證書
- ❑ 上過一些大學的課程或職業技術學校
- ❑ 學士學位
- ❑ 研究生及以上學位 (包括博士)

7.您的工作狀態是?*(請只勾選**一個**選項)*
- ❑ 全職 (每週 30-40 小時)

❏ 兼職 (少於每週 30 小時)
❏ 全職學生，不工作
❏ 失業
❏ 失業，但是正在找工作
❏ 退休

8.您每年的家庭收入大約是?
❏ 低於 20,000 美元
❏ $20,000 至 35,000 美元
❏ $36,000 至 50,000 美元
❏ 50,000萬美元以上
❏ 不想回答

9.您覺得您的經濟狀況如何?
❏ 我有足夠的收入
❏ 我的收入只是剛好能維持開支
❏ 我有時會有財政困難
❏ 我沒有足夠的收入來滿足我的需求

10.您的性別為:
❏ 男
❏ 女
❏ 其他

生活狀況

10.您現在的生活狀況是?
❑ 獨自生活
❑ 與配偶/伴侶
❑ 與配偶/伴侶和孩子
❑ 僅與孩子
❑ 與配偶、 子女和親屬
❑ 與親屬 (不是配偶)
❑ 以上都不是

11.您對當前的生活狀況的滿意程度如何?
❑ 非常滿意
❑ 滿意
❑ 不滿意
❑ 非常不滿意

12.您覺得您美國之前的生活與現在不同嗎?
❑ 是的
❑ 沒有
如果您選中"是":
a.您以前的生活狀況?(*請只勾選一個選項*)
❑ 獨自生活
❑ 與配偶/伴侶
❑ 與配偶/伴侶和孩子
❑ 僅與孩子
❑ 與配偶、 子女和親屬
❑ 與親屬 (不是配偶)
❑ 以上都不是

b.如何評價以前的生活情況?(*請只勾選一個選項*)
❑ 比現在的生活狀況好很多
❑ 比現在的生活狀況好一點
❑ 和現在的生活狀況沒有區別
❑ 比現在的生活狀況差了一點
❑ 比現在的生活狀況差很多

第一部分結束...
請在下一頁繼續第二部分

南奧克賭博測試問卷

1. 請說明您曾參與過一下以下哪種類型的賭博。對於每個類型，勾選一個答案：”從不”，”每週少於一次”，或 “每週一次或更多”

從不	一周少於一次	一週一次或更多	
❏	❏	❏	a.牌類遊戲/麻將
❏	❏	❏	b.賽馬、賽狗或其他動物 (在 OTB，賽道，或投注站)
❏	❏	❏	c.體育類 (過關卡，與博彩公司，或在回力球法球場)
❏	❏	❏	d.骰子類遊戲
❏	❏	❏	e.賭場遊戲 (合法賭場或其他)
❏	❏	❏	f.數字類或彩票
❏	❏	❏	g.玩賓果遊戲（Bingo）
❏	❏	❏	h.關於股票期權和商品市場的賭博
❏	❏	❏	i.老虎機、撲克機或此類其他技巧性遊戲
❏	❏	❏	j.保齡球、撞球、高爾夫球或此類其他技巧性遊戲

2.您一天當中賭得最大金額是多少?
  - ❏ 從來沒有賭過
  - ❏ 1 美元或更少
  - ❏ 超過 1 美元，最多達10 美元
  - ❏ 超過 10 美元，最多達100 美元
  - ❏ 超過 100 美元，最多達1000 美元
  - ❏ 超過 1000 美元，最多達 1 萬元
  - ❏ 超過 10,000 美元

3. 您的父母(曾經)有賭博問題嗎?
  - ❏ 我的父親和母親都(曾經)有賭博問題
  - ❏ 我的父親(曾經)有賭博問題
  - ❏ 我的母親賭博(曾經)有賭博問題
  - ❏ 他們都沒有賭博問題

4. 賭錢的時候，您是否會改天再去賭，以贏回您賭輸的錢?
  - ❏ 永遠不會

❏ 有時會 （少於一半的情況）
❏ 每一次都輸都會
❏ 大多數情況下

5.您是否曾經聲稱自己是用贏得的錢去賭，但實際上您輸錢了?
❏ 永遠不會
❏ 是的，大多數情況下
❏ 有時，少於一半的情況

6.您是否覺得您曾有過賭錢或賭博問題嗎?
❏ 沒有
❏ 是的
❏ 是的，過去有，但現在沒有

7. 您是否曾經賭得比您預算的多?
❏ 沒有
❏ 是的

8.人們批評您賭錢或認為您有賭博問題（不管您自己是否這麼認為）?
❏ 沒有
❏ 是的

9. 您是否對您的賭錢的行為或您賭錢時發生的情況感到過悔疚?
❏ 沒有
❏ 是的

10.您是否曾想過要停止賭錢或賭博，但是您認為自己做不到?
❏ 沒有
❏ 是的

11.
您是否向配偶/伴侶、子女或其他重要的人隱瞞任何自己跟賭錢有關的跡象，比如投注單、彩票、賭博的錢，欠條等等?
❏ 沒有
❏ 是的

12.您是否因為如何處理金錢的問題而和同居的人爭吵?
❏ 沒有
❏ 是的

13.(如果問題12您回答了"是"): 這些爭執是否圍繞您的賭博活動嗎?
❏ 沒有
❏ 是的

14.您是否曾經向別人借錢，但因為賭錢輸掉而沒法還錢?
❏ 沒有

❑ 是的

15.您是否曾經因為賭錢而荒廢掉工作(或上課)的時間?
　　　　❑ 沒有
　　　　❑ 是的

16.如果您曾經借錢賭博或償還賭債，您是向誰或通過什麼途徑借貸的？(每一項都請勾選"不是"或"是")

不是	是	
❑	❑	a.拿家用錢
❑	❑	b.配偶或伴侶
❑	❑	c.其他親屬或姻親
❑	❑	d.銀行、 貸款公司或信用社
❑	❑	e.信用卡
❑	❑	f.高利貸
❑	❑	g.您兌現的股票、 債券、 生活保險或其他證券
❑	❑	h.變賣給個人或家庭財產
❑	❑	i.從銀行帳戶提款而帳戶的存款不足(如空頭支票)?
❑	❑	j.您是否（曾）在投注站有信貸額（例如賽馬） ？
❑	❑	k.您是否（曾） 在賭場有信貸額？

第二部分的結束......
請在下一頁繼續第三部分

在下面的部分， 請回答您是否曾經試圖尋求幫助來停止或儘量減少您賭博的習慣；如果您沒有嘗試過， 您可以直接回答第四部分。

賭博問題的治療方式

1. 您喜歡熱線、個人或小組治療的哪些方面? 您是如何知道這些治療方式的?
   您更喜歡哪種治療方式? 為什麼?

2. 您不喜歡什麼關於熱線、個人或小組治療哪些方面? 為什麼這些方式對您沒有說明?

3.
   如果您不喜歡賭博問題的專業治療方法，幾個人而言，您覺得哪些方法幫到您了呢(與家人或朋友談話，等等)? 這些方式是如何幫到您的?

4. 對您來說，賭博問題的專業治療方法意味著什麼?您是否因為想要尋求專業幫助而被指責? 為什麼?

5. 請描述一下您接受治療或熱線說明後的生活狀態。

賭博問題的性別差異

1. 您最經常參與哪種類型的賭博遊戲? 為什麼?
   例如，賭場遊戲、抽獎、牌/骰子、麻將、撲克、網上賭博等。

2. 賭博造成您哪些健康問題（包括身體問題和心理問題）？請描述這些問題對您有什麼影響?

3. 您賭博的習慣對您的生活有怎樣的影響?
   例如，賭博造成了您的財政困難，破壞了您和重要的人的關係，或導致了您對家庭、學校或工作職責的忽視?

4. 您和您的配偶或伴侶是否曾因為您賭錢而爭執? 如果是，這些衝突是怎樣的，比如是指責、吵架或打架？

本次問卷已結束，謝謝您的參與
請將完成的問卷放入提供的信封，並交還給研究人員。

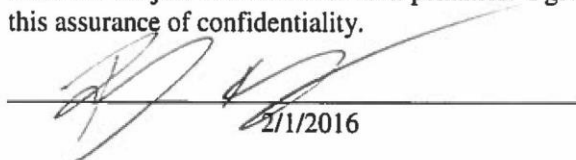## Volunteer or Professional Transcriber's Assurance of Research Confidentiality Form

This thesis project is firmly committed to the principle that research confidentiality must be protected and to all of the ethics, values, and practical requirements for participant protection laid down by federal guidelines and by the Smith College School for Social Work Human Subjects Review Committee. In the service of this commitment:

- All volunteer and professional transcribers for this project shall sign this assurance of confidentiality.

- A volunteer or professional transcriber should be aware that the identity of participants in research studies is confidential information, as are identifying information about participants and individual responses to questions. The organizations participating in the study, the geographical location of the study, the method of participant recruitment, the subject matter of the study, and the hypotheses being tested are also be confidential information. Specific research findings and conclusions are also usually confidential until they have been published or presented in public.

- The researchers for this project, - *Vivian Hui and Lin Fang (Yvonne) Zhao* - shall be responsible for ensuring that all volunteer or professional transcribers handling data are instructed on procedures for keeping the data secure and maintaining all of the information in and about the study in confidence, and that that they have signed this pledge. At the end of the project, all materials shall be returned to the investigator for secure storage in accordance with federal guidelines.

PLEDGE

I hereby certify that I will maintain the confidentiality of all of the information from all studies with which I have involvement. I will not discuss, disclose, disseminate, or provide access to such information, except directly to the researcher, - *Vivian Hui and Lin Fang (Yvonne) Zhao*- for this project. I understand that violation of this pledge is sufficient grounds for disciplinary action, including termination of professional or volunteer services with the project, and may make me subject to criminal or civil penalties. I give my personal pledge that I shall abide by this assurance of confidentiality.

2/1/2016

_____   Signature

                                             Date

Vivian Hui and Lin Fang (Yvonne) Zhao
_____   *Insert name of researcher*

            2/1/2016
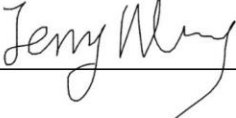
_____   Date

2015-2016

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_____   Signature

_____2/6/2016_____   Date

Vivian Hui and Lin Fang (Yvonne) Zhao
_____   *Insert name of researcher*

_____2/6/2016_____   Date

January 23, 2016

Vivian Hui
Linfang Yvonne Zhao

Dear Vivian & Linfang,

You did a very nice job on your revisions. Your project is now approved by the Human Subjects Review Committee.

Please note the following requirements:

Consent Forms: All subjects should be given a copy of the consent form.

Maintaining Data: You must retain all data and other documents for at least three (3) years past completion of the research activity.

In addition, these requirements may also be applicable:

Amendments: If you wish to change any aspect of the study (such as design, procedures, consent forms or subject population), please submit these changes to the Committee.

Renewal: You are required to apply for renewal of approval every year for as long as the study is active.

Completion: You are required to notify the Chair of the Human Subjects Review Committee when your study is completed (data collection finished). This requirement is met by completion of the thesis project during the Third Summer.

Congratulations and our best wishes on your interesting study.

Sincerely,

Elaine Kersten, Ed.D.
Co-Chair, Human Subjects Review Committee

CC: Mariko Ono, Research Advisor