

Relapse prevention through peer support: A group programme for Chinese and South Asian international students with experience of harmful gambling

Study Protocol

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Study Centre	Asian Family Services
Funding	Ministry of Health Gambling Innovation Research Fund
Duration of study	July 2019 – June 2021

Overview of the study

The purpose of the study is to pilot a relapse prevention initiative among two groups of Asian international students (Chinese and South Asian) who have experience of harmful gambling. We hypothesize that the risk of relapsing among Asian international students with problem gambling issues are high due to their limited social contact with others, inadequate social skills and ambivalence towards personal goals. Using mental health recovery principles in a peer support environment, participants will take part in a structured and supportive group programme which incorporates content related to self-understanding, peer support and relapse prevention strategies. The effectiveness of the programme to minimise the risk of relapse will be assessed by analysing pre-post changes in harmful gambling behaviour, help-seeking behaviour, attitudes towards harmful gambling, knowledge of the triggers of relapse of harmful gambling, and skills in stress management and self-care.

Background and rationale

Harmful gambling among Asian international students

Local and international studies have identified international students as a high-risk group for harmful gambling (Gambling Research Australia, 2011; Sobrun-Maharaj et al., 2012; Tse, Wong & Chan, 2007; University of Tasmania, 2018). In New Zealand, Asian international students make up a large proportion (80.4%) of all international students enrolled in a tertiary education qualification. The two leading source countries are China (26,985 students, or 30.3% of all international tertiary students in New Zealand in 2018) and India (16,420 students, 18.4%). Auckland is New Zealand's largest city and the most preferred city to study by Asian international students (Education Counts, 2019).

Some research suggests that international students who may not have gambled in their home country may decide to experiment with gambling if their peers present it as an acceptable form of entertainment (Shields, 2009). In addition, the greater opportunity for international students to gamble when they are studying abroad relate to their living away from their parents, increased freedom, lack of parental supervision, and having access to large sums of money for living expenses and tuition fees (Ho, Li, Cooper & Holmes, 2007; Li, Hodgetts & Ho, 2006). Some studies also suggest that international students with limited English, and those with poor social networks and support system, are at a greater risk of harmful gambling, as they may use gambling as a way of coping with boredom and isolation, or as an escape from problems related to integration and cultural adjustment (Ministry of Education, 2007; Moore et al., 2012; Sobrun-Maharaj et al., 2008).

Despite Asian international students being identified as a high-risk group, they are under-represented in gambling counselling services, and tend to seek help only when they are in a desperate situation (Au & Ho, 2015; Tse, Wong & Chan, 2007). The reasons why Asian people with gambling problems are reluctant to seek professional help are multiple and complex, ranging from wanting to handle problems on their own; lack of awareness of treatment availability; stigma concerns; embarrassment; denial and avoidance; previous negative experiences of unsuccessful help-seeking and fear of failure (Li & Tse, 2015; Sourburn-Maharaj et al., 2012). Based on these findings, the Asian Family Services (AFS) has developed specific strategies to address some of the issues, such as running educational seminars/workshops in schools and tertiary education institutions during orientation to raise awareness of the harms of gambling, and using ethnically and linguistically matched counsellors in our intervention services. In this research project, we seek to pilot a peer support group to help reduce the risk of relapse among a group of tertiary international students who have experiences of harmful gambling.

Relapse prevention through self-management and peer support

Preventing relapses is an important part of gambling intervention, yet very few studies that focus specifically on this area can be found. With regard to international students, the risk of relapsing is high as international students with problem gambling issues are likely to have limited social contact with others, and tend to engage in few social activities apart from gambling. Hence, upon cessation of gambling, individuals are often left with a considerable amount of unstructured time, inadequate social skills, and feelings of emptiness (Hodgins, 2001). A structured and supportive programme can help minimise the risk of relapse in situations of vulnerability, such as stressful times, exposure to gambling cues, and/or ambivalence towards personal goals.

In the mental health field, the recovery approach has been the guiding principle for the development of mental health services in New Zealand and many other Western countries (Mental Health Commission, 1998, 2007; O'Hagan, Reynolds & Smith, 2012). Recovery principles emphasise nurturing hope and building resilience in people with mental illness, not just treating their symptoms. Consequently, several service delivery models and strategies have been developed, especially the peer-driven model to support the recovery of people with experience of mental distress (Copeland, 1997; Repper & Carter, 2011; Schutt & Rogers, 2009; Solomon, 2004).

In this research project, we propose to use the knowledge and skills we have developed with our mental health consumers to pilot a peer support group of international students recovering from problem gambling (Asian Family Services, 2018; Zhang & Wong, 2006). The combination of recovery principles and peer support is expected to help build strong relationships and community among international students with problem gambling issues to reduce the risk of relapsing and improve quality of life.

Study objectives

1. *To investigate gambling experiences among Chinese and South Asian tertiary international students*
 - 1.1 Why and how Chinese and South Asian international students become involved in gambling?
 - 1.2 When and how do they seek professional help? What have facilitated or impeded their help-seeking?
 - 1.3 What specific services and support they believe would be helpful to international students?
2. *To pilot a relapse prevention initiative*
 - 2.1 How effective is relapse prevention peer support group for preventing relapse of harmful gambling among Chinese and South Asian tertiary international students?
 - 2.2 Has the relapse prevention initiative reached its intended outcomes? What can be improved?

Study design

Participants

Participants will be international students studying at tertiary education institutions in the Auckland region, aged 18 years or over, self-identify as Chinese or South Asian (e.g. Indian, Pakistani, Sri Lankan, or any other South Asian sub-groups), have experience of gambling-related problems and are interested in reducing or stopping the gambling behaviour causing harm. A maximum of 10 Chinese and 10 South Asian international students will be recruited to participate in an 8-session peer support group.

Recruitment process

Participants will be recruited by promoting the group programme via tertiary educational institutions (including universities, polytechnics, language schools and other private training establishments), general practice clinics, and counsellors from organisations which provide support services to international students in the Auckland region. We will also promote the group programme at upcoming events in some of these organisations (e.g. orientation events of language schools). Potential participants interested in the programme will contact the research team by email or phone. A participant information sheet (PIS) will then be sent. Individuals who freely consent to participate in the programme will be contacted by phone or email to join the peer support group. A consent form will be signed before the group starts.

Intervention:

Eight weekly 1½ sessions of group programme which incorporates content related to self-understanding, peer support and relapse prevention strategies is designed. Table 1 below presents the objectives and main content of the eight sessions.

Table 1 Objectives and main content of the relapse prevention peer support group programme

Session	Objective	Main content
1	<ul style="list-style-type: none"> • Getting to know one another • Programme introduction & group rules • Knowing myself 	<ul style="list-style-type: none"> • Group formation: participants share expectations and goal setting • How peer support can help them in recovery • Begin self-discovery journey: Participants reflect on their origins, their connections with home country and NZ, and identify aspects of their lives being affected by gambling
2	<ul style="list-style-type: none"> • Incorporate AFS tree model to explore values/cultural beliefs 	<ul style="list-style-type: none"> • Going through the tree model: Participants share their common concerns in life and the values/beliefs they hold strongly • Each participant creates a short video clip on their future self in five years' time
3	<ul style="list-style-type: none"> • Use the DISC model to develop further self-awareness and insights 	<ul style="list-style-type: none"> • Gain knowledge about the features of harmful gambling • Know my behavioural style: Participants learn how to set healthy boundaries to stay away from gambling
4	<ul style="list-style-type: none"> • Start to develop a wellness plan 	<ul style="list-style-type: none"> • Explore how our body react to feelings and stresses

		<ul style="list-style-type: none"> • Develop a wellness plan: Participants explore strategies for stress management, learn mindfulness and affirm their personal strengths through peer support
5	<ul style="list-style-type: none"> • Further develop the wellness plan encompassing wider social and environmental factors 	<ul style="list-style-type: none"> • Explore how social relationships and the environment can affect us positively or negatively • In small groups, participants identify supportive friends, families and communities (interest group or club, faith-based group) who they can rely on when they are in doubts about themselves • Each participant specifies in their wellness plan how these people/communities can provide support
6	<ul style="list-style-type: none"> • Incorporate relapse prevention strategies into the wellness plan 	<ul style="list-style-type: none"> • Gain understanding that relapse prevention is a process • Identify the triggers of relapse of harmful gambling • Explore self-care strategies, manage gambling urges and cravings, and identify healthy alternative activities to engage in to enhance wellbeing
7	<ul style="list-style-type: none"> • Know where to seek support in NZ 	<ul style="list-style-type: none"> • This session may be held outside the classroom (e.g. go for a hiking trip). A new environment gives an opportunity for participants to take a fresh look at their wellness plan • Taking actions to connect: Participants refine their wellness plans, and learn how to connect with people, agencies, activities and groups to enhance their wellbeing
8	<ul style="list-style-type: none"> • Evaluation, future hopes and dreams 	<ul style="list-style-type: none"> • Evaluate the outcomes and effectiveness of the peer support group (see next section on evaluation) • Remaking lives: Participants replay video clips on the new image of themselves in five years' time, what they like about their new self and how it is different from the old one • Learn how they can provide support to others

The intervention will be delivered by qualified counsellors and social workers (registered with either the New Zealand Association of Counsellors, Social Worker Registration Board New Zealand or the Drug and Alcohol Practitioners' Association Aotearoa New Zealand) who can speak English, Mandarin and Cantonese (for the group with Chinese international students) or English and Hindi (for the group with South Asian international students) and with minimum 5 years' experience in the areas of gambling addiction and mental health. Group sessions will be held in a room at Asian Family Services premises where privacy can be maximised.

Evaluation

Primary outcomes

The primary outcomes are a reduction in harmful gambling and an increase in help-seeking.

The *Problem Gambling Severity Index (PGSI)* will be used to measure participants' at risk behaviour in problem gambling. The questionnaire asks participants to self-assess their gambling behaviour over the past 12 months by scoring themselves against nine items. The higher the score, the greater the risk that the participant's gambling is a problem.

The *General Help-Seeking Questionnaire* is used to assess participants' intentions to seek help from different sources when they have a personal or emotional problem (Wilson et al., 2005).

Descriptive data

- Personal data: age, gender, country of origin, ethnicity, marital status, religion, current living arrangement, year of arrival to NZ, type of educational institution currently studying (university/polytechnic/private language school/other private training establishment)
- Attitudes towards harmful gambling
- Knowledge about the triggers of relapse of harmful gambling
- Stress management skills

Table 2 presents the schedule of data collection time points.

Table 2 **Schedule of baseline and follow-up data collection**

	During recruitment	3 rd session	4 th session	6 th session	8 th session
Primary outcome					
PGSI	√				√√
Help-seeking behaviour	√				√√
Descriptive data					
Personal data	√				
Attitudes towards harmful gambling		√			
Stress management skills			√		
Knowledge about the triggers of relapse of harmful gambling				√	

√ Baseline data collection

√√ Follow up data collection

Ethical considerations:

Gambling is a sensitive topic, particularly in Asian communities. The process by which ethical issues can arise and be resolved is explained below:

Informed consent

Potential participants in the peer support group will be able to provide informed consent for participation. Information about the research purpose, participant involvement, use of data, and confidentiality/anonymity will be outlined in the Participant Information Sheet (PIS) and Consent Form (CF). Each participant will keep a signed copy of the consent form as a record of what they have agreed to.

Privacy and confidentiality

No audio recording will be made in all of the group sessions. As the participants take part in a group, their identity will be known to other participants in the group. Potential participants who are concerned about this will exclude themselves from the study. Before the group starts, the group facilitator will ask all participants to agree to keep confidentiality. In other words, we request that the participants do not talk to others about the details of the group members and what are

discussed in the group. Additionally, the participants' names and other identifying details will not be disclosed in any publications arising from the study.

The rights to withdraw

As explained above, participants will not be able to withdraw information they contribute in the groups due to the nature of such groups. However, participants will be informed that they are free to decline to answer any questions, and can choose to leave the group at any time, or take a break and return at a later time.

Potential risk or harm

The discussion of sensitive topics may carry a risk of psychological discomfort to participants. This risk will be clearly indicated in the PIS; hence potential participants who consider themselves most at-risk will self-exclude from the study. The PIS will also provide the participants with contact details of counselling and support services.

Storage of research data

All documents containing participants' personal details and signed CFs will be locked in a cabinet at AFS premises, or stored in a secure, password-protected electronic file. All data will be stored for 10 years. After 10 years all forms of data will either be deleted or shredded and disposed in a secured and confidential manner.

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