

PROBLEM GAMBLING

and **CULTURE:**

Risk Factors and the Clinician's Role

**Northern California Problem Gambling Regional
Summit**

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TODAY'S FOCUS:

GENERAL CULTURAL ISSUES

- ◆ Socio- demographic characteristics and psychosocial factors associated with the *increased risk of developing and maintaining problem gambling* among our vulnerable minority and immigrant populations

Culture and its ramifications =
COMPLEX FACTORS to consider



VULNERABLE and CULTURALLY DIVERSE POPULATIONS

RISKS FACTORS for Problem Gambling

Individual and Cultural Factors

A stylized, dark teal silhouette of a mountain range is positioned in the bottom right corner of the slide, extending from the right edge towards the center.

What knowledge is required?

- ◆ How can we best serve our diverse populations?
- ◆ How do we address the cultural differences that contribute to problem gambling?

Gambling prevalence rates and cultural variables have been found to play a role in the development and maintenance of problem gambling.

We must consider.....

- ◆ Cultural history and what rationales the culture dictates, influences the meanings that are given to gambling behavior, the motivations for gambling, the costs and benefits of gambling
- ◆ As well as the perceived advantages and disadvantages of gambling.

Contributory Factors

Racism

Poverty

Oppression

Immigration

Refugee Status

Level of Acculturation

CULTURAL FACTORS

impacting 4 major ethnic groups:

(African Americans, Hispanics, Asian Americans, and Native Americans)

- ◆ **SO....the cultural background**
- ◆ **the degree of acculturation**
- ◆ **experiences within the majority culture provide a framework through which current experiences and information are processed and behavior is produced .**
- ◆ **WE'LL EXAMINE** how they may affect entry into services provided, the processes involved in working with them, and the outcome of the interventions or treatments

Individual and Interpersonal

RISK FACTORS

Micro-level Factors

A stylized silhouette of a mountain range in a darker shade of teal, located at the bottom right of the slide.

Familial Factors

◆ *Social Learning*

- PG appears to be higher among those whose parents gamble
- Children who gamble tend to gamble with friends and family members and are more likely to have begun gambling with parents
- PGs were more likely to view gambling as part of their family norms.

◆ *Genetic Predisposition*

- Twin study found some inheritability for pathological gambling symptoms based on DSM-III
- Molecular genetic study found evidence for shared genetic component among pathological gamblers

Psychological Factors

◆ Personality

- Sensation Seeking
- Impulsivity

◆ Mood States

- Depression
- Anxiety

Sociological Factors Reflected in Culture and Ethnicity

◆ *Social Rewards*

- Social Interaction
- Sensory Stimulation
- Decision-making Opportunities
- Group Membership
- Emotional / Moral Support
- Self Esteem

◆ *Problems with Outside Society*

- Loss of Social Networks
- External conflicts

...So one's biology and genetics, family history, and social environment and psychological status

...can influence the development of gambling problems

Cultural values influencing
behaviors

RISK FACTORS

Macro-Level Risk Factors

CULTURE & PROBLEM GAMBLING

- ◆ PG occurs in ALL groups –regardless of race, gender, age, etc BUT
- ◆ Cultural differences may contribute to types of gambling preferred + social acceptance/or condemnation of PG.

CULTURAL VALUES influence....

SOCIAL ACCEPTANCE

ATTITUDES and BEHAVIORS

COLLECTIVISM INFLUENCE

SOCIAL SANCTIONS

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ACCULTURATION

- ◆ The proportion of US population that is foreign-born is increasing.
- ◆ Acculturation = the process by which attitudes and/or behaviors of those from one culture are modified by the contact with a different culture.
- ◆ Can create tensions and stresses.

ACCULTURATION

- ◆ High levels of acculturation imply a high degree of assimilation or identification with the new culture.
- ◆ Immigrants who have adapted easily to the host society would be less likely to gamble.

Acculturation

Issues associated with acculturation:

- ◆ Social Isolation
- ◆ Emotional Stress
- ◆ Loss of Status
- ◆ Depression
- ◆ Stress
- ◆ Trauma
- ◆ Perceived Loss of Control

IMMIGRANT and REFUGEE POPULATIONS

- ◆ **Stress and circumstances related to the acculturation process (e.g., stressors encountered when trying to adapt to a new environment/ country) could increase the risk of their taking up gambling.**
- ◆ **Environmental, biological, political, economic, cultural, social, and psychological changes and adjustments required of these populations.**
- ◆ **Immigrants with adaptation problems likely to experience a**
 - State of isolation**
 - Boredom**
 - Loneliness**
 - Emotional stress and**
 - Depression**

EFFECTS of Immigration

- ◆ Effects of migrating and the experience of loneliness and boredom common reasons for gambling. Research = PGs tend to report boredom and loneliness as a major trigger to gambling and continued gambling.
- ◆ Immigrants report gambling to block out life stress or negative moods. Anxiety and depression frequently linked to PG to relieve these negative psychological states, which may be reinforcing in the short term but may make PGs more anxious and depressed in the long term.
- ◆ Stress can play a role in the development and maintenance of gambling problems. Stress undermines persons sense of control, would engender illusory perceptions of controllability.
- ◆ Studies showed that highly stressed subjects preferred gambling forms that heightened perceptions of control.

IMMIGRATION stressors

Culture shock/disbelief/disappointment that disparity between what was expected and what actually exists.

- ◆ Separation grief of what was left behind
- ◆ Anger/resentment – depression
- ◆ Changes in marital relationship here in US: obedient spouse or equal partner
- ◆ Changes in parent/child relationships - independence vs filial piety/compliance

Immigration: Factors Contributing to STRESS and possibly to Problem Gambling

- ◆ Foreign-born parents and America-born children ---often great degree of cultural conflict between them.
- ◆ But we find considerable differences among immigrant-descendant families -- 2nd/3rd/4th generation American-born parents and their children --more acculturated to Western value orientation

Discrimination & Oppression affect client's adaptation to the new culture

Discrimination: based on ethnicity,
race, age, sexual preference

Oppression: oppressed status may
impact:

- Participation in gambling activities
- Development and maintenance of PG
- Help seeking behaviors

What is the meaning of the gambling for our diverse clients?

Does knowing the purpose it serves for our clients help us to intervene in culturally appropriate ways?

Gambling behavior may serve *distinct functions* for different cultural groups.

- Gambling for some cultures provides an opportunity for people to relieve or reduce aversive stress states by escaping from life problems.
-
- For others, it may be a means to become successful, independent, obtain power, and/or " gain control.
- "
- On the other hand, gambling can provide members of some cultural groups a means to conform to the behaviors of other members.


- ◆ Therefore --not surprising why gambling is attractive to many immigrants --
 - ◆ A safe haven
 - ◆ A place to feel included not speaking English
 - ◆ Treated with respect
 - ◆ Can relieve overwhelming stresses of everyday life

The Centrality of CULTURE

- ◆ Much of a client's behavior is structured by his or her cultural or "ethnic" group affiliation,
- ◆ And so also is that of ourselves as clinicians!!!

Our clients are asked to develop insight to their own psychological blinders. Why shouldn't the clinician do so as well ?


As clinicians, we are called to be aware of our own personal biases and assumptions that are embedded in our own cultural background.

The background is a solid teal color. At the bottom of the image, there is a dark teal silhouette of a mountain range with jagged peaks.

...so where do we
begin?



SHIFT FROM TEACHING TO, TO LEARNING FROM

- ◆ We must offer our knowledges in ways that are experienced by clients as empowering rather than inadvertently disempowering.
 - ◆ An invitational approach
- 

WHERE DO WE BEGIN?

- ◆ With self-awareness
 - OUR FIRST TASK -- to examine our own multiple cultural identities – issues, history, assumptions, prejudices, judgments,
- ◆ How do our own culture, beliefs and experiences inform our approach to our clients,. What are our beliefs about them?
- ◆ What do we ASSUME about our clients?
- ◆ AND what do they assume about us?

Our assumptions, stereotypes,
categories about clients have
PROFOUND IMPLICATIONS on our
work and our relationship with our
clients.

These labels position us in ways
that pull us toward *judgment,*
disconnection and disapproval.

Client Diversity – how do we create a therapeutic relationship?

- ◆ Who is the expert ?
- ◆ What do clients have to say about their experience, about their life?
- ◆ Consider the use of a cross-cultural metaphor – assuming an anthropological stance
- ◆ “Not knowing” -- cultural curiosity
 - ◆ *A willingness to doubt what we think we know*
- ◆ Continually question *our* assumptions
- ◆ Requires our RADICAL LISTENING

NOT-KNOWING POSITION

- ◆ To bring other voices into the conversations to create new options --to expand perspectives

**“Ask us what we want and
need?”**

**“Ask us who we
are?”**



The need for culturally sensitive approaches....

- ◆ Gambling treatments, which are based on Western models, are often not sensitive enough to address the needs of ethnic minorities and indigenous communities .
- ◆ Existing mainstream prevention and treatment services using accepted techniques do not generally take cultural variables into account.
- ◆ Thus, certain cultures may interpret the nature, etiology, and treatment of PG somewhat differently from what Western models assume.
- ◆ Example: Studies in showed that the two most preferred coping strategies of the Chinese include high reliance on self-help measures initially and then a turning to ones primary social network for help and support (as opposed to GA)

What can we do?

- ◆ Learn about the client's culture
- ◆ Understand the history of their culture (including the circumstances that brought them to this country)
- ◆ Trust can be built by demonstrating openness and interest as well as by recognizing cultural rituals as much as possible.
- ◆ As discussed earlier, common stressors among migrants include cultural conflict, minority group status, social change, and lack of language or other marketable skills.
- ◆ Training such migrants to overcome deficiencies (lack of language or other marketable skills) through language and/or job skills training can be beneficial.

It is essential....

- ◆ Therapists need to work to increase immigrants self esteem and assist them to adapt more easily to their new environments, and consequently, reduce their need to seek solace in gambling. A family systems approach might have to be taken for treatment approach.

MUCH IS REQUIRED OF US

- ◆ Self-awareness
- ◆ Authenticity
- ◆ Curiosity
- ◆ Collaboration
- ◆ Radical listening
- ◆ “Not-knowing” approach
- ◆ Client as expert --be one who seeks to know, to understand
- ◆ Relationship as an “*appreciative ally*”

1. Acknowledge and explore your own biases and prejudices.
2. Learn about the traditions, culture, rules of interaction, family and social roles, health/illness beliefs, and practices of the population groups you serve.
3. Determine the patient's preferred language prior to the visit. Arrange for a professional medical interpreter to be present.¹
4. Learn and use a few basic greetings in your patients' primary languages as a means of establishing rapport and trust.
5. Use a little small talk initially to establish a personal relationship.
6. Use cross-cultural interview techniques to avoid profiling or stereotyping!
Question the patient about beliefs relating to disease causation, treatment, and cure.¹
7. Don't ridicule or dismiss these beliefs or any advice or alternative treatment the patient may have been given by a traditional healer.
8. Respect religious or cultural rules prohibiting touch or treatment by a person of the opposite sex.
9. Learn and respect, as much as legally possible, patient health decision-making practices and preferences regarding the disclosure of bad news.
10. Negotiate a treatment plan that is acceptable to the patient's belief system and lifestyle as well as American medical standards.

Phases of Treatment

- ◆ Instill Hope
- ◆ Explore New Patterns & Behaviors
- ◆ Meanings of Behaviors
- ◆ Consolidating the Changes and Relapse Prevention

Client-centered approaches:

- ◆ Not everyone who gambles has a problem. Not everyone who drinks has a problem.
- ◆ There are those who participate in gambling as entertainment, not an investment.

Diversity of Theoretical Perspectives

- ◆ Focus on the individual
- ◆ Spiritual and moral
- ◆ Medical/disease model
- ◆ A Community Approach – the harms of gambling viewed on a spectrum --
 - ◆ Proximity and access
 - ◆ Policies
 - ◆ and increasingly attention to CULTURE


Problem Gambling is a relatively new field



- Prior to 1970's – problem gambling behaviors dealt with as a spiritual and moral issue.
- 1972 – first use of term “Compulsive Gambling”
- 1980 - DSM-III, APA used term “pathological gambling” – 1994 DSM IV and diagnostic criteria
- 2004 – Establish Office of Problem Gambling under Dept of Alcohol and Drug Programs
- 2004 – theoretical framework (Public Health Model) to minimize gambling harm

We are at the beginning of our
knowledge and research about
problem gambling.....

*You and I are the pioneers in
this new field.....*



- ◆ In conclusion, gambling and PG are getting more attention from the public, policy makers, and researchers. Roles of culture in PG, compared to other mental health problems, are still under research. A major aim of research is to find solutions for gambling problems for all cultural groups.

FURTHER RESEARCH

- ◆ Researching cultural variables that play a role in the development and maintenance of gambling problems are essential as they can assist in developing prevention and treatment programs for different cultural groups. There is now an urgent need to do research in this area.





- ◆ Attached to your powerpoint are slides relating to specific data on ethnic groups with general information about approaches and stressors.

AFRICAN AMERICANS & Problem Gambling

AFRICAN AMERICANS- Facts

- ◆ California boasts the 2nd largest African American population in the country, right behind New York – 2.3 million (U.S. Census, 2000)
- ◆ Households with an African American head of household had much lower net worth than households with a White householder (U.S. Census)
- ◆ Research on African Americans and Problem Gambling is limited,

Challenges

- ◆ Access to services: Lack of access related to mistrust of the “dominant” culture and fear of “systems” date back to slavery.
- ◆ Help seeking behaviors: African Americans tend to utilize social support networks i.e. churches, extended family members, etc., rather than seek “professional” help.
- ◆ “Invisibility syndrome”: Especially for African American males are social reinforcements and a false sense of power related to the “Invisibility” syndrome.

African Americans – Resources

- ◆ *Ethnic Identity* may serve as protective factor
- ◆ *Spirituality and Religion* have been essential components of the African American cultural heritage and a major source of support, strength and survival.
- ◆ *Faith-based Organizations* such as the organized Black church is the oldest and most influential institution founded, maintained, and controlled by Black people.
- ◆ Community: Diverse affiliations
 - Baptist 54.5%
 - Methodist 8.6%
 - Christian 9.5%
 - Catholic 8.5%

Asian Americans & Problem Gambling

- ◆ Use of indirectness in Problem Solving -- not confrontational
- ◆ "I wish to learn from you and your ways of caring about your family."
Strategic use of a therapist/family member therapeutic approach, or an extended family member/ or trusted family friend

- ◆ In cultures such as the Chinese, shame was associated with losing face and respect amongst members of the cultural group, as mental illness of a family member is a disgrace to the whole family. Maintaining harmony with others and the world around them are the ultimate goals in human relationships, and, thus, they try and avoid conflict as much as possible (Cheung, 1993a). Consequently, they feel that it is important to restrain oneself in behavior and expression as collective needs precede individual needs

ASIAN AMERICANS – Facts

- ◆ Diverse in ethnicity, culture, and language
- ◆ Larger percentage of Asian families live below the poverty line (12.9%) as compared to white families (7.8%)

U.S. Census

Asian Americans – Research

Gambling Among Chinese Adults in San Francisco (Wong and Toy, 1999)

- ◆ 84% past year prevalence rate (vs. 71%)
- ◆ 30% gamble once a week or more
- ◆ 21% meet the criteria for a pathological gambler
 - 66.7% told that they have a problem
- ◆ 14.7% meet the criteria as problem gamblers

Gambling Participation and Problems Among South East Asian Refugees to the United States (Petry, et al, 2003)

- ◆ 95% past year prevalence
- ◆ 42% wagered >\$500 in past two months
- ◆ 59% of sample of Vietnamese, Laotians and Cambodians meet criteria for pathological gambler
- ◆ Cambodians found to wager more than Vietnamese or Laotians
- ◆ Possible influences:
 - **Response to trauma**
 - **Gambling requires no English**
 - **Sense of fatalism and pre-determination**

Asian Americans – Resources

Policy & Advocacy

- ◆ Asian Pacific Islanders California Action Network (APIsCAN)
<http://www.apiscan.org>

Prevention & Treatment

- ◆ Chinese Community Problem Gambling Project (SF Bay Area)
 - Helpline: 1-888-968-7888 (Chinese, other Asian languages may be available upon request)
 - Individual & group counseling
- ◆ Union of Pan Asian Communities (San Diego)
- ◆ Asian American Drug & Alcohol Program (AADAP)

- ◆ Asian:
- ◆ Social/moral and organic explanations: Individual is the victim of unfortunate social circumstance over which individual has no control -
-ie not to blame.

Asian Americans – Resources

- ◆ Faith Community: Diverse affiliations
 - Catholic 40.7% - Muslim /Islamic 10.0%
 - Buddhist 17.6% - Baptist 9.0%
 - Christian 11.4%

Latinos & Problem Gambling

LATINOS - Facts

- ◆ Half of all those of Latino origin reside in California & Texas
- ◆ In CA, Latinos comprise almost 35% of entire pop. (US Census, 2004)
- ◆ Diverse countries of origin: Mexicans (59.3%), Puerto Ricans (9.7%), Central American (5.1%), South American (4.0%), Cuban (3.5%), Dominican (2.3%), Spaniard (0.3%), all other (15.7%) (US Census 2004)
- ◆ Households with an Latino/a householder had much lower net worth than households with a White householder (US Census)

LATINOS: Challenges

- ◆ Review of Florida hotline calls between 1992 & 1998 revealed: Latinos less likely to have sought service previously, and more likely to find out about hotline number from directories, friends/families.
- ◆ Cultural values RE: gambling may influence whether the behavior is construed as “problematic.” Problem may also manifest differently.

Native Americans & Problem Gambling

Native Americans - Facts

- ◆ American Indians & Alaska Natives = 1.5% of U.S. population
- ◆ 1988 Indian Gaming Regulatory Act
 - ◆ Self determination
 - ◆ Economic self sufficiency
 - ◆ Tribal sovereignty
- ◆ 562 federally recognized Tribes in U.S.
- ◆ 224 Tribes are engaged in gaming (40%)

Native Americans – Issues & Challenges

- ◆ Adolescent studies found PG more likely to be males, while adult studies found PG more likely to be females
- ◆ Maternal gambling found to affect children negatively: even more so for boys
- ◆ Those who reside on reservations are at a greater risk for developing PG

Aboriginal Populations – Prevalence

- ◆ Adolescent studies: rates for problem gambling ranged from 10.1% - 21%, additional 25% at risk for gambling problems
- ◆ Adult studies: rates for problem gambling ranged from 5.8% - 22%, pathological gambling ranged from 2.8% - 29%
- ◆ Overall, aboriginal populations are found to be 2.2 to 15.69 times more likely to be problem / pathological gamblers