EXPLORING CULTURE IN PROBLEM GAMBLING TREATMENT
OBJECTIVES

• Learn prevalence rates of problem gambling and diverse populations
• Identify how practice affected by personal cultural context and bias
• Identify ways to increase cultural awareness
• List culturally specific barriers to access and engagement
• List treatment issues and resiliency factors in special populations
I only had enough room to go up to 2012.

Ha! That’ll freak somebody out someday.
CULTURE

A lens through which life is perceived

- Language
- Values
- Personality
- Family patterns
- Worldview
- Sense of time
- Sense of space
- Rules of interaction
• How do my age and generation specific experiences, my disability (or lack of), religious upbringing, etc. affect my view of people, my beliefs about the world, where I live, who my friends are and the kind of work that I do?

• Answering even one part of this question can be an eye-opening experience.
SELF AS THERAPIST

• If we are unaware of differences in cultural styles, interactive patterns and values, we might focus only on similarities.
• How might this lead to miscommunication?
BENEFITS...

- Consider one’s own bias
- Look at within group differences
- Less likely to make inaccurate generalizations
- Helps to avoid oversimplification
"When you plant lettuce, if it does not grow well, you don’t blame the lettuce. You look for reasons it is not doing well. It may need fertilizer, or more water or less sun. You never blame the lettuce. Yet if we have problems with our friends or our family, we blame the other person. But if we know how to take care of them, they will grow well, like the lettuce."
SELF AS THERAPIST

• Does it make a difference if we use the theories, techniques, strategies and assumptions we have been taught in school for everyone?
SELF AS THERAPIST

• Is it important to understand how others define health or illness? If so, why?
• Do we need to be aware of the existence of traditional healing methods or alternative healing methods?
SELF AS THERAPIST

• Why do we need to match treatment modalities to the cultural style of the client?
• Why do we need to adapt practices to the specific cultural needs of clients?
SELF AS THERAPIST

Why is it important to have an appreciation for the life experience of those who are culturally diverse?
NEED TO BE AWARE...

- Of the psychological pain and suffering caused by racism.
- EVERYONE is touched by racism.
PSYCHO-BEHAVIORAL MODALITY-PREFERRED MODE OF ACTIVITY

• **Doing** - actively engage in world?
• **Being** – more passively experience world as a process?
• **Becoming** – experience world with intention of evolving?
AXIOLOGY

Interpersonal values

• Competition or cooperation?

• Emotional restraint vs. emotional expressiveness?
INTERPERSONAL VALUES

- Direct verbal expression vs. indirect verbal expression?
- Help-seeking vs. “saving face”? 
ETHOS

Beliefs guiding social interaction
• Independence vs. interdependence?
• Individual rights vs. honor and protect family?
BELIEFS

- Egalitarianism vs. authoritarianism?
- Control and dominance vs. harmony and deference?
EPISTEMOLOGY

Preferred ways of gaining knowledge

- Cognitive vs. affective?
- Intuition vs. cognitive and affective
LOGIC

Reasoning processes

• Either-or thinking?
• Both-and thinking?
• Circular thinking?
ONTOSTOLGY

How one views the nature of what is real

• Objective – seen and touched?
• Subjective spiritual – beyond material?
• Both? Subjective and spiritual?
CONCEPT OF TIME

How time is experienced

• Clock-determined and linear?
• Event based?
• Repetitive? (cyclical)
CONCEPT OF SELF

How people experience themselves

- Separate beings (individual self)
- Part of greater collective (extended self)
GAMBLERS’ THINKING ERRORS

- Money is not money
- Cognitive distortion
  - Magnified sense of skill
- Superstitions
  - Talismanic, behavioral or cognitive
- Attribution bias
  - Gambler fallacy
  - Anthropomorphism
  - Attribution (skill over luck)
- Selective memory
SPECIAL POPULATIONS

- Gender
- LGBTQ
- Native American
- African American
- Asian American
- Hispanic/Latino
- Youth
- Seniors
- Alter-abled
WOMEN IN PG

- Generally start later in life and progress more quickly
- Wager more often in response to gambling cues and advertisements
- Stronger association with the following psychiatric disorders:
  - Nicotine dependence
  - Major depression
  - Dysthymia
  - Panic disorder
  - Generalized anxiety disorder
  - Social phobia
WOMEN IN PG

- Females more likely to:
  - Be African-American
  - Be retired, unemployed or outside workforce
  - Prefer lower denomination slot machines and longer sessions of play
  - Have fewer problems with drugs or gambling-related arrest
  - Have higher rates of affective disorders and histories of physical abuse

Women with disabilities also at greater risk

(excerpted from National Council on Problem Gambling Statement to SAMHSA Advisory Committee for Women’s Services: Problem Gambling Issues: May 11, 2009)
WOMEN’S GROUPS:

- “Safe” environment
- Expression of feelings
- Grief and loss (“empty nest syndrome”)
- Common issues of trauma and/or abuse
- Issues of shame dissimilar to men
- Meaning of money can differ from men
- Potential domestic violence issues
MEN’S GROUPS:

- In “non-performance” environment
- Emotional exploration rather than intellectual
- Common origins of shame in men
- Experience shame dissimilar to women
- Abuse issues/shame
- Singular relationship with money
LGBTQ RESEARCH IN PG

• Diversity within population
• Rely on self-identification for research, population challenged by boxes and labels
• Definitions based on behaviors, sexual attraction, emotional affection, or gender identity fail to encompass complexity of sexuality
• Until 1973 homosexuality seen as mental health issue, gender identity continues to be pathologized
LGBTQ AND PG RESEARCH

- 105 men seeking treatment for PG, researchers found overrepresentation of gay and bisexual men (21% self-reported) (Grant & Potenza, 2006)
  
- Also reported greater impairment and higher incidence of impulse control and substance use disorder among gay and bisexual men
LGBTQ AND ADDICTIONS

• Alcohol and drug use and dependency rates higher among gay men and lesbians than heterosexual counterparts (Skinner, 1994; Cochran & Mays, 2000)

• Transgender individuals, 27.1% reported alcohol abuse, and 23.6% reported drug abuse (Valentine, 1988)

• Members of LGBTQ community more prone to suffer from wide array of psychiatric disorders, including mood and anxiety disorders

(Jorm, Korten, Rodgers, Jacomb & Christensen, 2002; Gilman et al., 2001; Cochran Sullivan & Mays, 2003)
RISK FACTORS FOR LGBTQ

- Mental health issues
- Substance abuse disorders
- Violence or threat of violence
- Acculturation & Coming-Out Stress
  - Values different than mainstream of FOO
- Discrimination
  - Social
  - Medical
  - Homophobia and heterosexism
- Encounters with heterosexism caused trauma spawns maladaptive coping technique of dissociation – a characteristic common to many addicts – including problem gamblers (Moore & Jadlos, 2002)
OBSTACLES TO SERVICES LGBTQ

- Problem gamblers from marginalized communities including ethnic minorities (Raylu & Oei, 2004), older adults (Potenza, Steinberg, Wu, Rounsaville & O’Malley, 2006) and women (Volberg, 1994) seek help at lower rates.

- In late 80’s, 50 to 61% of lesbian and gay people felt unable to come out to professional service providers (Gay and Lesbian Medical Association, 2001, p. 218)
OBSTACLES TO SERVICES LGBTQ

- Mistrust
- History of being pathologized
  - Further stigmatizing/diagnosis
- Lack of culturally competent resources
- Medical shame
**PG PREVALENCE AND ETHNICITY**

Prevalence rates:
- African-Americans (2.2%)
- Native/Asian Americans (2.3%)
- Caucasian Americans (1.2%)
- Latino Americans (1%)
- Different demographic characteristics and psychiatric co-morbidity
- Similar symptom patterns, time course and treatment seeking
- Immigration stresses and differing cultural ideas around gambling may factor in prevalence rates

(Alegría et al 2009)
NATIVE AMERICANS AND PG

• Conflict regarding pros/cons of Casinos
• Higher risk due to increased poverty
• Negative attitudes from non-natives towards natives
• Pathological gambling study: 3.5% in general population/14.5% in Natives.
• Study of Chippewa and Sioux: 22% being treated for alcohol/substance abuse were also gambling – compared to 7% of general population.
• Adolescent PG more likely to be male, in adult PG more likely to be female.
• Children more likely to gamble if parents do
POSSIBLE BARRIERS TO SEEKING TREATMENT:

- Tradition of gambling in the history
- “Save face” if win big and can help family
- Social venue for elders
- Respect for elders (difficult to confront)
- High level of shame on family and generations previous
- High probability of cross addiction
NATIVE AMERICAN

- Limited Native American focused gambling treatment available
- Lack of spirituality focus in gambling treatment
- Availability of gambling activities and gambling establishment-related employment for the community
- Diversity of tribes with rituals, values and beliefs
POSSIBLE BARRIERS TO SEEKING TREATMENT:

- Dream of overcoming poverty
- “Hero” role in family
- High level of shame
- Lack of anonymity in small community
AFRICAN AMERICANS AND PG

• Sense of independence ("take care of our own")
• Concern about profiling – might be reluctant to "enter the system" as might be labeled
• Male and females roles are defined differently than dominant society – more matriarchal
ASIAN AMERICANS AND PG

BARRIERS TO TREATMENT:

• Large diverse Asian population
• Numerous languages and dialects
• Widespread use of gambling in Asia
• High sense of shame related to effects on family
• Different beliefs about “luck”
ASIAN AMERICANS AND PG

- Probable prevalence in seniors
- Ethic of respect for elders
- Distrust of dominant society due to history of mistreatment of Asians
- Isolation - “Invisible” population
LATINOS AND PG

BARRIERS TO SEEKING TREATMENT:
• Language/Dialects
• Isolation
• Large diverse Latino community
• Lack of education of compulsive/problem gambling
LATINOS AND PG

• General acceptance of gambling as leisure activity
• “American dream” to get rich
• General distrust of dominant society
• Few programs available
OLDER POPULATIONS AND PG

- Adults over 65 years of age, PG most frequently identified social activity
  (McNeilly & Burke, 2001)
- 6 x more likely to be problem gamblers than other adults from same community
- 3.7 x as likely to be probable pathological gamblers
  (McNeilly & Burke, 2000)
OLDER POPULATIONS

- Increased risk due to:
  - loneliness,
  - isolation
  - physical
  - mental illness

- Motivations to gamble were: relaxation, boredom, passing time, and getting away for the day

(McNeilly & Burke, 2000)
CONCERNS FOR OLDER ADULTS

• Face life transitions and losses (deaths, retirement, illness, isolation)
• Don’t have working years to make up losses (may lose retirement savings)
• May not understand addiction; harder to identify problem
ALTERABILITY AND PG

- Chronic pain sufferers
- Invisible disabilities
- Grief and loss
- Family responsibilities and challenges
- Stress of fixed income/unemployment
ALTERABILITY AND PG

- Inability to work increases risk
- Individuals who receive disability benefits have significantly higher rates of PG than others gamblers 26% compared to 14%
- Among those receiving disability, PG correlated to poor physical and mental health functioning
ALTER-ABLED AND PG

- Compared to PGs who did not receive disability benefits, those who did experienced more gambling-related pathology (as assessed by significantly higher scores on the SOGS)

Significantly more probable PGs diagnosed with learning disability (22.3%) than non-gamblers (9.4%) and social gamblers (7.8%)
ALTERABILITY AND PG

- 12% of participants in study of Internet gamblers (n = 1920) reported being disabled.
- Of this subsample over 40% identified as being PGs.
- More likely to gamble online due to accessibility issues related to their disabilities.
Teen problem gamblers have higher rates of:

- Family problems
- Crime
- Peer relationship problems
- Legal and money troubles
- Depression; suicidal thoughts and attempts
- Dissociative, “escape” behaviors
- Risk of other addictions
- School problems
• U.S., New Zealand, Australia and European studies confirm rising prevalence among youth both legal and illegal
• Nearly 80% of High School students report having gambled for money in the past year.
• Another 4-8% have gambling problems and another 10-14% are at high risk for gambling problems. (Jacobs, 2000, NRC 1999, Shaffer and Hall 1996)
The International Center on Youth Gambling Problems and High Risk Behaviors

- Study (2009) found over half of parents surveyed believe underage gambling can escalate to problem/pathological gambling problems.
- Neither they nor schools talk to children about gambling.
- Community/family beliefs influence children’s ideas on gambling (i.e. casino night as fund raisers).
COLLEGE STUDENTS AND PG

- Estimated 5.6 percent of college students are problem gamblers (adult population, 2.7 percent).
- Internet gambling
- Credit card solicitations
- Sports betting
- No police on campus for gambling like with alcohol
- Gamble for fun and excitement