African-descent Problem Gambling: Who Say's It's a Problem?! Incorporating an Afrocentric Paradigm for Prevention Dr. Deborah G. Haskins for the Massachusetts Center of Excellence on Problem Gambling February 16, 2023



#### Objectives

- 1. Review *history* of gambling in Black and African-descent communities, "**hope-seeking**," and **perceptions** that gambling is a "solution" not a problem.
- 2. Identify the **risk factors and barriers** influencing disordered gambling (and co-occurring SUD and mental health) in African-descent communities and lower treatment-seeking rates
- 3. Introduce Afrocentric Paradigm/Framework as a model to integrate into disordered gambling prevention and creative ideas for developing culturally relevant approaches for this population.



Are you familiar with the Afrocentric Paradigm? Yes or No **Poll**  Just a Reminder: SAMHSA's Strategic Prevention Framework

## 's Strategic Prevention Framework

Assessment

Evaluation

Implementation

Sustainability and Cultural Competence

Capacity

Planning

#### OXYMORON

Putting two contradictory words together

Example: living dead, wise fool, sweet sorrow, jumbo shrimp



History of Gambling in Black Community Problem or "Solution" Gambling--The Oxymoron!!!

# Begin with who is African-descent?

620 UN YOUR DAIL

WELCOME TO

BIG DADDY : BUCKER

LIVERY PRODUCT

DANCE Greater

DO IT DOIL DOIL DOIL

There are around 200 million people identifying themselves as being of African-descent live in the Americas.

Whether as descendants of the victims of the transatlantic slave trade or as more recent migrants, they constitute some of the poorest and most marginalized.

Still have limited access to quality education, health services, housing, and social security.

Remains largely invisible and insufficient recognition and respect to the efforts of people of African descent to seek redress for their present condition.

Too often experience discrimination in access to justice, and face alarmingly high rates of police violence along with racial profiling and multiple levels of discrimination.

Source: International Decade for People of African Descent/United Nations



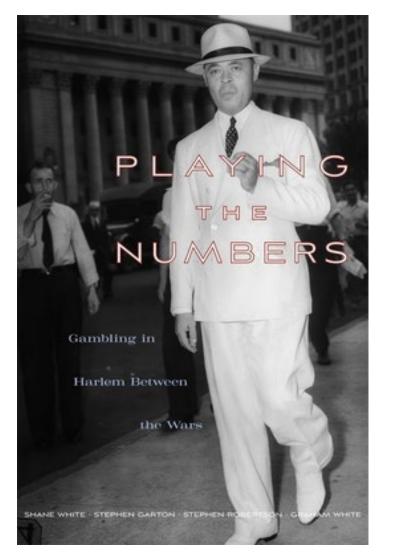
**"Equity is..."** (Jones, 2014)

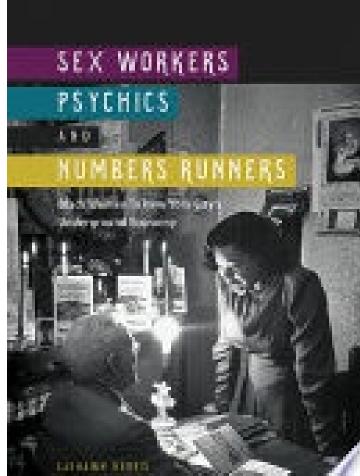
Jones (2014) wrote in the journal *Medical Care* that:

"Equity is assurance of the conditions for optimal health for all people. Achieving health equity requires valuing all individuals and populations equally, recognizing and rectifying historical injustices, and providing resources according to need. Health disparities will be eliminated when health equity is achieved."

History of gambling in the black community

Numbers running was our Blackowned businesses...





"You might almost say the numbers is the salvation of Harlem, its Medicare, and its Black Draught, its 666, its little liver pills, its vitamins, its aspirins and its analgesic balm combined."

--Langston Hughes, New York Times,

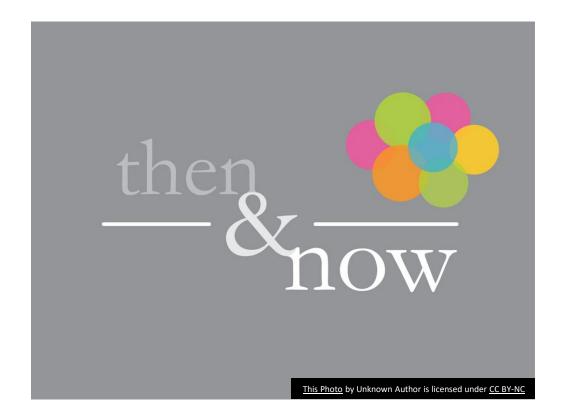
March 1, 1971 (White, et al., 2010)

Did you know Ella Fitzgerald ran numbers for a brothel she worked for at one time...



## **That was then...** (Todak, 2021)

- Matthew Vaz describes the history of urban gambling in midcentury America, with a focus on the policy game in Chicago and the numbers in NY.
- Presented a vast pseudo-underground economy that served as a way of life for many in black urban communities, and a source of financial envy for the white mob, beginning in the 1920s and continuing in the 1970s.
- "Black neighborhoods in urban north endured years of corrupt policing and political power struggle over legality of their enterprise before being left out in the cold when it was taken over by the states and transformed into the modern-day lottery."



# "They took away our small businesses..."

- Todak (2021) states that a key strength of the book is Chapter 3, where Vaz contrasts social control responses to the policy and numbers games (predominantly played in black communities) and other forms of gambling like bingo (played by middle class women and churches).
- While numbers players were called "parasites" by New York politicians and hyper policed (p.76), bingo played by "housewives(s)" (p. 74) was allowed to flourish under the radar by the NYPD.



# I Have a



#### Illustration

- Mr. G. went to Baltimore from South Carolina from age 18-20, first job was at Bethlehem Steel (MD) until 1955 when he was an entrepreneur. He had a shoe shine shop (rented space—1 room with chairs, like a Men's Club). He kept the shop until death at age 55 (1967).
- His daughter recounted a memory while in high school school, he would write his parents and ask them for money to get him out of jail because the police would raid his home and store (writing numbers were illegal); grandparents couldn't read/write so his daughter would read the letter and then get the money to wire him. The daughter eventually lived with her dad with her 2 children after divorce; told father, "Police came looking for you...(what money?)...l'm paying them not to arrest me."
- On his death bed, he could hardly breath...asked his daughter "What is the number today?"

Who is this numbers runner?: DR. HASKINS GRANDFATHER

# What does it remind you of?

 Not much has changed...which influences why African-descent communities chase hope because "We know that we have to take care of ourselves...The White man will not....l've got to do what I gotta do to care for my family...my community." (Black man shared)



## I DON'T KNOW ....



African Americans represent largest minority group with GD prevalence...

Significantly higher than European-Americans and underlying reasons are not well understood

Day et al., (2020)



# This is now!!....

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#### Prevalence

- Hahmann & Matheson (2018) document studies from the U.S., United Kingdom, and Canada reported a relationship between problem gambling and poverty (Crane, et al., 2005; Crane & Joly, 2014; Edens & Rosenheck, 2012; Holdsworth & Tiyce, 2012; Matheson, et al., 2014; Sharman et al., 2012)
- Following populations are at higher risk of experiencing problem gambling:

#### ✓ Indigeneous

- Experiencing Complex Needs (i.e., experiencing substance abuse problems/mental illness)
- ✓ Older adults
- ✓ Males
- ✓ Unemployed/Low Income
- ✓ African American
- ✓ Young Adults
- ✓ Living in Disadvantaged Neighborhoods
- ✓ Experiencing Homelessness
- ✓ Veterans

## Massachusetts Public Health Focus Group: African American Motivations to Gamble (Nov, 2017 & April, 2018)

Mass. Gaming Commission funded 5 focus groups to examine perceptions/beliefs of African Americans toward casino gambling and other forms of gambling (n=49)

Life context: Participants described their communities as impoverished, lacking employment opportunities and needed social services to address mental health and substance abuse problems

Overall gambling experiences/problem gambling: included financial need, recreation and thrill-seeking (interpreted as urge reduction)

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Participants highlighted need of mental health services

# In their communities!!!!

## Listen and Learn: 10 year journey of 1 African-American Person with Risky Gambling

How I Lost EVERYTHING in Las Vegas Gambling Addict - YouTube

This Photo by Unknown Author is licensed under CC BY-SA

"Frequently, we take the "public" out of public health and allow the practice to become extremely narrow, limited to experts telling the public what's best for them. But in reality, there are not enough public health educators to treat and teach the public. This means that people—the public—must participate in a much more active way... Who, then, does the work of public health? We all do."

"We take the "public" out of public health... (Avery, 2002, p. 571)



## What are the motivations to gamble?

- Enjoy entertainment
- Connect with family, friends, extended networks, community (i.e., including "illegal" gambling)
- To supplement income = financial strategy
- To relieve emotional distress
- To relieve financial distress
- To have "hope" since "I can't achieve the 'American Dream'" due to systemic racism, lack of equality, structural barriers, etc.
- To escape social injustices

UNDERSTAND CULTURAL CONTEXT....

# SOLUTION

# So...what are culturally informed solutions...

Think outside the box.... Engage the community!!!!

## Example...

144.00

 <u>What Is Barbershop Therapy? - YES!</u> <u>Magazine (yesmagazine.org)</u> Strategy #1: Use a Health Equity Lens!!! Responsible Gambling is not enough...Victor Ortiz and Team (Massachusetts)

Our Voices Matter....Community Ambassadors reached more than 4000 community members... • <u>Our Voices Matter: Using Lived Experience to Promote Equity</u> in Problem Gambling Prevention | SpringerLink



Strategy #2– Incorporate The Afrocentric Paradigm

Public health generally is a European and Western valued paradigm.....



## Address Miseducation – Therapist (or Public Health Practitioner Self-Reflections (Haskins, 2014)

- What perceptions, attitudes, beliefs, and experiences do I have regarding African descent?
- Which perceptions, attitudes, beliefs, and experiences are possibly influenced by miseducation regarding African descent (e.g., family, culture, society, media, education)?
- Might my views be distorted by the negative portrayals of African descent, and will these views influence my prevention approach and relationship stance?
- Am I flexible in acknowledging the diversity that exists within African culture and strive to discover the uniqueness of this African descent client /community (instead of relying on generalizations about African peoples)?
- Do I recognize that there may be variations between the experiences of African Americans born within the U.S. and other African-descent members (e.g., West Indians, persons immigrating from Africa)?





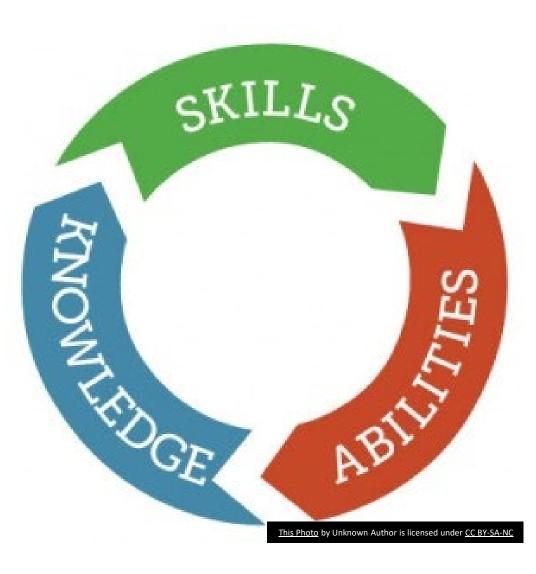
#### Resource: Helper Know Thyself! An Anti-Racist Approach to Achieving Mental Health Equity in Clinical Care

Legha & Miranda (2020) highlight the legacy of slavery and the African American experience in particular and challenge racism in healthcare.

Good article that can be downloaded and proposes a novel antiracist approach to clinical care (while focused on clinical care, take a look and other training to think of how you can commit to an anti-racist approach):

https://doi.org/10.1016/j.psc.2020.05.002



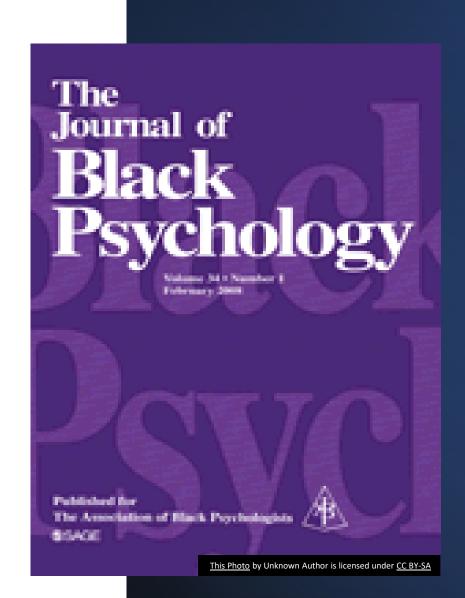


Afrocentric Values: Conceptual Orientations (Akbar, 2004)

- Throughout most of history of observations of African American behavior in the West, the reference point has been European-American or Eurocentric.
- Standards of observation led to persistent conclusion of "social pathology" of Black behavior from Eurocentric assumptions in the use of measures of Black behavior (Baldwin, 1976)
- This European social pathology view of Black behavior is based on a European conception or definition of reality---or more precisely a European distortion of the reality of Black people.

#### Axiological Position of Black Psychology is Racialism

- Assumes race to be the critical human issue in the study of African American behavior. The condition of White oppression of Blacks is accepted as a given and the essential value of Black Psychology is to master over oppression and the oppressor.
- Essential value of the African Psychological system is the **centrality of the human being.**



### Conceptions of Self (Akbar, 2004)

- Conceptualizes self as an unqualified collective phenomenon while respecting the uniqueness of the individual self as a component of the collectivity. Collective experience of oppression is focus.
- Mbti (1970) captures:

"I am because we are; and because we are therefore I am."

Whatever happened to the individual impacted on the corporate body, the tribe, and whatever happened to the tribe reverberated into the individual.

The collective consciousness or "experiential communality" (Nobles, 1980) or the sharing of particular experience by a group of people.





The fallacy.... (Akbar, 2004)

 "The illogical fallacy in this inappropriate attribution of normative statements about non-White people is the assumption that to be intelligent (or for that matter, psychologically healthy in general) is to act like a European rather than as an agent of your own culture."

### Time – African is Cyclical

- MAJOR VALUE IS SURVIVAL!!!!
- Goal: To understand current behaviors, one only need to understand the history of racism and to be conscious of contemporary expressions of oppression.



Black/African-Descent Culture (Check out Kelly (2019) CBT with African Americans, American Psychological Association)

Communal culture

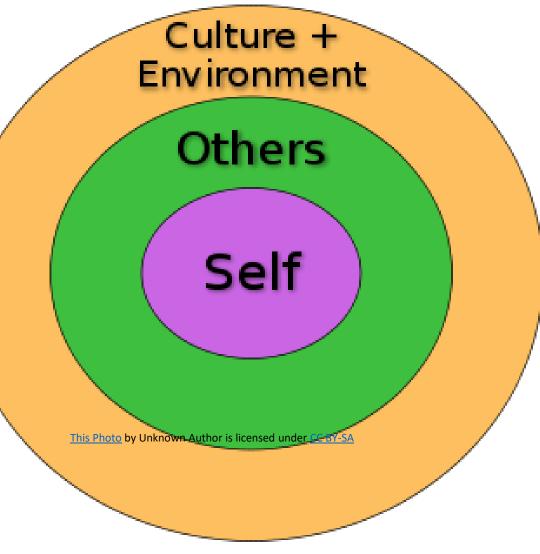
Historical trauma is validated and shared in oral history

Value family/extended family networks

■ Spirit "is at the center of African personality," including religious expressions/practices; indigenous healing practices

Mistrust institutions that contribute to injustice/marginalization/oppression

❑ Value oral traditions vs. science (historically not inclusive)— Narrative therapies, arts, music, community resources valued





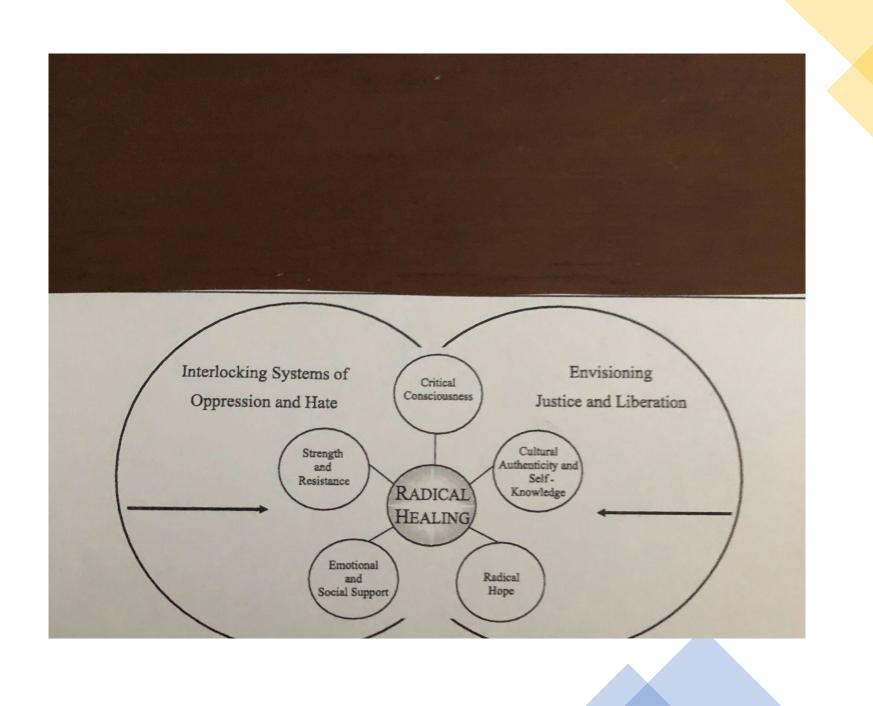
#### For your consideration: Radical Hope (French, 2020)

Update: Toward a Psychological Framework of Radical Healing in Communities of Color (French, et al., 2020)

- Authors built on existing frameworks rooted in social justice education/activism
- Describe a form of healing/transformation combining elements of liberation psychology, Black psychology, ethnopolitical psychology, and intersectionality theory
- Radical healing is defined as being able to sit in a dialectic and exist in both spaces of resisting oppression and moving toward freedom (Figure 1)

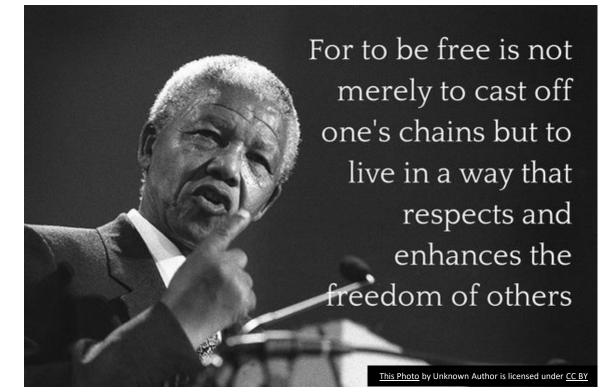
#### "Radical care is social justice."

@embodiedheartmind



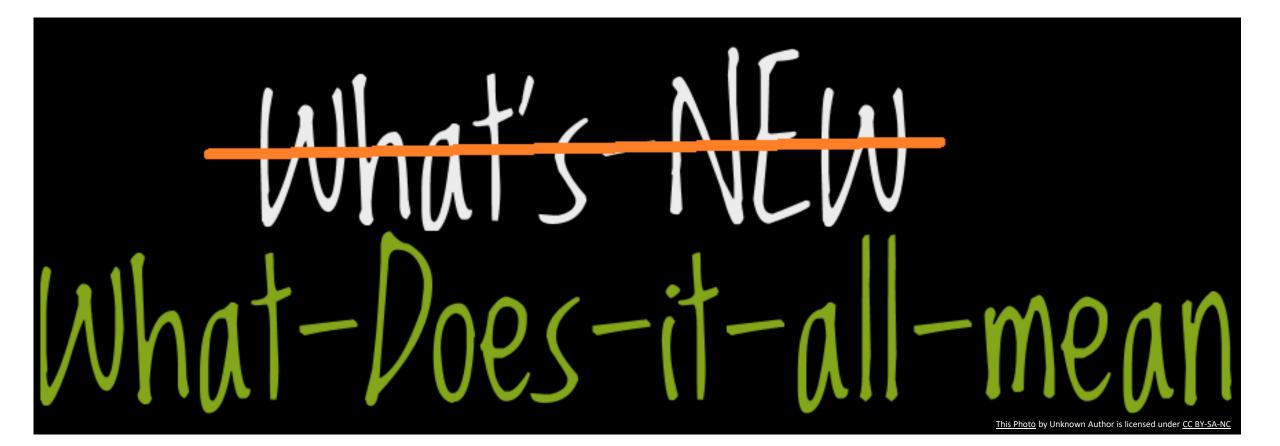
## Components of Framework

- **Critical consciousness:** "person's capacity to critically reflect and act upon their sociopolitical environment" (Diemer, Kauffman, Koenig, Trahan, & Hsieh, 2006, p. 445)
- Radical hope and envisioning possibilities: Hope is a necessary condition to improve one's existence. Radical hope allows for a sense of agency to change things for the greater good—a belief that one can fight for justice and that the fight won't be futile (Freire, 1992; Lear, 2008)
- Strength and resistance: To foster radical hope, strength to resist oppression is necessary. In this model, we move beyond individual level to highlight the strength of oppressed peoples to survive and advocate for change. I.e.. *INCITE! Example of an organization.*
- Cultural authenticity and self-knowledge: Returing to ancestral roots; resisting colonialized knowledge/practices as only way of knowing and instead honoring ancestral wisdom and cultural teachings (Moodley & West, 2005). Living authentically is an act of resistance, which offers POCI hope for truth/acceptance.
- **Collectivism:** Connects personal liberation with the broader POCI community; requires power of connection and belonging to one's ethnic group.



Clinical Practice (Tertiary Prevention) (French, et al., 2020)

- Testimony: When clinicians create empathic spaces in therapy, the potential for healing/transformation can emerge through testimony—personal narratives giving voice to experiences of oppression, creating meaning of individual/collective experiences of oppression, and empowering persons to envision future possibilities (Ainslie, 2013; Comas-Diaz, 2007)
- Community-based radical healing: expanding what "healing is" and where it can take place. Offering healing in community spaces and beyond traditional spaces/modalities (i.e., community psychologists and social workers often do)





Call for culturally relevant measures for next steps.... (Dawes & Holden, 2017)

 Researchers, clinicians, public health professionals, and policymakers have a responsibility to implement action-oriented steps that may be a catalyst for changes in diverse communities.

• We must:

 Design and establish innovative models and wellness tool-kits for prevention of mental illness and the promotion of stigma reduction in ethnically and culturally diverse communities (p. 278) (Primary and Secondary Prevention)





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#### Recommendations according to Haskins (Primary/Secondary)

- Make a commitment to developing a relationship/s with one community stakeholder in the African-descent community
- Meet "them where they are" in the community: Ask them— What do you see as strengths in the community? What are barriers preventing health and wholeness in the community? What are needs? How can we partner with the community to improve the wellbeing of the community?.
- Identify community ambassadors (see Ortiz et al., 2021), educate them on disordered gambling/SUDs/mental health and partner with them to educate community members.
- Look for funding and provide financial resources for public health efforts—the finances have to be meaningful and worth their effort (i.e., one county told me, "No one wants to apply for a small grant...too much asked for such little effort."
- Use less stigmatizing language
- Find community advocates and ask them to design the public health messaging

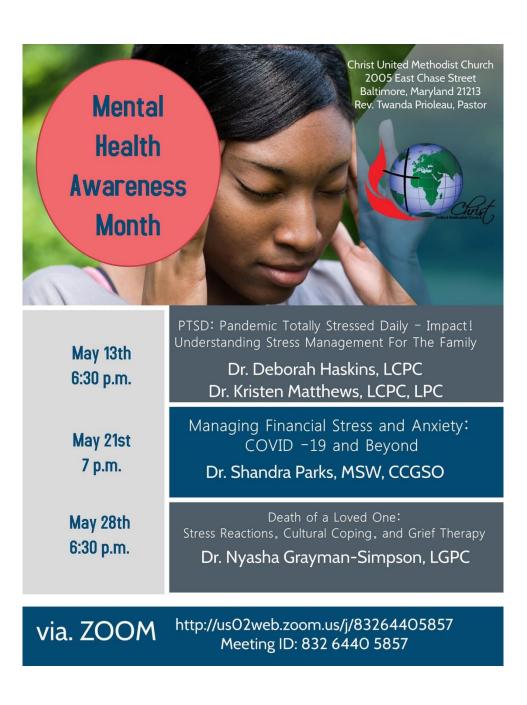
Break-out Group Activity: What is one new and reimagined way you can enlist the "public" health in the African-descent health & prevention efforts?



Inclusiv 0 access

Call to Action: Provide more health equity lens and social justice initiatives  Massachusetts Center of Excellence on Problem Gambling is culturally aligned to meet the need especially with sports betting coming soon....

#### Example...Less Pathology...More Strengths Building...



Creative Gambling/Mental Health Wellness Ideas in a COVID-19 and Post-COVID World (Dr. Langford/Rev. Davis are among the over 200+ of IGCCB clergy/lay minister's Maryland Council on Problem Gambling trained)

Dr. Langford workshop

#### **Treating Anxiety During the Pandemic For Problem** Gamblers

A workshop on traditional and non-traditional therapy options that have been shown effective in reducing anxiety, promoting healthier decision-making and improving the quality of life.

#### During this workshop we will:

- Examine the impact of the pandemic problem gamblers
- Explore Mind-Body Connection
- Explain the impact of stress on the body Identify traditional and non-traditional treatment
- options to address anxiety during the pandemic



🕅 The Healing Institute



#### Rev Davis program



Feel Free to Use this 30 min. Psychoeducation: A Healthy Mind, UDC Public TV Show, August, 2020

 Develop short education and provide on podcasts, You-tube, social media platforms, public tv (this was done for a public tv through Univ of DC) and share with your community stakeholders.

https://www.youtube.com/watch ?v=HaXJjdFWzsk



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Offer programming that targets the experiences of African peoples

#### See Me, I Am Here: Men of Color Mental Health

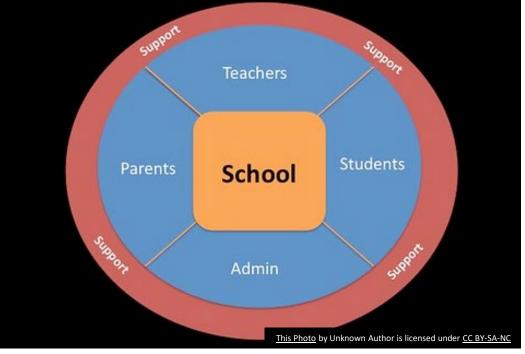


This webinar will help participants understand barriers that overtly and covertly deny men of color access to quality mental health support and services. With Mr. Kevin Mason | June 18, 7-8 PM bwcumc.org/see-me

# 2020-2021 Small Grant MCPG Projects: Identify and partner with community stakeholders/OUTREACH!!!!

- Michelle Jackson (Social Worker)
  - Reasons to Hope
    - "Crucial Conversations About Mental Health & Gambling" on May 25<sup>th</sup> and "Coffee, Tea, and Me" on May 29<sup>th</sup>
    - 27 attendees between both events
- Reverend Dr. L.A. McCrae (Pastor, Chaplain, Social Justice Abolitionist
  - Project Liberation
    - "Emotional CPR" on May 28<sup>th</sup>, May 29<sup>th</sup>, and May 30<sup>th</sup>
    - Three speakers including Dr. Christin Green, Reverend Dr. L.A. McCrae, and Kate (apprentice)
    - 17 attendees between all three events

#### Moving a Community Forward



## Faith-based Interventions

(Hays & Aranda, 2015)

- Crewe (2006) used a *Joy of Living* program featuring 3 workshops focused on health/relationship to mental health, memory loss and depression; guest speakers presented topics followed by sharing circles with participants; 228 older than 65, 80% females, 100% African Americans. Intervention was effective at raising awareness of normal and abnormal mental health and available resources.
- Crewe (2006) using African American experts ensured that messages were based on a strengths vs. pathology framework. Sessions were held at sites in the community serving seniors to increase trust. Sharing circles were used to promote self-help and mutual support—core aspects of the African American community. Sharing circles were designed to build on life experiences of seniors. Connection of faith was used to reach African Americans.



4 food distribution, served 482 persons and provided gambling wellness info



Gathering the data



Surveying the Community









Holy Temple Church

**Park Elementary** 

**Brooklyn Park Middle** 

St. Vincent De Paul

## Again, focus on the 95% too!

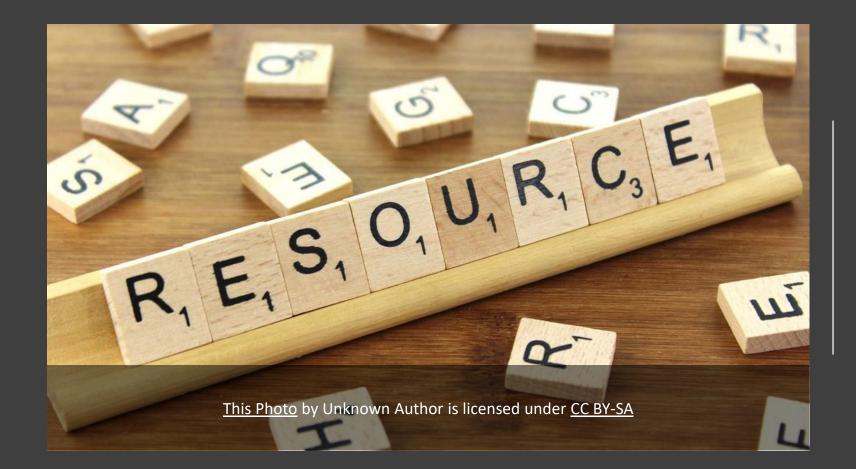




#### Evaluation and Upcoming Webinar + Trainings Dates/Times

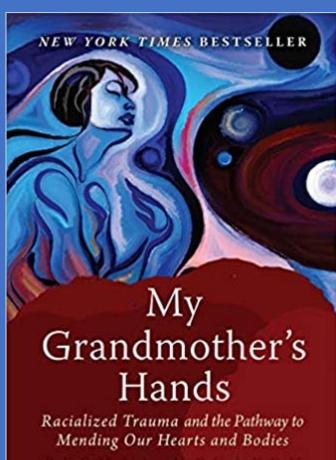


- Honoring Black History Month Webinar: Cultural Wellness Strategies for Engaging Black Men and Boys with Dr. Obari Cartman: February 22, 1:00 PM – 2:30 PM EST
- Health Equity Academy Training Making the Case for Health Equity with Rebecca Bishop, MSW: February 28, 1:00 – 4:00 EST

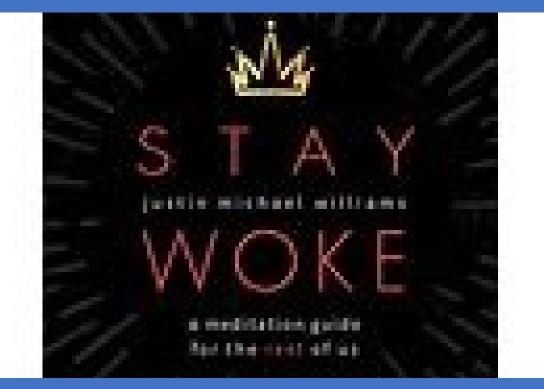


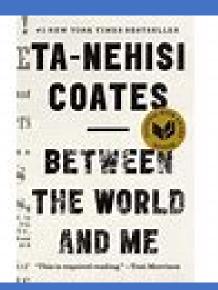
#### Resources

### Resources

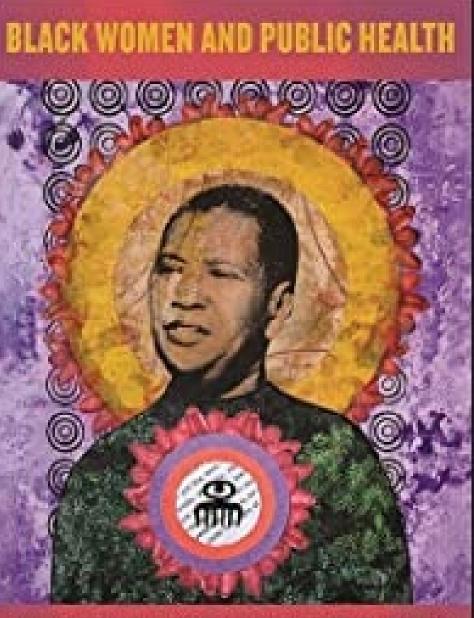


RESMAA MENAKEM





NOISSENDE



STRATEGIES TO NAME, LOCATE, AND CHANGE SYSTEMS OF POWER

Losie R. Hinkson, and Dearsta J. Wethinston

Really good book on Black Women and Public Health (Evans, Davis, Hinkson, & Wathington, 2022)

#### Excellent Book

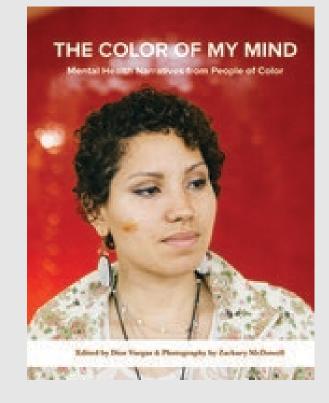
- While dated, this is an excellent book on the invisibility syndrome among African-American males and sheds light on the impact of systematic racism and effects on African American males and impact on mental health.
- Updated scholarship by Dr. Lillian Comas-Dias and scholars on the psychological effects of racism as trauma should be accessed to.

## From Brotherhood to Manhood

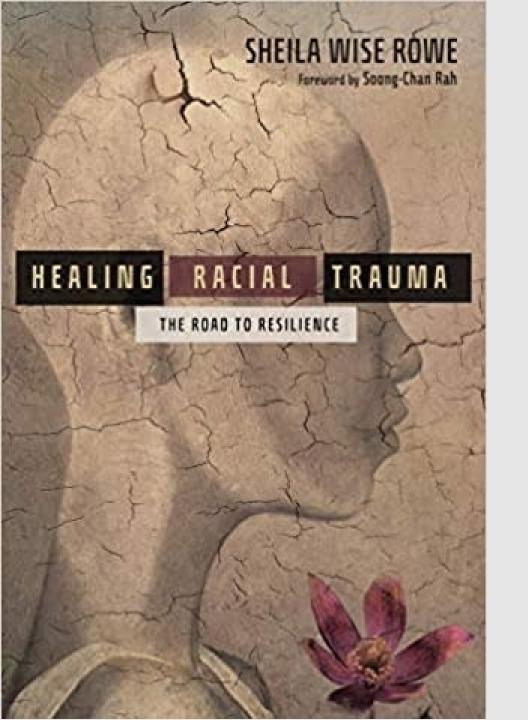
Anderson J. Franklin, Ph.D.

How Elack Men Rescue Their Relationships and Dreams Fram the Invisibility Syndrome The Color of My Mind: Mental Health Narratives From People of Color by Dior Vargas

A photo essay based on the viral online photo series. The project started as a result of Dior noticing an unfortunate trend of the homogenization and misrepresentation of mental health conditions and the people affected by them. Now this photo essay highlights the diversity in the mental health community and depicts the experiences of 34 individuals as they discuss their struggles, strengths, and lessons learned while living as a person of color with mental illness.



60



#### Excellent Guide for Practitioners...

 "People of Color have endured traumatic histories and almost daily assaults on our dignity. We have prayed about racism, been in denial, or acted out of anger, but we have not known how to individually or collectively pursue healing from the trauma" (Amazon.com)

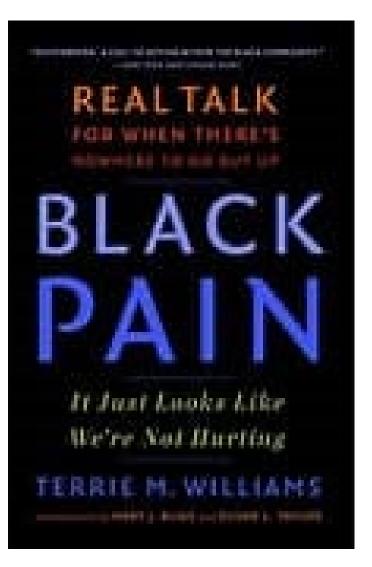


#### Bibliotherapy/Great Video on Black Men and Mental Health

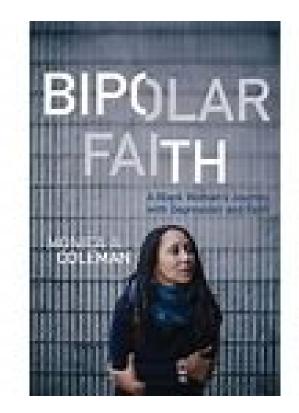
- <u>https://youtu.be/J4JVdIKxz4A</u>
- Enough: Black **MEN**tal Health (short 2.0 video)

### Black Pain (Terri M. Williams)

• [LIVE TALK BACK] Black Pain / White Media - Bing video



#### Bipolar

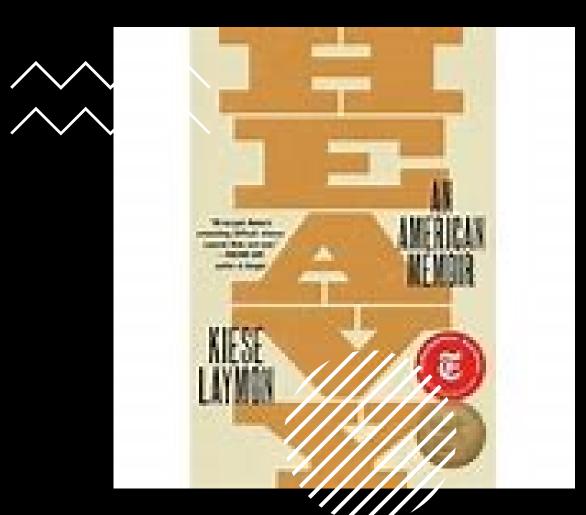


## Bipolar Relapse

a lifestyle program to help you maintain a balanced mood & live well

States and a state of the state

### Black Male Memoir



- Laymon writes honestly about growing up in Jackson, Mississippi, with experiences of sexual violence, college suspension, time as a college professor in New York.
- "Provocatively meditates on his trauma growing up as a black man..."

Hope Sings..(Dr. C. Anthony Hunt), faithbased bibliotherapy

## Hope Sings!

Sermons on the Psalms Vol. 3

#### C. Anthony Hunt



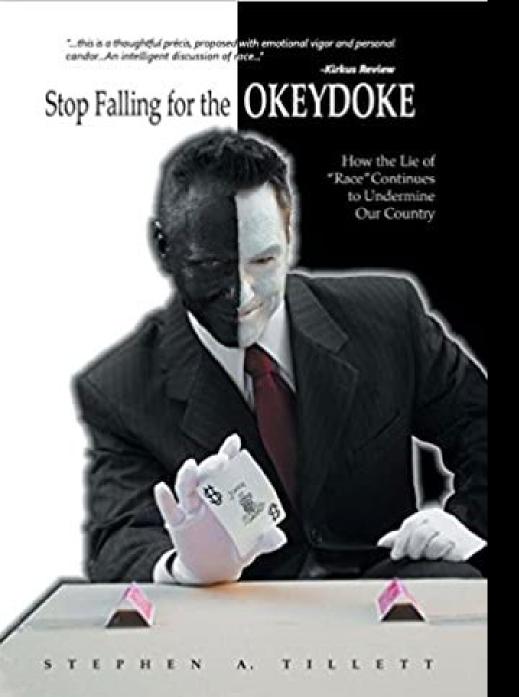
Holding On To Hope

#### Essays, Sermons, and Royers on Religion and Roce vol. 4



Many gamblers, including Africandescent, have untreated sexual trauma experiences... (released 6/17/2021, Kindle is \$4.99). Memories of Abuse, Life Lessons Learned and Victories Claimed! KEEP PECKER UR PANTS

S. L. HUGHES



 Resource for strengthing racism consciousness and working towards anti-racism



### Resources

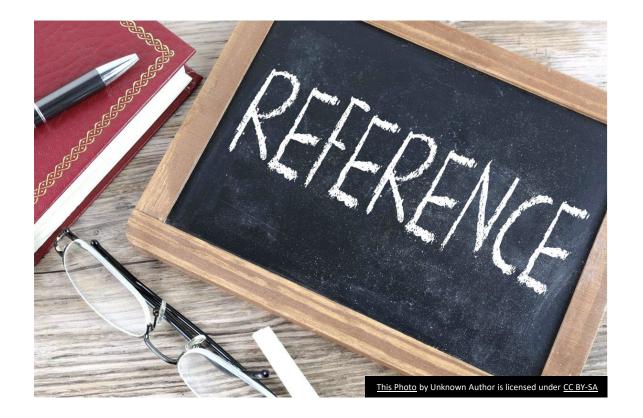
Evans, S. Y., Davis, S. K., Hinkson, L.,
& Wathington, D. J. (2022).
Black women and public health:
Strategies to name, locate, and
change systems of power. NY:
Suny Press.



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Neville, H. A. (2020). Toward a
psychological framework of
radical healing in communities of
color. *The Counseling Psychologist*, 48(1), 14-46.





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  Achieving Mental Health Equity in Clinical Care. *Psychiatric Clinics*, 3(3), 451-469. <u>https://doi.org/10.1016/j.psc.2020.05.02</u>

Thank you for learning... Dr. Deborah G. Haskins <u>www.drdeborahhaskins.com</u> hello@drdeborahhaskins.com