

## **Raising the Bar on Engagement and Favorable Outcomes for African American Problem Gamblers**

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### **Case 1**

Demographics African American male, 40 years old, engaged, 6 children (2 biological)

#### **Cultural Considerations:**

Divorced from wife in Chicago (mother of his biological children), currently engaged to a woman raised in Burlington, IA

Living in rural community, lived most of his life in South side of Chicago

Religious orientation, converted to Islam in prison (8 years, cocaine), raised Catholic in devout Catholic family, went to private Catholic school

Professional risk factors -career as owner of his own trucking company, and own truck fleet. Handled all finances for the business. Now employed driving where he passes by gambling establishments and old places where he used cocaine constantly (alone). Desires to continue in this business, but recently served 1 yr. in prison on another cocaine charge. Resentment/anger about how he is no further along in his career.

Legal and criminal - Charged and convicted of felony for possession of cocaine (x2), served prison time from December 2013 to September 2014.

**Presenting Problem:** My gambling and my cheating behavior on my fiancée are getting out of control. It is affecting my self-esteem, and I guess seeking this lifestyle is part of me having this image of some kind of lifestyle. It has gotten out of control.

**Assessment:** Still struggling emotionally as a result of how this recent stay in prison violated his values (esp. Islam), urges to gamble/use to escape from damage to his role as a Black male in a community that saw him meet the “status quo” in a racially charged community. Feels he must overcompensate to “save face,” feels constant pressure to perform.

#### **Goal**

“I want to serve God, and be a family man. I want to be a father to my children, especially my young sons, and I want to be a role model in the Black community. I want to be the man I know I can be. Gambling, cocaine, and this sex stuff I have been on do not have any place in that picture.”

#### **Culturally Infused Aspects of Care**

Clinician is actively involved in community outreach for AA community, esp. with local pastors in regard to understanding how to respond to the layperson who presents with a gambling problem.

Provided a presentation on problem gambling and co-occurring substance abuse at the Iowa Residential Treatment Center at the Mental Health Institute in Mt. Pleasant, IA. Client was inpatient there, immediately was interested in aftercare upon discharge for gambling concerns, started treatment shortly after. This client then came to the long-term inpatient treatment facility and was able to receive free treatment from this professional for the gambling problem while in the therapeutic community.

--Clinician was visible in AA community.

1. Element of trust - White male counselor being culturally intentional (genuine) with a client that openly identifies as a Black Muslim and has strong connection to the Black community (initial put-off to this, awkwardness, resolution). Client had a need to explore this part of himself, how his cultural identity is part of recovery.

2. Client presented as highly sensitive to family's criticisms of him (here we go again, just like all the other Black men doing the same old thing, disbelief that his recovery effort was genuine, just doing it to get off paper). Addressing shame that family and client presented with in regard to dealing with more than one addiction, family didn't want to be "found out." Utilized motivational interviewing, mindfulness based relapse prevention, and infused culturally specific questions about recovery as a Black male.

Challenged sexual acting out and addictive behavior from a cultural lens (AA male value of pride, loss of sense of power to gain this in a healthy fashion, poor modeling in the past)

Fiancee attended a number of family sessions – Family was able to explore the substance addictions in a space that was safe to raise concerns that the Black community has about dealing with this outside of the family/religion. Allowed client and family to initiate this, elicited change talk, stra

3. Assist client in maintaining focus on stated goals / objectives in treatment plan (at times overly concerned with proving himself as a "real man," rather than developing competency in self-regulation and values, desire to give family what he knows that they want, treatment interfering)

Provided education on value dignity and self-respect, instead of seeking outward signs of strength, prowess, competency, control, manhood. Work on what makes him proud, and how to get that based on his value base.

4. Considered, validated, and encouraged social and community systems - local Mosque, prayer times, 12 step meetings (culturally sensitive)

5. Identified and processed issues/challenges within primary support system –(Mix of self-resentment due to violation of religious values). Shame, grief, and loss related to letting down family (supposed to be the successful grandson that "carries on the legacy"). Helped client identify and work through shame and loss (leaving behind apprx. 6 young children with no father figure).

6. Support, preparation, and self-regulation training to deal with incarceration (reminder that he was treated differently than White men facing similar crimes that "got treatment and halfway house"). Utilized quotes from great Black men, explored how Black men in the past dealt with intense adversity

when his solutions were to resort to violence or other acting out. Utilized connection to old gospel hymns (despite Muslim beliefs, still connects with cultural music).

## **Case 2**

Demographics African American Client 52 year old, male, separated for years (divorce never finalized), gambling part of all relationship problems

### **Presenting Problem**

I am homeless and have nothing because of my gambling. Today I spent my whole paycheck, and I have been thinking about killing myself because of what I've done. By the grace of God I still have my apartment. Things aren't going so well.

**Assessment:** Still gambling despite devotion to God in prayer and Bible reading (rebuked the evil gambling demon spirit). Intense shame, hopelessness, powerlessness, self-resentment, suicidal ideation (shame due to values on this).

### **Goal**

I'm scared of failure. That would be falling back into my old gambling habits. I want help to prevent that from happening.

### **Cultural Considerations:**

Single, working in factory, generational poverty

Living in rural community, lived most of his life in Chicago

Religious orientation: conservative Christian, family follows devout Christian tradition

Risk factors – No support system (all family “don’t want to have anything to do with me, I burned my bridges long ago”), handles own finances, not accountable to anyone for money choices, periods of homelessness (depression, suicidality), constant struggle with finances leaves him with limited resources for well-being and self-care.

Legal and criminal - Charged and convicted in a number of criminal cases (no felonies!), time served in jail, but no prison sentences. Client has been on adult supervision in the past related to gambling, but this was rarely monitored as part of his case (more concerned with compliance with the law, no burglaries or assaults).

### **Culturally Infused Aspects of Care**

Client found professional’s business card at a courthouse after some information dissemination activities and community outreach. Client contacted through statewide 1800BETSOFF hotline.

1. Established a safe place to deal with trauma – client has been outed by the family and hurt so much after trying to seek help multiple times (esp. after asking for money).
2. Client largely uninterested in addressing cultural aspects of the development of his addiction to gambling. When prompted and brought up in sessions, client treated the topic as a “non-issue” (e.g. How is gambling addiction looked upon in the Black community? Is there anything unique about African Americans with addiction problems and how it affects them compared to other cultural groups?).
3. Tried to involve cousins and son – Probing questions: “How do you think involving your local family could help with recovery? Initially worked well to develop some accountability for his money, but one relapse resulted in “burning that bridge too,” and further isolation.
4. Support his stated goals and concerns (at one point adamant that he would develop his own online business, purchased laptop computer, “another hustle?”)
5. Open discussions on dealing with internal struggles surrounding “negative forces that single [Black men] out,” while being “his own man,” and “living life’s gauntlet without admitting weakness” (Franklin, 2004, p. 171).
6. Considered this logic from Black male cultural perspective “What is important to us is sometimes based on what we think is important to others, particularly when it involves maintaining an image” (Franklin, 2004, p. 173).
7. Utilized motivational interviewing to roll with resistance to these cultural struggles.
8. Provided education on value of balance between autonomy and intimacy, gently encouraged on cultural consideration (family didn’t want to be involved, “he ain’t gonna change, we been at this for a while”).
9. Considered, validated, and encouraged involvement in church, Emotions Anonymous meeting.
10. Identified and processed issues/challenges within primary support system -(Church , long term membership, desire for intimacy there). Shame, grief, and loss (loss of status in church, total disconnection from children, isolation, loneliness, boredom).
11. Empowerment to challenge his cultural need to be independent (my own man), while also fulfilling need for companionship, trust, and intimacy (cultural value of male pride with allowance of healthy communication, intimacy).
12. Counselor utilized introspection and self-examination to understand any therapist-related factors that may contribute to client’s reluctance to address cultural issues in session.

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