Training overview

- A historical view of gambling from an African/African American and Black identified perspective.
- Historical data on addictions treatment for African/African American and Black identified in Oregon.
- A look at some problems and barriers African/African American and Black identified face in dealing with systems and service provision in Oregon.
- A look at cultural responsive solutions that can produce better prevention, engagement, treatment and outcomes for African/African American and Black identified receiving services in Oregon.

Disclaimer

- Most evidence base practice modalities used to treat problem gambling clients did not include African/African American and black identified specific control groups to formulate the data supporting the best practice, therefore;
- Most of this training will be from an antidotal perspective of the African/African American and black identified populations...
- In hopes that we will begin to explore the importance to develop “practice based evidence” vs “evidence base practice” when serving African/African American and black identified demographics..
- Please note that the antidotal examples discussed in this training is by no means a blanket generalization pertaining to “all” African/African American and black identified individuals and their experiences; However is quite prevalent within the African/African American and black identified experience, especially in the United States.
- PLEASE FORGIVE US FOR THE VIDEO AND SOUND QUALITY IN THIS PRESENTATION.

History:

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Major motivators to gambling

Dominant Cultural View DSM 5

- Lies to conceal the extent of involvement with gambling.
- Motivated by excitement and the euphoria of “The big Win” followed by the desperation phase of “Chasing losses”.

Historical African American View

- Gambling was often a family affair and whole communities where involved in the bet.
- Motivated by “necessity” not excitement due to poverty and oppression, i.e. *playing the numbers* ”We do this for bread and meat, if We don’t win We don’t eat.”

Historical data on addictions treatment for African Americans in Oregon

https://youtu.be/9quoPi9BC8I

- Within the recovery community there is the spiritual tradition, reminding its members to place principles before personalities.
- Historically in Oregon African / African American and Black identified organizations have suffered administratively from a lack of technical assistance and funding support from the State, Counties and CCOs to ensure program success and longevity.

Problems/Barriers:

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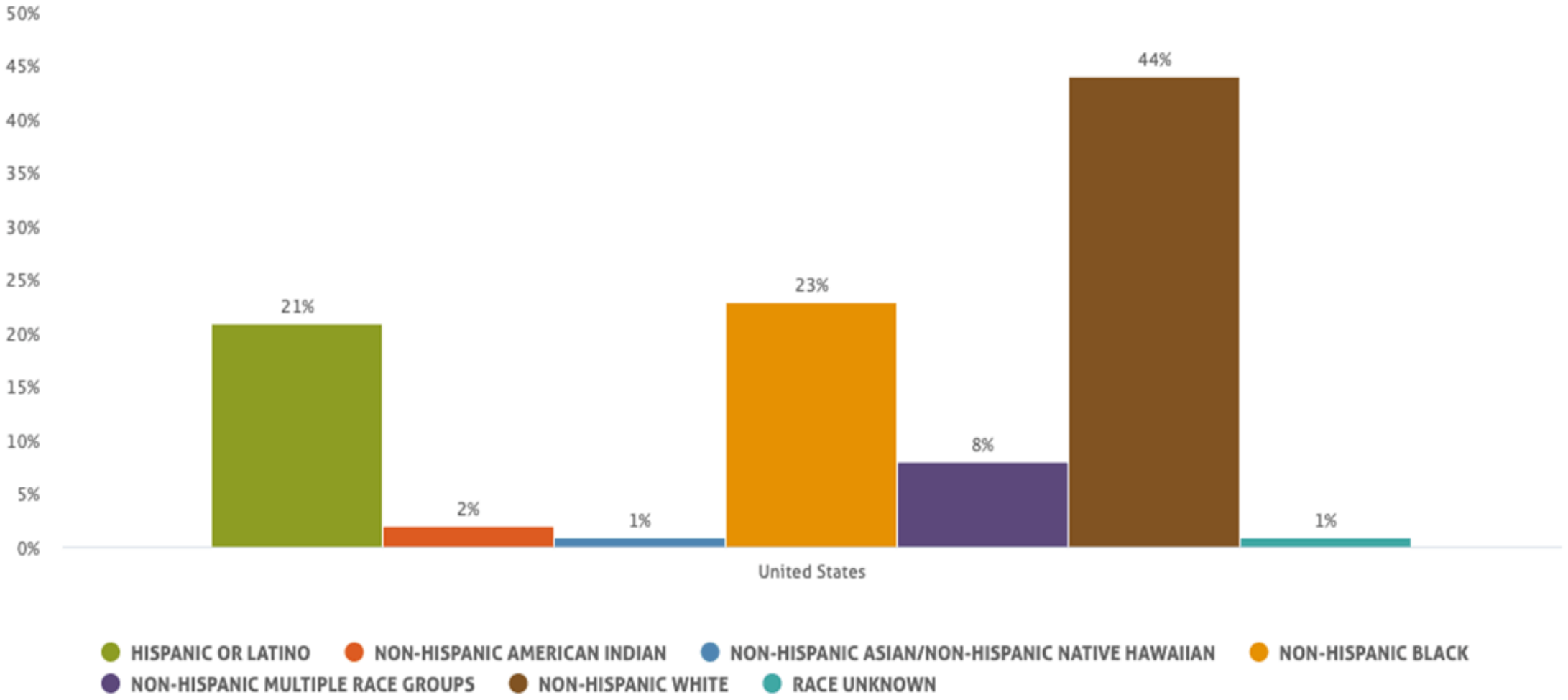
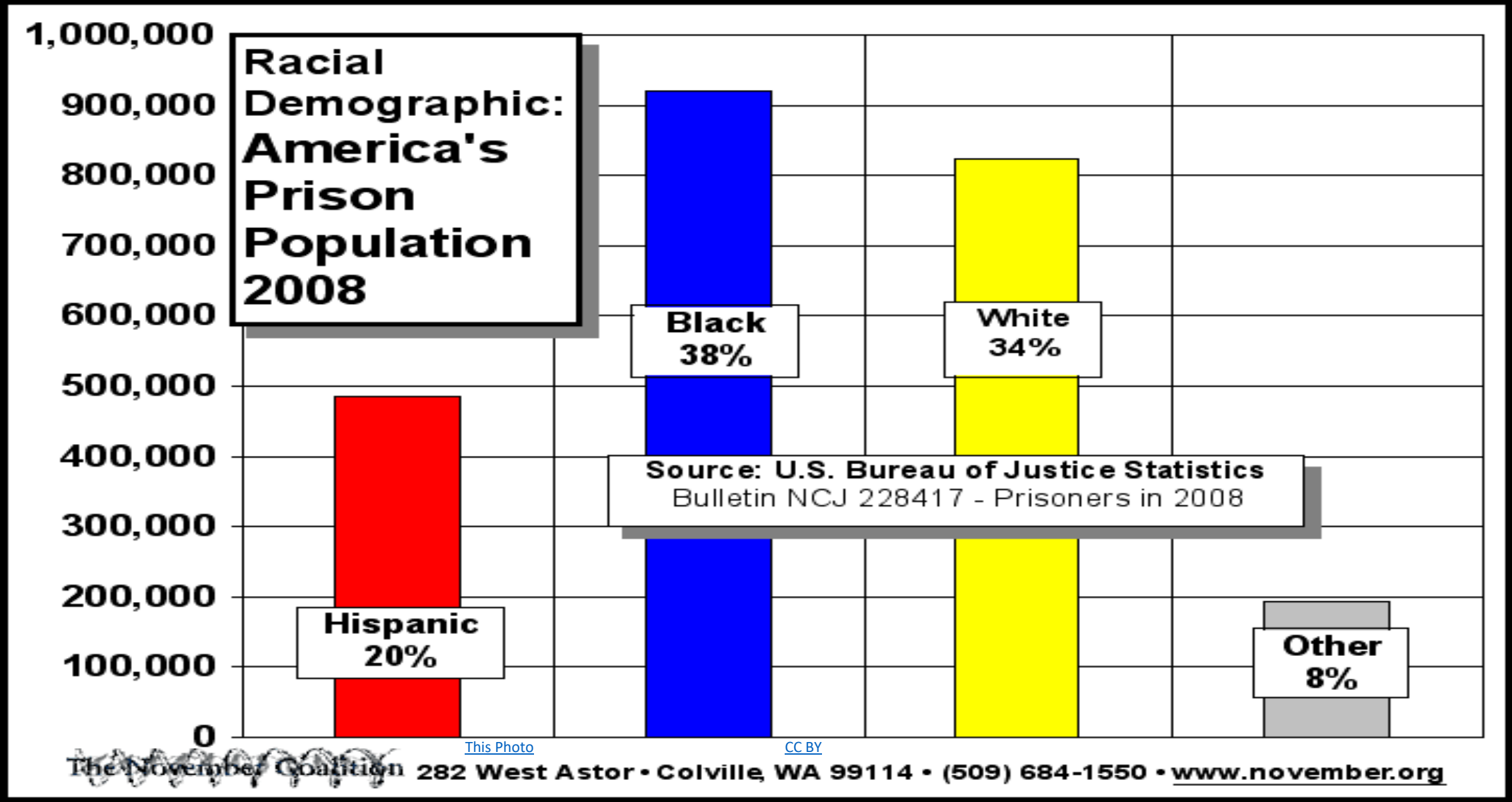
Sunday, 24 September 2017

Children In Foster Care By Race And Hispanic Origin (Percent) - 2018





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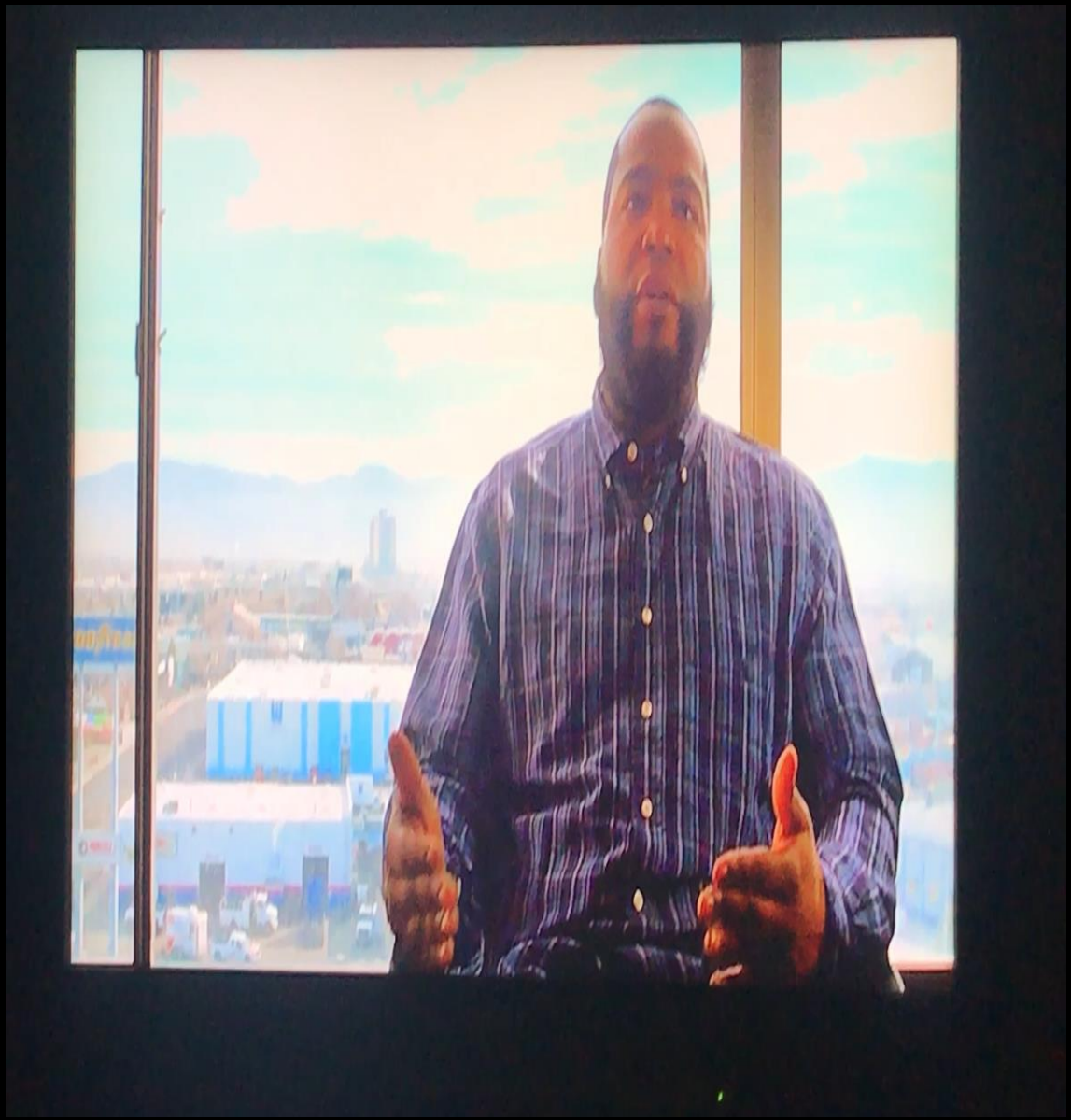
- DCJ: Disproportionate amount of African/ African American and black identified men on post prison supervision and probation.
- Welfare: Over representation of families on assistance since the civil rights act of 1964
- Housing low income: Redlining practices
- Hospitals vs Treatment: Over utilization of emergency rooms and lack of access to health insurance
- Law enforcement: Mass killings of unarmed African American Men & Women by police with little or no accountability until 2021 with Floyd case.
- Slavery, Jim Crow, Civil rights movement and continual systemic racism

THE BLACK PANTHER
FREE THE NY 21
AND ALL POLITICAL PRISONERS
FREE THE LATINO SEVEN
NUSOTROS VENCEREMOS
LOS SIETE
GEORGE JACKSON LIVES!
FREE AN
FREE ALL
ANGELA DAVIS FREE
"THE SOULS OF BLACK FOLK"
BLACK PANTHER

What is trauma and how is that perceived and experienced from an African/ African American and Black identified Perspective?

- In general, trauma can be defined as **a psychological, emotional response to an event or an experience that is deeply distressing or disturbing**. ... However, it can also encompass the far extreme and include experiences that are severely damaging, such as the previously listed societal descriptions.
- PTSD for African/ African American and Black identified people isn't a Post Traumatic Stress Disorder… It is a Persistent Traumatic Stress Disorder, do to the perpetual systemic and societal disparities African/African American and Black identified people experience everyday in this country.



Solutions:

- looking at how Axiology plays a role in engaging, assessing and treating African / African American and Black identified people appropriately.
- Axiology is the study of values and of value judgments within a group or society and is the definer of cultural differences.
- Dichotomistic communication Vs Diunital Communication.

Tapvideo.com

Ethnic Group/Worldview	Value System / Axiology	Method of Knowing / Epistemology	Logic Vs. Reasoning
European Euro/American	**Member to Object** The highest value lies in the object or acquisition of the object. Self worth is often determined by the number, size and monetary value of the object	Counting and Measuring Knowledge is most often gained by measuring what can be ascertained by the senses or “proved” by mathematical formulae.	**Either OR / 1 + 1 = 2** **Dichotomous**
African African American Hispanic	**Member to Member** The highest value lies in interpersonal relationships. Self worth is often determined by the quality of relationships and how the member is viewed by members of the same and other groups	Imagery and Pattern Recognition Knowledge is most often gained by feeling or intuiting what lies behind appearances and superimposing this information onto what can be ascertained by the senses	**Both And / 1 + 1 = 3** **Diunital**
Asian Asian/American Native American	**Member to Group** The highest value lies in identity with the group and consideration of what benefits the group as a whole. Self worth is often associated with acknowledgement of oneness with nature and the Earth.	Transcendence Knowledge is most often gained by direct transcendental experience by entering meditative or altered states of consciousness. Such knowledge is then applied to people and situations in the mundane world.	**Relative**
Mediterranean Middle Eastern	**Member to Scripture** The highest value lies in adherence to sacred text and scripture. Self worth is often determined adherence to divine revelation and commandment.	Code and conduct Knowledge is often acquired from spiritual teachings passed from generation to generation. Generally, there is no dichotomy between scientific and spiritual knowledge.	**Prescribed**

- Cognitive behavioral Therapy / Cognitive restructuring:

- Developed by Dr Aaron T. Beck in the 1960s. NOTE: “During Civil Rights Era”

- Most if not all of his patients were European Americans never taking into account cultural difference or how persistent trauma and hypervigilance plays a part in the efficacy of the CBT process for A/AA/B populations.

- **All-or-Nothing Thinking:** is also known as black and white thinking or polarized thinking. This type of thinking involves viewing things in absolute terms: Situations are always black or white, everything or nothing, good or bad, success or failure.

- All or nothing thinking is a dichotomous perspective, For A/AA/B people historically we have always been able to think Diunital, to find the middle ground in order to manage or survive in the face of insurmountable odds. 1 + 1 = 3 not 1 + 1 = 2

Cognitive distortions cont.

- **Overgeneralization:** happens when you make a rule after a single event or a series of coincidences. The words "always" or "never" frequently appear in the sentence. Because you have experience with one event playing out a certain way, you assume that all future events will have the same outcome.
- Overgeneralization as a cognitive distortion doesn’t take into account the perspective of A/AA/B people’s experience with perpetual systemic racism and structural discrimination showing a clear disparity and unequal distribution of Justice, resources and access reinforcing overgeneralization as a normal thought process not a distortion.

Cognitive distortions cont.

- **Mental Filters:** is the opposite of overgeneralization, but with the same negative outcome. Instead of taking one event and generalizing it inappropriately, the mental filter takes one event and focuses on it exclusively, filtering out anything else.
- Filtering out the positive and focusing on the negative can have a detrimental impact on your mental well-being. One study found that when people focused only on negative beliefs, it contributed to feelings of hopelessness.
- **Example:** Nathaniel (Black identified) focuses on all of the negative experiences he has had or witnessed with law enforcement, but he filters any positive experiences he has had or witnessed with law enforcement. This thinking contributes to feelings of negativity about his relationship with law enforcement. <u>This is often prevalent within A/AA/B Communities.</u>

The challenge with CBT / Cognitive Restructuring for A /AA/ B populations.

- The process of challenging dysfunctional thoughts will "teach clients to become better suppressors and avoiders of their unwanted thoughts" and that cognitive restructuring shows less immediate improvement because real-world practice is often required.
- The average person usually brushes off cognitive distortions within a few minutes. If you live with persistent traumatic stress, however, you may have a difficult time letting go of these thoughts.
- The approach is mechanical and <u>impersonal</u> and that the relationship between therapist and client is irrelevant.

What should be our strategic goals Moving forward?

- Build and support a collaborative network of African / African American and Black Identified Residential, Outpatient and Peer support entities. Such as: **Holistic Healing Behavioral Health Inc., Oregon change Clinic, Miracles club and Mind Solutions. To name a few.**
- Have the State and Counties provide fiscal support for "Practice based evidence" research modalities and curriculum, and provide admin T/A.
- The absolute necessity of recruiting, training and retaining a more robust African / African American and black identified provider workforce, i.e. Peers, Credentialed counselors and Licensed Providers.
- Example: Use Contract dollars to fund a designated position within these already established A / AA / B Entities.

Q &A