Bridging the Gap for Latinx Communities Impacted by Gambling Through the Engagement Process

ECPG Online Learning Experience 2020

Julio Iñiguez LMFT, CGACII, CADCI

Alexia DeLeon PhD

Who We Are

Alexia DeLeon PhD

Julio Iniguez LMFT, CGACII, CADCI

A few words on the use of Latinx

- Hispanic and Latino are pan-ethnic labels describing the U.S. population of people who trace their roots to Latin America and Spain.

- Latinx emerged as part of a movement to introduce gender neutral nouns and pronouns.

- Use is dependent on audience.

- 76% of Latino/a/x adults have not heard of the term Latinx.

- 3% of Latino/a/x adults use Latinx as part of their identity.

Noe-Bustamante, L., Mora, L., & Lopez, M. (2020, September 22). Latinx Used by Just 3% of U.S. Hispanics. About One-in-Four Have Heard of It. Retrieved September 27, 2020, from https://www.pewresearch.org/hispanic/2020/08/11/about-one-in-four-u-s-hispanics-have-heard-of-latinx-but-just-3-use-it/

Today's Objectives

- Better understand Latinx culture, specifically as it relates to gambling and mental health concerns and the barriers faced when seeking services.

- Learn how to create encountering and billing structures to support pre-enrollment engagement strategies.

- Learn effective strategies and interventions for engaging Latinx gamblers and their family members in treatment.

Barriers to Treatment for Latinx Communities

- Latinos are the fastest growing minority group in the U.S. due to rapidly increasing birth rates (Arredondo, Gallardo-Cooper, Delgado-Romero & Zapata, 2014)

- Latino communities oftentimes do not have access to culturally responsive mental health services, including treatment for problem gambling (van Wormer & Davis, 2014)

- Latino communities face many barriers to accessing services, such as lack of insurance, lack of transportation, mistrust with mental health providers, lack of bicultural/bilingual services, uninviting environments, etc. (Arredondo et al., (2014); Falicov, (2014); van Wormer & Davis, (2014)

- Latino communities are being impacted by problem gambling at alarming rates and in some states even lead all other ethnic groups (van Wormer & Davis, 2014)

Barriers & Strengths of Our Community

Barriers

- Language and other cultural barriers

- Immigration status/Legal barriers (fear of deportation and separation of families during immigration process)

- Level of acculturation & stress this causes

- Fear of systems (institutions) due to historical trauma

- Racial discrimination stress

- Transportation barriers

- Beliefs about seeking help

- Cost / time

Strengths

- Multilingual/Bilingual

- Resilience

- Thriving in labor intensive jobs and contributing to society's economy in a productive manner

- Open to trusting the system upon establishing strong therapeutic alliance

- Resourceful

- Radical hope
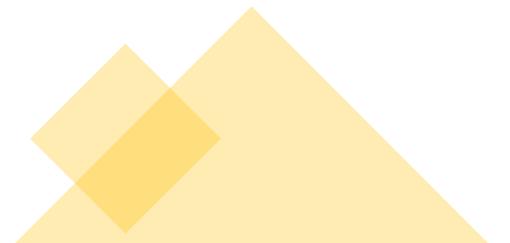
Where gambling intersects with our (Latinx) community

- Latino communities are being impacted by problem gambling at alarming rates and in some states even lead all other ethnic groups (van Wormer & Davis, 2014)

- One recent study showed that 83% of Hispanics living in the U.S. gambled in the last year while 22% gambled within the last week (Campos, Camacho, Pereda, Santana, calix & Fong, 2016)

- Overall rate of substance use of Hispanics who met criteria for dependence or abuse of alcohol or drugs and in need of treatment was 10.1% (van Wormer & Davis, 2013).

- Very common to see gambling when treating substance use and trauma (Smith, 2015)

- https://www.opb.org/news/article/problem-gambling-oregon-latino-hermiston/

Oregon Data

- The distribution of Latinx enrolling in the OP programs in 2019 was 12.1% up from 9.1 in 2018.

- According to census data the 13.4% of Oregon State population identify as Hispanic or Latino and 75.1% percent identify as White alone, not Hispanic or Latino.

Chart 6.2 OP Race/Ethnicity (In Percent)

4.5 2.1 3.5

3.4

12.1

74.4

- White
- Hispanic
- Asian
- Black
- Native American
- All Other

Culturally Responsive Considerations
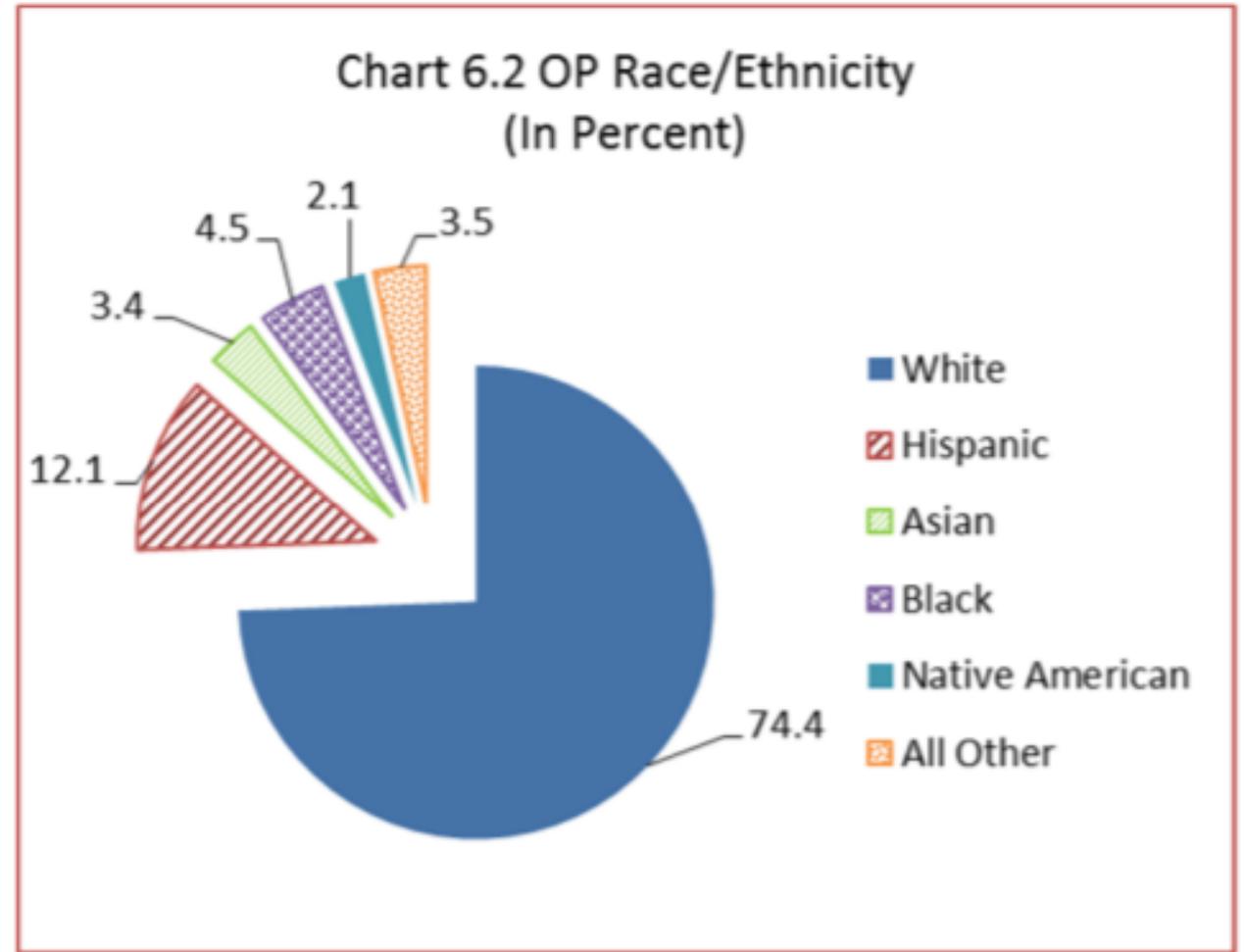
- Inviting clinical space (ample clinical room space, extended hours of operation, childcare availability, being mindful of immigration status if applicable)

- *Familismo*-Consistent family involvement throughout treatment process is key

- *Respeto*-The important value of respect within Latino culture

- *Personalismo*-Emphasis on personal relationships

- *Platicas*-Small talk used to build the therapeutic alliance

- Importance of *testimonios* (Ask about migration stories: voluntary vs involuntary, migration from rural vs urban areas, gender and migration and documented vs undocumented status)

- Bilingual and bicultural service availability if needed

- Strengths-based approaches-focus on resiliency

- Community partnerships with immigration lawyers, other Latino organizations within the community (Latino Network, Mexican Consulate, Puentes), bilingual/bicultural financial advisors, etc.

Other Clinical Considerations

- Client's level of acculturation and stress related to this

- Client's fear of deportation & separation of families during immigration process

- Latinos are more likely to work in labor intensive jobs, which may lead to a higher need for additional pain management

- Pressure to succeed financially in the U.S. (chasing the American dream)

- Possibly maintaining 2 households (i.e. home in U.S. and home/older children in another country)

- Stress from racial discrimination

- Access and knowledge of resources related to documentation needed in case of emergency (ICE raids, medical emergency, traffic violations, etc.)

- Double Stigma

- Effects on clinical staff (Ethical considerations around mandatory reporting Vicarious trauma / Vicarious resilience Unusual work hours)

BREAK

Engagement Practices

What does engagement look like?

Community Engagement

- Outreach

- Advertising

- Participation

Pre-enrollment & Intake

- Initial phone call

- Completing paperwork

- Enrollment in outpatient program

Treatment

- Assessment process

- Treatment planning

- Beginning treatment
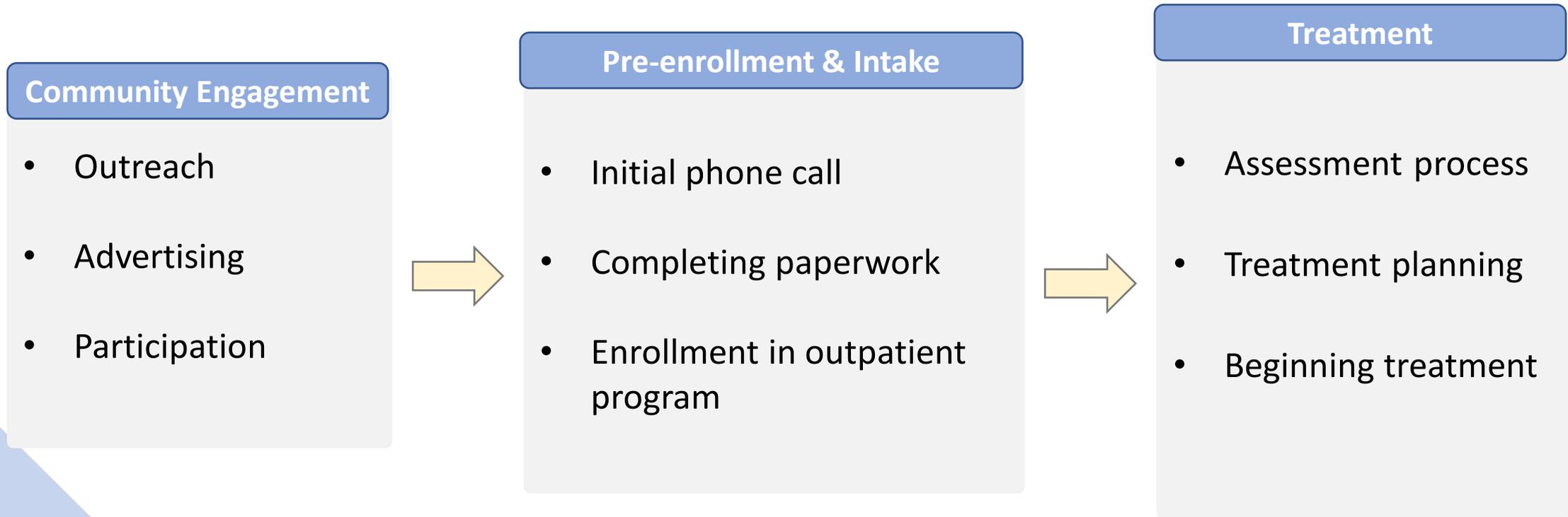
B U I L D   T R U S T

Community Engagement
Outreach, Advertising, and Participation

- Connecting to community leaders, resources, spaces and events.

- Spanish language tv and radio content, social media, billboards and advertisements.

- Consistency and integration with community (not a one time shot).

- Generating word of mouth.

- Building trust through familiar faces.

- Participating in cultural events.

Pre-enrollment & Intake Process

- Pacing and Attunement

- Initial Phone Call

- Completing Paperwork

- Process of Enrollment

- Valuing the engagement process through reimbursement

ATTUNEMENT

Presence, attunement and resonance are the way we clinically create the essential condition of trust. As our patients feel this healing love without fear, as they come to the neuroceptive evaluation of safety, trust is created within their subjective experience.

-Dr Dan Siegel

Cost of Engagement

Initial Phone Call → Completing Paperwork → Enrollment Process → Assessment

Not billable/reimbursed in most systems

Cost of Engagement
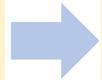
Initial Phone Call	→	Completing Paperwork	→	Enrollment Process	→	Assessment
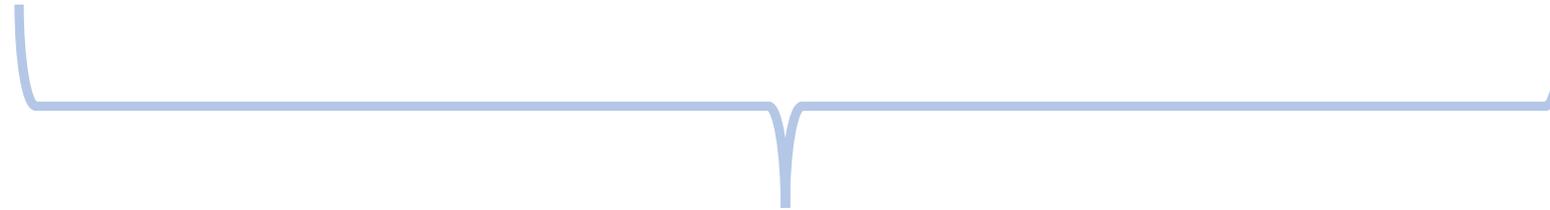
Billable through engagement code

Cost of Engagement

G40	Engagement, per 15 minutes	$26.60	Time spent in **agency setting** providing communication with potential or current client with intention of engaging/reengaging and enrolling/continuing them in services. Could be in-person or by other technology **provided by a gambling informed/trained staff person**. This code could be attached to a client ID or used as non-client code (similar to outreach codes). (Gambling informed means person has received a minimum of 3 hours of gambling specific training)

Billable through G40 in OHA PGS System

Case Study Example

- Client is a 38 year old heterosexual cisgendered Mexican female engaging in treatment to address issues related to her husbands gambling. They have 3 children, 2 that were born in California. The client is experiencing symptoms of depression, anxiety, insomnia, and suicidal ideation. During the initial phone call, the therapist asks if her husband would be willing to engage in treatment to which she replied yes. The couple presented to an initial session to discuss the process of treatment and begin enrollment process. Both engaged individually. The husband disengaged after 2 sessions and stopped coming. The wife continued to attend treatment and after 5 months of individual treatment her symptoms of anxiety and depression had decreased. She began to bring her children for family therapy to address the impact of the gambling and the relational issues in the family. After 7 months of the family attending treatment the husband became curious and felt left out and became motivated to engage in treatment. He was better engaged and attended treatment regularly as his schedule permitted.

Case Study Example

- Client, age 43, identifies as heterosexual cisgendered Mexican male engaging in treatment to address issues related to problem gambling. He is married for 23 years and has 3 children with his wife. The couple and 2 of their children immigrated from Mexico and the third was born in Oregon. The client works 3 jobs 2 at different restaurants as a line cook and a third delivering food. He reports his wife has threatened to leave him if something doesn't change. He receives a large portion of his income in the form of tips and does not have a bank account, so when he is paid by check he quickly cashes it.   Both parents and 2 older children have undocumented status in the country.
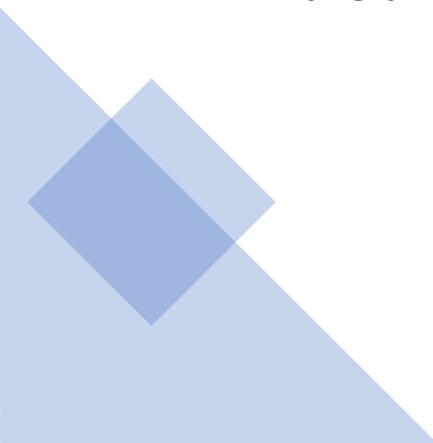
Case Study Example

- Client is a 39-year-old single heterosexual cisgendered female who is seeking services to explore her relationship to gambling. She reports that she is the caretaker of her 11-year-old son who is on the spectrum and has a disability. After the therapist discloses that she is a mandated reporter, the client becomes very guarded and asks several questions about what will be reported to who. The therapist is careful to answer the question honestly and also help create safety and trust in the relationship by saying that reporting is unusual and will be done with the client's knowledge, should it need to occur. The client is willing to attend a few more sessions prior to completing any paperwork and enrolling in services to see if she is willing to engage. After three pre-enrollment sessions with the therapist, the client lets the therapist know that she will not be engaging as she is very fearful of being reported on and being deported. She thanks the therapist for her time and excuses herself.

Questions & Discussion

Thank you for your time and attention.

Alexia DeLeon PhD
alexiadeleon@lclark.edu

Julio Iniguez LMFT, CGACII, CADCI
julioiniguezlmft@gmail.com