Holistic Wellness for African American Families and Communities

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WELLNESS // WELL BEING

• a healthy balance of the mind, body and spirit that results in an overall feeling of well-being

• an active process of becoming aware of and making choices toward a healthy and fulfilling life.

• "...a state of complete physical, mental, and social well-being, and not merely the absence of disease or infirmity." The World Health Organization.

• "a conscious, self-directed and evolving process of achieving full potential." The National Wellness Institute
The Cycle: Wellness Matters

Do & Feel

Actions & Emotions

Well Being
MENTAL HEALTH AS WELL-BEING?

Well-being is a positive state of affairs, brought about by the simultaneous satisfaction of personal, relational, and collective needs of individuals and communities (Prilleltensky)

“and Spiritual” (Grills)
THE SYNERGY AND SCIENCE OF WELL-BEING

- There cannot be well-being but in the combined presence of personal, relational, and collective well-being
PERSONAL WELL-BEING

- Sense of control
- Physical health
- Love
- Optimism
- Competence
- Growth
- Self-esteem
RELATIONAL WELL-BEING

- Support
- Affection
- Bonding
- Cohesion
- Collaboration
- Respect for diversity
- Democratic participation
COLLECTIVE WELL-BEING

- Social justice and equality
- Liberation from oppressive forces
- Adequate health and social services
- Economic prosperity
- Adequate housing
- Clean environment
- Support for community structures
EIGHT DIMENSIONS OF WELLNESS (UC DAVIS)

- occupational
- emotional
- spiritual
- environmental
- financial
- physical
- social and
- intellectual
CONTEXT MATTERS

Are we really ready to have a serious conversation about wellness for African Americans?
FIGURE POP1
Select demographic characteristics by age group, 2008–2012

NOTE: The revised 1997 Office of Management and Budget (OMB) standards for data on race and ethnicity were used to classify persons into racial groups. Data on race and Hispanic origin are collected separately. Persons of Hispanic origin may be of any race.

SOURCE: U.S. Census Bureau, American Community Survey, 5-year weighted estimates.
FIGURE POP4.A
Rate per 100,000 young adult males ages 18–24 imprisoned in adult prison facilities by race and Hispanic origin, 2000–2011

Rate per 100,000 males ages 18–24


Black, non-Hispanic
Hispanic
Other race, non-Hispanic
White, non-Hispanic
FIGURE POP4.B
Rate per 100,000 young adult females ages 18–24 imprisoned in adult prison facilities by race and Hispanic origin, 2000–2011

Rate per 100,000 females ages 18–24

FIGURE ED2
Enrollment rates of young adults ages 18–24 in degree-granting institutions by gender and race and Hispanic origin, 1980–2012

Percent

Male

White, non-Hispanic

Black, non-Hispanic

Hispanic

FIGURE ED4.B
Percentage of young adults ages 18–24 who were neither enrolled in school nor working by gender, race and Hispanic origin, and age group, 2013

Percent

100
50

Percent

30

Total, Male, Female, White, non-Hispanic, Black, non-Hispanic, Hispanic, Asian/Pacific Islander, non-Hispanic

18-19 20-24
FIGURE ECON1.B
Unemployment rates for young adults ages 18–24 by race and Hispanic origin, annual averages 1980–2013
Percentage of young adults ages 18–24 who participated in both leisure-time aerobic and muscle-strengthening physical activities meeting the federal 2008 Physical Activity Guidelines for Americans by race and Hispanic origin, selected years 2005–2006 to 2011–2012.
FIGURE HEALTH2
Percentage of young adults ages 18–24 who are obese by race and Hispanic origin, selected years 1988–2010
FIGURE HEALTH3
Percentage of young adults ages 18–24 who reported they had illicit drug or alcohol dependence or abuse in the past year by gender and race and Hispanic origin, 2002–2012
FIGURE HEALTH6.B
Homicide and suicide rates among young adults ages 18–24 by race and Hispanic origin, and gender, 2010
Deaths per 100,000 young adults

<table>
<thead>
<tr>
<th></th>
<th>Homicides</th>
<th>Suicides</th>
</tr>
</thead>
<tbody>
<tr>
<td>White, non-Hispanic</td>
<td><img src="chart" alt="Bar Chart" /></td>
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<tr>
<td>Black, non-Hispanic</td>
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<tr>
<td>Hispanic</td>
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</tbody>
</table>

- **Male**
- **Female**
FIGURE HEALTH7
Nonfatal violent victimization rate per 1,000 persons ages 18–24 by gender and race and Hispanic origin, 1993–2012

Rate per 1,000 persons

Male
- White, non-Hispanic
- Black, non-Hispanic
- Hispanic

Female
- Black, non-Hispanic
- White, non-Hispanic
- Hispanic
REFRAME WELLNESS FOR AFRICAN AMERICANS

⇒ CULTURE

⇒ CONTEXT
“PSYCHE IS NOT INDEPENDENT OF CULTURE, THEY MAKE EACH OTHER UP.”

(HOLDSTOCK, 2000, P.6).
“INTERGENERATIONAL CULTURAL TRANSMISSION IS AS VITAL AS THE BASICS OF FOOD, CLOTHING AND SHELTER.

WITHOUT INTERGENERATIONAL CULTURAL TRANSMISSION, ALL ELSE HAS LITTLE MEANING.”

ASA HILLIARD
PSYCHOLOGY AND THE WORLD
DEEPENING THE CULTURAL DIVIDE
PSYCHOLOGY AND THE WORLD

USA

Europe

North America

South America

Africa

Asia

Oceania
CULTURAL INOCULATION

- Culturecology (King, Nobles, and James (1995)
  - cultural realignment (e.g. shift from “individualism and selfishness” to “collective worth and mutual responsibility” (Nobles, et al., 2010)
CULTURAL INOCULATION

• Attend to a myriad of issues affecting African people
  • cultural identity and affinity, cultural mistrust, exposure to racial microaggressions and other forms of racial stress, superwoman syndrome, invisibility syndrome to name a few
CULTURAL INOCULATION

• Artfully weave in cultural values, experiences and realities consistent with the African American experience such as
  • spirituality, communalism, harmony, sensitivity to emotional cues, oral communication, relationship to time, the special role of elders, interest in one’s history and culture, sense of humor, resilience, critically addressing race and class oppression and more
• Reinforce sense of personhood and self-identity
CULTURE AND CONTEXT SHAPE THE ENVIRONMENT IN WHICH PROCESSES ASSOCIATED WITH RESILIENCE OCCUR (UNGER, 2012)

- Resilience can be better understood when it is studied across cultures (where culture is understood as a socially constructed pattern of mutual identification with a set of values and everyday practices that are privileged) and the different physical and social contexts in which people live (e.g., rich vs. poor, safe vs. dangerous) (Unger, 2012)
“We make it possible to identify hidden and socially marginalized coping strategies which may not come to the notice of those who typically define resilience from a Eurocentric and middle-class perspective (e.g., resilience has been associated with having a hobby vs. resilience as a child's paid or unpaid contribution to her family's welfare when living in poverty).”

UNGER, 2012
Seven common aspects of resilience found:

- nurturing relationships;
- a positive identity;
- efficacy;
- social justice;
- access to material resources;
- a sense of cohesion and belonging in one's family, school, and community; and
- cultural adherence.
1. Facilitative environments can be more influential than individual-level variables to the processes associated with resilience.

2. The characteristics of environments most facilitative of resilience reflect the ease with which individuals, families, and communities can navigate resources, the availability and accessibility of resources, and the meaningfulness of the resources provided.
3. The greater the exposure to risk, the more likely an individual is to benefit from protective factors that respond to the specific risks faced:

E.g., smaller class sizes and a caring teacher may be a benefit for all children, but their impact is disproportionately greater for children with the most complex needs or coming from the most stressed homes (Shernoff and Schmidt, 2008)
IMPLICATIONS FOR Praxis → Wellness

A reality that does not promote the principles, values and behavior for both individual and community welfare is distorted reality.

What’s the balance between individual vs community in the strategies used with African Americans here in LA?
Ultimately, treatment must be attentive to

- the importance of community context
- the relational needs of the client
- the building of community infrastructure to support and nurture health and wellness

This is where current evidenced-based practice falls short.
The capacity to “think well” — our intelligence — resides not just in our heads but is distributed throughout the physical, social, and symbolic environment (Perkins, 1994, p. 105).
COMMUNITIES PLAY A HUGE ROLE IN FOSTERING WELL BEING AND RESILIENCE

• Resilient communities have three 3 characteristics:

1) the availability of social organizations that provide an array of resources to community members;

2) a consistent expression of social norms so that community members understand what constitutes desirable behavior; and

3) opportunities for children and youth to participate in the life of the community as valued members (Benard, 2004).
WHAT INTERVENTIONS DO WE USE TO FOSTER SENSE OF COMMUNITY?

- A readily available, mutually supportive network of relationships on which one could depend (Sarason).
- The strength of the bonds between people; a feeling that members have of belongingness; a feeling that members matter to one another and the to the group; a shared sense of faith that members’ needs will be met through their commitment together (McMillan & Chavis).
TO WHAT EXTENT ARE WE FOSTERING PSYCHOLOGICAL SENSE OF COMMUNITY?

4 elements of psychological sense of community
(McMillan & Chavis)

- **Membership** (boundaries, common symbols, emotional safety, personal investment, sense of belonging, identification with community)

- **Influence** (mutual influence of individuals on community, community on individuals)

- **Integration and fulfillment of needs** (shared values, satisfying needs, exchanging resources)

- **Shared emotional connection** (shared dramatic moments, celebrations, rituals)
AND COMMUNITY, PARENT, & YOUTH ENGAGEMENT?

The Community Coalition – SCYEA

Local Control Funding Formula Campaign
Not All Schools Are Created Equal

WHERE IS THE REAL NEED?

Community Coalition, in collaboration with Advancement Project and InnerCity Struggle, has developed a comprehensive, data-driven "Student Need Index" to determine high need schools in Los Angeles Unified School District (LAUSD). This first-of-its-kind tool uses eleven environmental, social and academic factors known to impact student achievement - such as poverty and violence - to produce a district-wide ranking of schools based on need.

Schools in LAUSD*

Highest Need Schools

*LAUSD Schools
Board of Education Districts
1. Vacant
2. Monica Garcia
3. Tamar Galatzan
4. Steve Zimmer
5. Bennett Kayser
6. Monica Ratliff
7. Richard Vladovic

Schools by Need
- Highest Need
- High Need

Geography
- South Los Angeles
- East Los Angeles
- North East San Fernando Valley

Board of Education Districts
- Vacant
- Monica Garcia
- Tamar Galatzan
- Steve Zimmer
- Bennett Kayser
- Monica Ratliff
- Richard Vladovic
Not All Schools Are Equal

Students in the highest need schools:

- Are almost 5 TIMES as likely to be exposed to gun violence
- Have 3.5 TIMES the number of classmates that are in foster care
- Have nearly 4 TIMES the number of your classmates drop-out
SLA youth led a fierce campaign to push the L.A. School Board to invest more resources in the highest need schools.

Students collected thousands of petitions, staged rallies, and told their stories.

On June 10, 2014 The School Board voted 5-1 to pass the resolution.
“To handicap a student by teaching him that his Black face is a curse and that his struggle to change his condition is hopeless is the worst sort of lynching. It kills one’s aspirations and dooms him to vagabondage and crime. It is strange, then that the friends of truth and the promoters of freedom have not risen up against the present propaganda in the schools and crushed it. This crusade is much more important than the anti-lynching movement, because there would be no lynching if it did not start in the classroom.”

(Dr. Carter G. Woodson, early 1900s)
AFRICAN AMERICANS MUST CLAIM THE AUTHORITY TO RE-DEFINE FOR AFRICAN AMERICANS WHAT CONSTITUTES:

- PREVENTION
- INTERVENTION
- EVIDENCED BASED PRACTICE
RECOMMENDATIONS

1. Interventions should ignite and utilize the ancestral and cultural affinities of people’s ancestral wisdom – contextualized to their historical trajectory and context.

2. Culturally tailored and syntonic theory, practice, and evaluation of efficacy should serve as the first order of utilization.

The conceptualization of issues, problematics, human behavior, health and wellness, trauma and the resulting strategies to address these should be grounded in the cultural world view, principles, customs and practices of our people’s daily and historical lived experience.
3. Community-based, community-building strategies should assume a significant role in the theory, research, and praxis.

4. New research methods must be developed to incorporate preter-rational knowledge and spiritually endowed phenomena.

5. Greater use of Positive Psychology and Resilience frame.

Medical Model approaches will have **limited efficacy** on a broad scale – for two reasons: 1) basic resource capacity and 2) such an approach does not speak the role of community in the establishment and maintenance of well-being and health in African descended populations.
Community capacity-building efforts can, over time, lead to improvements in outcomes of well-being for communities and their members and lead to less reliance on professionally driven models.

“THE ELEPHANT NEVER TIRES OF CARRYING ITS OWN TUSKS.” - VAI PROVERB
COMMUNITY BUILDING STRATEGIES COULD INCLUDE

- creating an integrated change effort that focuses on multiple dimensions of change
- overcoming a bias towards professionalism that can undercut efforts to build a more comprehensive approach to prevention & treatment
- committing to results that are defined and owned by community members;
- focusing on creating emotional and behavioral well being, not just avoiding or mitigating mental illness;
- making a commitment to on-going relationship building in communities.
NOT ALL INTERVENTIONS MUST LOOK LIKE PSYCHOTHERAPY

Example → **cultural armoring**

• Townsend and Thomas (2013): role of community armoring through the influence of “othermothers” in the socialization process of African American girls.

• Equate the roles of *othermothers* to those of biological or “bloodmothers”

• *Othermothers* and sister circles can be important vehicles for sharing critical lessons about confronting oppression with the younger generation.
NATURAL ACTIVITIES CAN SERVE AS BONDING TIME AND TEACHABLE MOMENTS.

• Example: the racial context that permeates the lives of African American women in their role as mothers (Lewis, 2013)

• The hair-combing ritual between African American mothers and their daughters is a strategy that can influence the quality of the attachment between mother and daughter and shape the daughter’s attitudes about her racial features.
TEACHING CHILDREN ABOUT THEIR HISTORY AND CULTURAL HERITAGE

• An important way to promote resilience and offset the negative effects of things like colorism and racial stress.

• Teaching Black history (a global history and a history that includes the pre-enslavement period) can build a sense of ethnic identity and self-concept that serves a protective function.

  (Townsend et al., 2010; Wallace et al., 2012)
RECLAIMING A ROLE FOR ELDERS TO PLAY IN COMMUNITIES AS PART OF A MENTAL HEALTH STRATEGY

- Teacher
- Mentor
- Surrogate Family member (i.e., grandfather)
- Wisdom Bearer
- Traditional healer
- Role model
CA REDUCING DISPARITIES PROJECT (CIMH, 2012)
CA AFRICAN AMERICAN COMMUNITIES RECOMMENDATIONS TO MENTAL HEALTH SYSTEM TO INCREASE RESILIENCE.

- Skills that Lead to Resilience
- Positive Racial Identity
- Critical Mindedness
- Active Engagement
- Flexibility
- Communalism
- Emotional Regulation
<table>
<thead>
<tr>
<th>Prevention</th>
<th>School and Community Based</th>
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<tr>
<td></td>
<td>After School Programs</td>
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<td>In School Education</td>
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<td>Early</td>
<td>Enhancement</td>
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<td>Intervention</td>
<td>In School Mental Health</td>
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<td>Centers</td>
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<td>Youth Health Promotores</td>
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- Severity & symptoms of mental illness
- Community Cohesion
- Systems of Formal and Informal Care for Youth & Families
- Risk
- Resilience
- Community Organizing
<table>
<thead>
<tr>
<th>Prevention</th>
<th>Risk</th>
<th>Protective/Resiliency</th>
<th>Potential Impact</th>
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<tbody>
<tr>
<td>After School Programs</td>
<td>•Recreational</td>
<td>•Healthy coping &amp; stress (exercise, yoga, boxing, existential reflection – aka spirituality)</td>
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<tr>
<td>Relative Caregiver Programs</td>
<td>•Fitness</td>
<td>•Relational ties strengthened</td>
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<tr>
<td>(Community and School-Based)</td>
<td>•Cultural &amp; Identity Dev.</td>
<td>•Child rearing skills enhanced</td>
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<td></td>
<td>•Social Skills and Social Networks</td>
<td>•Stress reduced</td>
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<td></td>
<td>•Information</td>
<td>•Identity Development</td>
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<td></td>
<td>•Culturally anchored after school programs</td>
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<td>In School Education Enhancement</td>
<td>•School Climate</td>
<td>•Social Competence</td>
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<td>•Teacher Student Relationships</td>
<td>•Educational Attainment</td>
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<td>•Culturally Inclusive Curriculum</td>
<td>•Emotional Well-Being</td>
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<td>•College Prep Academic Support</td>
<td>•Increased Self-Efficacy</td>
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<td></td>
<td>•Violence Prevention</td>
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<tr>
<td>Early Intervention</td>
<td>•Family loss and disruption grief</td>
<td>•Coping skills</td>
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<tr>
<td>In School Mental Health Centers</td>
<td>•Stress, anxiety, depression symptom amelioration (youth)</td>
<td>•Family Support for Relative Care Givers</td>
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<td></td>
<td>•Parenting skills support (family)</td>
<td>•Mental Health</td>
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<td>•School Bonding</td>
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<td>•Improved Peer Relations</td>
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<td>•Access to Resources</td>
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<tr>
<td>Youth Health Promotors</td>
<td>•Outreach</td>
<td>•Functioning Network of Support</td>
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<td></td>
<td>•Education/information</td>
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<td></td>
<td>•Building Support Systems</td>
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<tr>
<td></td>
<td>•Mentoring</td>
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<td></td>
<td>•Referral</td>
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<tr>
<td>Treatment</td>
<td>Symptom Severity</td>
<td>Potential Impact</td>
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</table>
| Community and School-Based (Visible Accessible High Quality) | ↓ Periods of Remission | • Increased resilience  
• Healthy coping & stress management  
• Relational ties strengthened  
• Child rearing skills enhanced  
• Stress reduced  
• Identity Development |
| In School Education Enhancement | | • Social Competence  
• School Bonding  
• Improved Peer Relations  
• Educational Attainment  
• Emotional Well-Being  
• Increased Self-Efficacy |
| Community Organizing | | • Reduction of threats to community well being  
• Family Support for Relative Care Givers  
• Enhanced Mental Health in school, community and home environments |
| School and Community | | • Access to Resources  
• Functioning Network of Support and Social Action |
| Public Policy Focus | | |
Treatment Intervention - Revisited

- Mental Health
  - Forums
  - 1:1
  - Family
  - Peers
  - Community
  - School
  - Information
  - Individual
  - Stability
  - Community Collective
  - Meds
Community Centers as Wellness Spaces

- An environment where “everyone is expected to be the keeper and protector of the interests of others which are, by extension, their own too” (Gbadegesin, 1991, pg. 132).
ACYF Kinship Navigator Grant
2012

**Campaign Goal**
(Long-Term)
Move Kinship Care to the center of the LA County Child Welfare System.

**Campaign Goal**
(Immediate)
Win a local Kinship Resource Center to provide comprehensive, wellness services for RCG families.
Outreach

RCG Intake Assessment

Intake Feedback

1. Case Plan
2. Referrals
3. Kinship Navigator

Supports & Intervention

Process Data

Dec Making

ACTION

Outcomes

- Knowledge, Access, Use
- Protective Factors
- Wellbeing
- Functioning
- Safety, Permanency, Stability

Partner interactions

Pre - Post

Initial DATA

Outcome EFFECT

Pre - Post
KEY VICTORIES #1

Consistent Engagement of South La Relative Caregivers Through Large-Scale Programming, Outreach, & Referrals To Services.
# Key Victory #1: Regular Coco Programming

<table>
<thead>
<tr>
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<th>Workshops (N = 12)</th>
<th>Recreation (N = 6)</th>
<th>Support Groups (N = 74)</th>
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<tr>
<td>Treatment</td>
<td>n = 44</td>
<td>n = 35</td>
<td>n = 70</td>
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<tr>
<td>Control</td>
<td>n = 13</td>
<td>n = 7</td>
<td>n = 42</td>
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<tr>
<td>Community</td>
<td>n = 47</td>
<td>n = 74</td>
<td>n = 123</td>
</tr>
</tbody>
</table>
KEY VICTORY #1:
OUTREACH AND REFERRALS

1-1 outreach:  
N = 5418

KIA events:  
N = 581

FHF website:  
N = 1077

Agency presentations:  
N = 1569

Treatment Group  
592 referrals to 193 RCGs and children

• Top 2 Services Referred:
  • Basic Living Needs (i.e. food, clothing)
  • CoCo Kinship Support Group

Walk-in/Call-in/Control  
307 referrals to 201 RCGs and children

• Top 2 Services Referred
  • Legal Advocacy
  • CoCo Kinship Support Group
Key Victories #2

Systems-Level Changes To Increase Access to Benefits and Resources for Relative Caregiver Families.
KEY VICTORIES #2: SYSTEMS

Department of Children & Family Services (DCFS)

Department of Public Social Services (DPSS)

Advancement Project/Healthy Cities

Alliance for Children’s Rights
KEY VICTORY #2: SYSTEMS

**Building Interagency Support**
- Key information is shared about RCG needs and concerns through monthly Steering Committee meetings.
- Agencies discuss ways to better serve RCGs within their organizations.

**Creating Partnerships**
- DPSS enrolls RCGs in services each week at the KIA house.
- CoCo has partnered with DCFS on educational programs for new RCGs.

**Influencing Policy**
- The partner agencies collaborated with ACR on an initiative to increase state funding for RCG families.
- DPSS collaborated with CoCo to strengthen their internal procedures for serving RCG families.

“...it (change) starts with building communication and trust across agencies in a safe space…”
- Steering Committee Partner
Intersecting Systems

DMH
Educ
DCFS

DPSS
Housing
Health

Empl
Courts
Prob

Federal
State
County
Building a Profile of Relative Caregiver Families To Better Understand Their Key Strengths & Needs.
Caregivers are hardy and able to cope with life challenges and stressors.

- Their greatest strengths include *(nurt/attach) family bonding, *resiliency, and *supporting one another.
- Areas of further support or improvement are: *child dev/knowledge *concrete support
Caregivers feel unsupported by people and places around them. They felt the least amount of support from programs and organizations.

Total scale: $m=1.5$
“It’s easier to raise strong boys than to fix broken men”
Frederick Douglas
“If you are building for a year, grow rice; if you are building for a decade, grow trees; if you are building for centuries, grow women.”

African Proverb
Thank You!