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To cite this article: Lani V. Jones , Laura M. Hopson & Anne-Marie Gomes (2012) Intervening with African-Americans: Culturally Specific Practice Considerations, Journal of Ethnic & Cultural Diversity in Social Work, 21:1, 37-54, DOI: [10.1080/15313204.2012.647389](https://doi.org/10.1080/15313204.2012.647389)

To link to this article: <http://dx.doi.org/10.1080/15313204.2012.647389>



Published online: 27 Feb 2012.



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Intervening with African-Americans: Culturally Specific Practice Considerations

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Social work interventions are best applied when tailored to meet the specific needs of the target population. Practice perspectives that foster resilience by integrating core African-American values serve to decrease psychosocial risks and promote positive coping and adaptation. This article describes models of risk and resilience and the Africentric perspective. The discussion then integrates these concepts to highlight the importance of Africentric approaches for promoting resilience. In addition to placing risk and resilience at the forefront, the Africentric perspective is explored as a framework for developing new practice interventions that promote resilience. These perspectives are integrated in proposing engagement, assessment, and intervention strategies that employ the Africentric perspective. A case example illustrates the application of strategies that are informed by this integrated perspective. Implications for practice and research are discussed.

KEYWORDS Africentric perspective, resilience, cultural relevance, assessment, intervention

INTRODUCTION

Despite an increased risk for psychosocial difficulties, many African-Americans who receive supportive mental health interventions are able to thrive, even in the face of great adversity (Gilbert, Harvey, & Belgrave, 2009; Gutierrez, 1990; Waites, 2009). However, as African-Americans increasingly make a concerted effort to find professional mental health services,

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they are unlikely to receive appropriate treatment when they do seek care (USDHHS, 2001; Wang, Berglund, & Kessler, 2001; Smedley, Stith, & Nelson, 2003; Snowden, 2003). In fact, discussion has centered on the paucity of culturally congruent mental health interventions that are designed to meet the unique needs of African-Americans (Atkinson, Morten, & Sue, 1998; Chiang, Hunter, & Yeh, 2004; Kohn, Oden, Munoz, Robinson, & Leavitt, 2002). Researchers contend that the incorporation of culturally competent practice perspectives that foster resilience among African-Americans will serve to decrease psychosocial stressors and promote coping strategies (Cunningham, Foster, & Warner, 2010; Whaley & McQueen, 2009). The most notable advantage of the culturally competent interventions approach to working with African-Americans in social work practice is that it lends itself to culturally responsive methods and techniques in the promotion of wellness (Jones, 2004).

The risk and resilience perspective is a useful framework for understanding the risk factors that contribute to the disproportionate numbers of African-Americans affected by poverty, mental health disorders, chronic illness, and substance abuse, as well as the conditions that promote resilience. Integrating models of resilience with the Africentric perspective provides a lens for understanding the mental health and social needs of African-Americans engaged in prevention and treatment (Baldwin, 1986; Scheer, 2006). This article proposes that intervening with African-American clients from an Africentric perspective can create the conditions for resilience. The article begins with a discussion that synthesizes concepts from risk and resilience models and the Africentric perspective. A case study illustrates how these integrated perspectives inform engagement, assessment, and intervention with African-American clients.

LITERATURE REVIEW

Risk and Resilience

Models of risk and resilience provide a framework for understanding the harmful effects of discrimination and oppression on African-Americans and their ability to persevere in the face of adversity. According to these models, risk factors interfere with healthy development, while protective factors improve outcomes directly or moderate the impact of risk factors (Fraser, Richman, & Galinsky, 1999; Li, Nussbaum, & Richards, 2007; Mullin & Arce, 2008).

Research has consistently identified risks for healthy development among African-Americans, including aggressive behavior, low academic achievement, unemployment, poor physical health, high arrest rates, and disproportionate involvement in the justice system (Fraser, Kirby, & Smokowski, 2004; Levy & Wall, 2000). Many of these outcomes are

attributable to the effects of living in poverty, as African-American families are overrepresented in impoverished communities (DeNavas-Walt, Proctor, & Smith, 2010).

Nevertheless, Cutrona and colleagues (2000) posited that many African-Americans prosper psychologically even in such adverse environments, noting some form of resilience as the most likely cause. Relatively little is known about the factors that predict resilience among African-Americans. However, the literature points to the importance of developing, implementing, and evaluating culturally congruent, strengths-based interventions for African-Americans at the micro and macro levels (Jones, 2008).

Resilience is an ability to experience adversity and avoid negative outcomes, such as mental health disorders, substance abuse, and delinquency (Richman, Bowen, & Woolley, 2004). Resilience is often described as an interaction between risk and protective factors in an individual's environment. Protective factors reduce the likelihood of negative outcome directly or indirectly, by reducing the severity of the impact of risk factors (Rutter, 2006).

However, the concept of resilience also encompasses the coping strategies and supports that individuals use during times of stress and the social context in which they experience adversity (Rutter, 2006). Thus, the impact of the social context on outcomes for African-Americans cannot be understated, because it creates the conditions for resilience. A social context characterized by supportive relationships is associated with resilience, because in the context of these relationships, individuals are more likely to employ coping skills and draw on social support (Werner, 2004). It is this central role of social context in promoting resilience that calls attention to the importance of culturally congruent treatment approaches, such as those informed by the Africentric perspective.

An Africentric Perspective

The Africentric perspective is best defined as a framework that enables one to approach feelings, knowledge, and actions as a comprehensive whole from the lens of African-Americans rather than as objects on the outer limits of the European experience. Africentricity is a dynamic perspective, derived from "diverse lived experiences," (Akbar, 1991, p. 8) that not only analyzes human interactions based on principles of equality, but also considers the interconnections that exist between the major social divisions of race and class. The concept of Africentricity was introduced by scholars in the 1970s as a response to the neglect of African people in the Western worldview of social sciences (see for example, Akbar, 1984; Nobles, 1978; Carruthers, 1989). Over several decades, researchers and practitioners have argued for development of an alternative social science model reflective

of the cultural background and cultural reality of African people (Akbar, 1984; Baldwin, 1986; Davis, Williams, & Akinyela, 2009; Harvey & Hill, 2004; Nobles, 1978; Scheer, 2006). The objective of the concept was to reconstruct the African-American identity through the development of theories and practice frameworks that reflect and affirm the values and worldviews of African-Americans in the social sciences literature.

Africentricity is both theory and practice that is rooted in a cultural orientation toward spirituality, interpersonal relationships, communalism, and expressive communication (Akbar, 1991; Harvey & Hill, 2004; Nobles, 1991; Scheer, 2006). Although the literature provides few empirical manuscripts on the subject, Africentric writers agree that, in spite of different life experiences, the African-American community has retained, to some degree, some basic principles of the African-American value system: the interconnection of all things; oneness of mind, body, and spirit; collective identity as opposed to individual identity; family structure; consequential morality; phenomenological time; and spirituality (Harvey & Hill, 2004; Schiele, 2005). These values and beliefs are central to the Africentric worldview and shape the ability to interpret African-American behavior and psychological functioning from within a system that prioritizes the affirmation of African-American well-being.

In addition to providing a framework for understanding the importance of the social context, the Africentric perspective informs the use of culturally competent interventions. The premise of Africentric intervention methods may be culturally appropriate when working with African-Americans because it gives guidance and purpose to the understanding of problem behaviors and suggests appropriate solutions (Davis et al., 2009; Gilbert et al., 2009). For example, for an African-American female who abuses substances, it is the aim of an Africentric intervention to engage her in a process of raising consciousness about and affirming her cultural identity, and to revisit traditional problem-solving and coping strategies from a cultural perspective (Cunningham et al., 2010). This positive identification with African-American culture fosters resilience and creates opportunities for social and psychological change to occur.

Using Africentric Methods to Promote Resilience

The Africentric perspective presents a promising approach for promoting resilience and addressing disparities in mental health services by providing a framework for (1) understanding the impact of the social context on African-Americans and (2) developing a social context that creates the conditions for resilience. The social context determines, to a great extent, whether an individual is resilient during times of stress (Rutter, 2006). A social context characterized by discrimination across the life span means that African-Americans may lack the supportive social environment that is

necessary for promoting resilience. Conversely, a supportive social context, characterized by familial support, community involvement, political involvement, and a sense of political efficacy, promotes positive outcomes (Zimmerman, Ramirez-Valles, & Maton, 1999).

An Africentric Perspective on Social Context

The history of African-Americans in the United States is one of survival, resilience, and collective solidarity despite encountering blatant and implicit forms of discrimination. As Americans continue to challenge the ideologies that support oppressive mental health frameworks, race remains one of the most salient social indicators in our society (Miller & Garran, 2008). For African-Americans, the centrality of race impacts daily life and can be both a source of contention and strength. Many African-Americans live with environmental discriminatory disadvantages that place them at high risk for behavioral and emotional challenges. For instance, African-Americans are more likely to experience both absolute and relative poverty (DeNavas-Walt, Proctor, & Smith, 2010) and to have poorer physical and mental health outcomes (Kerner, Dusenbury, & Mandelblatt, 1993). This, researchers have surmised, suggests a strong interaction between race and other demographics, such as age, gender, and socioeconomic status (Jackson et al., 2004).

Poverty creates poor conditions for resilience because it results in more risk factors and fewer protective factors, increasing the likelihood of adverse outcomes. For example, economic hardship results in parents reporting high levels of stress and conflict (Gershoff, Aber, Raver, & Lennon, 2006). These stressors at the family level are associated with increased behavioral problems among children and impaired relationships with teachers and peers (Fraser et al., 2004). In addition, the high rates of unemployment, crime, violence, mobility, and single-parent families that characterize many impoverished communities create a climate of collective poverty. This climate often encourages engaging in illicit activities and risk behaviors, such as substance abuse. Inadequate access to high-quality schools, health care, positive role models, and employment opportunities creates a neighborhood climate that impedes healthy development (Fraser et al., 2004).

The risk factors associated with poverty are compounded by a history of discrimination. The disproportionate number of African-Americans living in poverty is largely the result of years of discrimination in educational and employment settings (Fraser et al., 2004; Taylor, 1994). This ethnic discrimination and oppression add an additional burden by compromising self-esteem, contributing to feelings of anger and frustration (Fraser et al., 2004), and creating an unsupportive environment that prevents feelings of relatedness or belonging (Wong, Eccles, & Sameroff, 2003). African-Americans may feel that they do not relate well to their environment

because of fundamental differences between mainstream American values and their own. An emphasis on interdependence and community, values often associated with African-American cultural heritage, is marginalized in the context of mainstream American culture, which values individualism, private ownership, and capitalism (Schiele, 2005).

More blatant forms of discrimination in schools and the workplace have been documented (Nicholson-Crotty, Birchmeier, & Valentine, 2009; Sakura-Lemessy, Carter-Tellison, & Sakura-Lemessy, 2009). Discrimination in school settings causes adolescents to feel that their teachers do not respect or care about them, increasing their risk for negative academic and socio-emotional outcomes (Goodenow & Grady, 1993; Wentzel, 1997). Subjective experiences of racial discrimination compromise African-American adolescents' academic motivation, mental health, and self-esteem and increase the probability of engaging in problem behaviors and involvement with friends who engage in problem behavior (Wong et al., 2003).

Experiences with discrimination can also lead adolescents to expect future discrimination in educational settings and the workplace. When this occurs, discrimination can compound risk for school failure, dropout, and risk behavior, by reducing school engagement and limiting youths' perception of the life options and opportunities that are available to them (Mickelson, 1991; Taylor, Casten, Flickinger, Roberts, & Fulmore, 1994; Wong et al., 2003).

The harmful effects of discrimination in terms of socioeconomic status and health disparities continue throughout the life span. Research has documented discrimination in the workplace in the form of wage disparity, even when the analysis controls for prior achievement (Sakura-Lemessy et al., 2009). Racial inequities in access to health care compromise the health status of African-Americans (Williams & Mohammed, 2009), and the experience of discrimination contributes to feelings of depression and low self-worth (Keith, Lincoln, Taylor, & Jackson, 2010).

Although this history of discrimination increases risk for health and mental health problems, African-Americans are unlikely to find culturally appropriate services when they seek treatment. Many mental health treatment services commonly use Eurocentric-oriented approaches, based on white, male, middle-class values (Gilbert et al., 2009; McNair, 1996; Schiele, 2005). The use of Eurocentric-oriented methods as normative treatment standards severely limits the applicability of traditional mental health interventions for African-Americans and often misinterprets the psychosocial significance attached to the experiences of those who differ from the "norm" (Jones, 2004). This cultural discourse surrounding treatment interventions often prevents African-Americans from seeking mental health treatment, citing that treatment approaches are contrary to their cultural experiences and insufficient to meet their needs (Snowden, 2003). This problem is compounded by the perception among many African-Americans that the

mental health system has been used as a tool of cultural and psychological oppression (Matthews & Hughes, 2001).

In short, the many risk factors associated with negative health and mental health outcomes among African-Americans are linked inextricably from the racial discrimination they have experienced and continue to experience in their daily lives. A social context characterized by discrimination and oppression is a poor foundation for resilience because it serves to isolate, rather than engage. The end result is that many social supports and resources that promote resilience are missing, and there are fewer opportunities to develop the skills and strategies that enable individuals to thrive in the face of adversity.

A Cohesive Social Context As the Foundation for Resilience

A growing body of research examines how a cohesive and supportive social context can support resilience. According to the Africentric perspective, a cohesive community that upholds traditional African-American values is likely to create the conditions for resilience. Traditionally, African-American communities have served as a buffer between African-Americans and the dominant community in developing effective coping strategies (Daly, Jennings, Beckett, & Leashore, 1995). These communities create a context in which it is possible to mobilize limited resources while simultaneously protecting the ego against a constant array of social and economic assaults (Daly et al., 1995; Utsey, Hook, & Standard, 2007; Zimmerman et al., 1999). For example, involvement in the black church often provides a degree of stability, affective experience, and group cohesiveness through which some of the coping strategies, based on their shared histories, could emerge (Daly et al., 1995). Similarly, Mullin and Arce (2008) found that families who felt connected to their community were more resilient. Using the Africentric perspective in treatment facilitates this process for African-American families by fostering a connection with their community and developing a self-confidence that acknowledges inherent strengths.

AFRICENTRIC-INFORMED METHODS FOR PROMOTING RESILIENCE IN SOCIAL WORK PRACTICE

An understanding of risk and resilience combined with the Africentric perspective serves as a blueprint for navigating the complex and culturally unique life circumstances that often lead African-Americans to seek mental health treatment. These integrated perspectives suggest that working with clients from an Africentric perspective creates a social context in which African-American clients feel supported and valued. It fosters a sense of positive racial and/or cultural identity that creates a social context in which

clients can benefit from mental health interventions and apply new coping strategies (Cross, 1991; Helms, 1995; Phinney, 1996).

The Africentric perspective is most valuable if it is infused throughout the treatment process. It facilitates engagement because it enables the clinician to communicate an understanding of African-American values that is likely to engage clients. It informs a more thorough assessment process because it provides a framework for understanding the importance of social context in determining outcomes. It is also critical for intervention because it informs the process of employing strategies that are designed to foster a sense of racial pride.

Engagement

Schiele (2005) emphasized that the Africentric essentials in the helping process are a personalization of a helping relationship and reciprocity in the helping process. Emotional distance and dishonesty between the social work practitioner and the client only impede the engagement process, and often result in early termination. Employing an Africentric perspective is one strategy for communicating an understanding of an African-American client's social context that could promote engagement. The Africentric perspective also facilitates engagement by viewing African heritage from a strengths perspective and recognizing the value of family and community within the client's cultural milieu.

Research suggests that matching a client with a racially and ethnically similar clinician promotes engagement and positive treatment outcomes (Ricker, Nystul, & Waldo, 1999). Other research suggests that more experienced and culturally competent clinicians are able to engage clients from cultural backgrounds that differ from their own (Thyer, Wodarski, Meyers, & Harrison, 2010). Since matching a client and clinician by race and ethnicity is not always feasible, an Africentric approach can communicate a sense of cultural competence when clinicians and clients have different backgrounds.

Assessment

Adherence to Africentric practice methods requires that social work practitioners and researchers exercise diligence in gathering appropriate and culturally relevant assessment information, including the role of ethnicity, class, gender, and power for each individual in their own environments. An assessment strategy that is informed by resilience concepts and the Africentric perspective calls for a strengths-based assessment that acknowledges protective factors in addition to risks or stressors. Specifically, intervening with African-Americans requires the social worker to assess for strengths and coping skills used in times of adversity. An Africentric

approach also includes assessing the social context by exploring a client's sense of community and supports within the family in addition to individual coping skills.

Intervention Strategies

It has been posited that interventions developed from an Africentric perspective are associated with positive mental health outcomes, such as reduced feelings of stress and depression, and increased feelings of self-worth, locus of control, and active coping (Jones, 2008; Neblett, Hammond, Seaton, & Townsend, 2010). Hopps, Tourse, and Christian (2002) recommend that social discussion of cultural heritage in practice may serve to bolster self-esteem and improve behavioral health outcomes. For instance, in communities where African-Americans feel disconnected from material and socially affirming values of American society, such as impediments to their economic mobility and livelihood, Africentric intervention methods seek to reduce feelings of alienation and worthlessness; hence, replacing alienation and worthlessness with values that affirm a more holistic, spiritual, and optimistic viewpoint of African-Americans.

African-Americans' participation in culturally congruent programs leads to more interaction and expression of cultural norms, which may improve treatment outcomes (Jemmott, Jemmott, & O'Leary, 2007; Snowden, 2003). For instance, Jemmott, Jemmott, and O'Leary (2007) found that mental health interventions developed to reduce risk behaviors associated with HIV/STDs among African-Americans were effective when they incorporated content on cultural beliefs and values in addition to cognitive-behavioral and skill-building components. Hence, mental health interventions that use strengths-based, culturally congruent perspectives, such as the Africentric perspective, may be more compatible with the African-American cultural experience and create a supportive social context that promotes resilience (Baldwin, 1986).

From an Africentric perspective, psychosocial difficulties among African-Americans are often caused by and a result of historical oppression and distress in reaction to the oppression. Resilience from the oppressions of American society may exist within the identification and acceptance of African-American culture. In order to promote resilience, social work intervention with African-Americans must acknowledge the impact that race, class, and gender may have on the individual and assist in de-pathologizing their experiences. Social workers can then affirm the cultural reality and traditional coping methods for African-Americans that promote positive survival, recovery, and liberation of the psychosocial consequences of oppression.

In some cases, cultural relevance may be less important for improving outcomes than for improving engagement and retention of African-American

participants in interventions. Kumpfer and colleagues (2002), for example, found that culturally relevant adaptations of the intervention, *Strengthening Families*, were not significantly more effective than the original version of the curriculum in reducing risk for substance use. However, the culturally relevant adaptations resulted in higher rates of retention and program completion (Kumpfer, Alvarado, Smith, & Bellamy, 2002). This is important to consider, given that African-American participants often have higher attrition rates than other participants in research studies examining prevention program effectiveness (Pinto & McKay, 2006).

African American clients dealing with complex and often debilitating stressors need interventions delivered in the context of a supportive environment (Jones, 2008; Miranda et al., 2003). Social workers employing the Africentric perspective can affirm the cultural reality and traditional coping methods for African-Americans that promote positive survival, recovery, and liberation of the psychosocial consequences of oppression. This helps to develop a strong, positive relationship between the client and clinician. While this relationship is important, interventions may need to also improve social supports within the family and community in order to have a meaningful impact on outcomes.

The following vignette focuses on the early stages of the helping process, emphasizing the usefulness of the Africentric perspective in assisting the client to reflect and affirm her cultural identity as an African-American woman and to revisit her traditional problem-solving and coping strategies.

Kendra's Story

Kendra, a young woman of African descent, left home at the age of 16 and married an older man, Ricky Sr., age 22, whom she had been dating for 6 months. By the age of 18, Kendra had 2 children; during her third pregnancy, her husband became physically violent and psychologically abusive. Kendra decided, "I can't take it anymore, for me, for my kids." She put things in motion to move out. Due to her strained relationship with her immediate family, she was forced to move into a family-based shelter program. While a shelter program would ensure her safety, Kendra would be relocated far away from her support system of friends and relatives. Kendra reported to her resident advisor feelings of alienation and isolation from other residents, and stated, "my kids don't have any friends and I don't know anyone around here." In search of companionship, Kendra began looking for friends in the wrong places, on "the streets," where she began to experiment with drugs and drink alcohol. Over the course of several weeks, Kendra showed signs and behaviors of being emotionally distraught. Her resident advisor, Stephanie, noticed that Kendra was very short with her children. In fact, she yelled at her son Ricky Jr., and said, "stupid, you're just like your daddy, no good."

After bedtime for the children, Stephanie decided to stop by Kendra's residence to check in with her. Stephanie asked, "Are you okay?" and Kendra said, "Why do you say that? I will always be okay." As Stephanie and Kendra sat together in silence, Kendra began to sob. "I feel like I'm going crazy," Kendra said. She asked Stephanie if she knew someone who would "understand me, even look like me, someone I can talk to." By the next morning, Stephanie had set up an urgent appointment with a local clinic and asked that Kendra be matched with an African-American female clinician, with the hope of connecting her with a worker who shared some of her cultural values.

Initially Kendra appeared to be withdrawn with Mrs. Faith, her new counselor. However, Kendra noticed a beautiful print located above Mrs. Faith's desk, and asked, "That is gorgeous. What is the meaning of that?" Mrs. Faith explained, "That is the symbol Ujima of Nguzo Saba, one of the seven principles of Kwanzaa. Are you familiar with Kwanzaa?" Mrs. Faith asked. "Yeah," Kendra reported. "I remember when I was younger, my family would celebrate Kwanzaa the day after Christmas. I just remember us all getting together as a family." Mrs. Faith followed, "Yes, you're right. It is celebrated the day after Christmas through New Year's Day. I like this symbol because it symbolizes collective work and responsibility, and that is how I like to work with clients in my practice: collectively." Kendra listened attentively to Mrs. Faith. "I believe it's important to build and maintain our community together, whether healthy or off-centered. You know, not only when things are going well, but also when we feel like we are losing it or going crazy? It's a lot to take in now, but we will continue to talk about the concept of collective responsibility over the next several weeks." After a short pause Kendra said, "I just haven't had the strength to get there lately." With sincere emotion and conviction, Kendra further revealed, "You know, it's so hard being a black woman. Society doesn't respect you, and your family applies so much pressure on you to succeed. And forget love and support from your husband. That's why I have become so angry, and it all soon led me down the path of drugs and alcohol, . . . thought it would take the pain away, but, no, I have become explosive. . . . But my kids [as she pulled out a photo], I know they love me, and I love them, that's why I have to get my shit together." Mrs. Faith smiled, and said, "There is something about you; you seem to have the soul of a warrior. I think that we can do some great work together. So can we start by you sharing a bit more about what brought you here today? Where shall we start?"

During this initial session, Mrs. Faith used the Africentric perspective to engage Kendra and create a social context that promotes resilience. Mrs. Faith was able to engage with Kendra by drawing on cultural traditions, such as Kwanzaa, and beliefs, such as collective responsibility, that resonate with Kendra's life experience and emphasize strengths inherent in her cultural identity. In a similar vein, Mrs. Faith worked to expose Kendra to

role models who have successfully negotiated difficult challenges in their lives and communities to provide a sense of hope and a vision for change. Through these strategies, Kendra was able to receive acknowledgment and validation of both her current and historical realities of unrecognized or devalued status in society and how this may play out in her interpersonal relationships.

In terms of assessment, Mrs. Faith gained a great understanding of Kendra's feelings of loss, disappointment, and shame surrounding her family. Kendra began to describe how her feelings of isolation led her toward the dead-end street of drug experimentation. These themes resonate with concepts in the resilience literature pointing to the importance of a supportive, cohesive social context in promoting resilience. Kendra described how the lack of this supportive social context resulted in feelings of isolation and negative outcomes.

Mrs. Faith began to create the conditions for resilience by establishing a sense of racial pride in talking about other women, in particular black women who have been able to overcome and survive difficulties such as abuse (physical/emotional), loss, and drug addiction. She shared examples, and asked Kendra to do the same. "My favorite aunt used to be addicted to crack. She's been clean for twelve years. Mary J. Blige, the singer, was able to reestablish herself after being in a physically and mentally abusive relationship, and, of course, Whitney Houston. I don't know how it happened to her, but she fought the drug addiction battle, as well as the abuse."

Mrs. Faith further intervened by exploring the societal construction of African-American women as "caretakers," and "superwomen" and women's acceptance of these roles. She further discussed how the belief in the societal myth that African-American women are invincible and can endure any or anyone's adversity without breaking down is psychologically damaging. She further explained, "The belief in these myths dates back to the days of slavery, when we had to ignore our emotional needs to survive." With sincere conviction and emotion, Kendra revealed, "I feel like I live that myth . . . I only know how to take care of others these days, and not myself." Mrs. Faith offered, "To reduce our psychological stressors, we must conquer denial and alter our defenses that lead us to believe that we are always in control of the life circumstances of others, as well as our own. We just can't take on everybody and everything."

In this dialogue, Mrs. Faith employed Africentric methods to demonstrate cultural competence and an understanding of the social and historical context that influences Kendra's behavior. This created the foundation for a therapeutic relationship in which Kendra could explore and apply coping strategies. This supportive relationship combined with new coping strategies are conditions for resilience. Mrs. Faith and Kendra continued to discuss past coping strategies that have been useful in times of distress, and Mrs. Faith

offered tangible tools for addressing such issues as stress and internalized oppression.

As demonstrated in the vignette, interventions informed by Africentric principles provide social workers with a tool to understand and respond to the complexity of the experience of oppression faced across both micro and macro system levels. Kendra's hesitation to seek treatment and her statement that she "will always be okay" were rooted in the internalized tradition that says that African-American women must be "strong" in the face of adversity.

CONCLUSION

Future Directions for Research, Practice, and Policy

Given that the general philosophy of the Africentric perspective is to provide culturally competent methods for practice with African-American clients and to promote sustainable, positive mental health outcomes, it seems that the method would be a key standard. Social work educators and practitioners in the United States are recognizing the increasing need to establish social work methods that are culturally congruent to meet the specific needs of the consumers (Atkinson, Morten, & Sue, 1998; Devore & Schlesinger, 1991; Lum, 1992).

A large body of practice literature has been developed to assist in intervening effectively with ethnic minority consumers in mental health treatment. As previously noted, the Africentric perspective has not been included in this discussion, largely because this literature is sometimes unknown or simply ignored (Collins, 1991; Scheer, 2006). In addition, this perspective has not been integrated with the risk and resilience literature in order to understand how cultural identity provides some protection from negative outcomes for African-Americans faced with mental and social health needs.

If social work professionals are going to continue to be proactive, macro-level practice and research efforts toward establishing an evidence base must be expanded. Effective social work practice at the macro level would recognize the importance of an Africentric perspective in the development of community action efforts, and these policies would be developed in consideration of an ontological system which supports the development of a collective African-American identity. This community context is a critical foundation for resilience because it creates the conditions for supportive relationships in which individuals can develop coping skills and draw on supports.

Macro interventions on the community level are particularly important since their development fosters overall well-being, crucial for mental health development (Brown et al., 2008). For example, the Brown research group used Africentric-driven community partnership methods with

community leaders to identify and guide practice targeting health disparities in Overtown, Florida (Schiele, 2005). In addition, participatory action research promotes equity to redress the disenfranchisement in communities like Overtown. Central to these efforts is an understanding of how prevailing ideologies have influenced legislation, policy, and practice relating to community development, employment, education, and public safety. The challenge is to use that understanding to inform assessment and decision making in advancement of community-based initiatives.

Developing our knowledge about the efficacy of Africentric methods in social work practice will require more research evaluating culturally relevant interventions with African-American men, women, and older adults. This includes the development of culturally relevant measures. Given the importance of the social context in promoting resilience, research will also need to examine how African-Americans' social-political context influences engagement in treatment and outcomes. Social work intervention is most successful when traditional "treatment" is enhanced with supportive resources within the client's family and community, which may include professional, social, and religious organizations.

As a method of intervention, the Africentric paradigm can serve as an effective tool for empowering individuals and communities, reaching for clients' strengths, and addressing disparities and oppression. It may also be useful for observing uniqueness among African-American clients, acknowledging the variation within diverse groups. Interventions at the micro and macro levels that aim to create a social context more conducive to promoting resilience will be key to improving outcomes for African-Americans. From an Africentric perspective, this will require creating social norms that value African-American heritage and strengths inherent in African-American communities.

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