Afrocentric Intervention Paradigm: An Overview of Successful Application by a Grassroots Organization

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A grassroots social service organization's successful use of Afrocentric ideas, theories, and frameworks in its programs and services illustrates that many African Americans respond more readily to human and social services interventions that value and understand their historical experiences and include their cultural influences as "protective factors" in social service interventions. This article describes how the Community Empowerment Association's programs and services are designed to be culturally proficient by holding African customs, ethos, history, mores, society, and traditions in high esteem.

Keywords: Afrocentric intervention, cultural influence, protective factors, afrocentricity, grassroots intervention

The Community Empowerment Association (CEA) was founded in 1994 in an effort to reduce and prevent violence in the Homewood-Brushton area of Pittsburgh. The CEA's success emanated through its grassroots origins serving residents of predominantly African American inner-city communities. Over the years, the CEA's growth into a full-service, multi-systemic organization in Allegheny County has demonstrated the need for human and social service agencies that value the unique historical experiences of African Americans as well as their resilience against cultural domination and oppression in American society. The CEA's successful use of Afrocentric ideas, theories, and frameworks in its programs and services illustrates that many African Americans respond more readily to human and social services interventions that value and understand their historical experiences and include their cultural influences as "protective factors" in social services interventions.

Since its inception, the CEA has served over 25,000 individuals, youths, and families residing in 48 neighborhoods and enrolled in 92 schools and 23 school districts within Pittsburgh and Allegheny County. The CEA's ability to activate, motivate, and mobilize community residents has created a productive, stable infrastructure that serves as the foundation for its ongoing accomplishments. One example of successful outcomes generated by the CEA includes its truancy

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prevention program, which continually generates positive improvements in the areas of school attendance (by 83.2%) and grade improvement (by 66.4%) among 288 Black youth participants within a 1-year intervention period (Excellence Research, Inc., 2008). Additionally, the CEA's S.A.F.E. Passage program has over 200 young Black participants (typically ranging from third grade to high school seniors) and is designed to strengthen protective factors for keeping children well by working with youths, parents and guardians, families, and schools. S.A.F.E. Passage has shown positive outcomes, with 87% of the participants earning A, B, and C letter grades in their report cards, while the number of D and E grades is kept low to only 13% of overall grades (Excellence Research, Inc., 2008).

Schiele (1997) and Lindsey (1997) suggest that there is a significant lack of culturally competent practitioners within mainstream human and social service organizations. A critical assertion is that many therapists and counselors misdiagnose and mislabel African Americans' emotional and mental disorders by excluding the effects of racism, prejudice, discrimination, and cultural oppression in their diagnoses and treatment methodologies. In other words, among mainstream social services professionals, the historical African American experience of racial and cultural oppression is often ignored as a socio-cultural reality that affects the emotional and mental health of contemporary African Americans.

Nonetheless, numerous risk factors affect the daily survival and health of African Americans: racism, poverty, high unemployment, educational failure, and so forth. Since the CEA's emergence in 1994, it has developed and offered timely intervention and prevention programs to particularly vulnerable and distressed populations (afflicted and victimized children, youths, young adults, and adults) who are impacted by these factors. With its base operations and networks in predominantly resource-poor African American neighborhoods and communities, the CEA's ability to reach, serve, and uplift socially disadvantaged African Americans is strengthened by its sensitivity to historical risk factors.

Responding to the gap in such knowledge among mainstream providers, the CEA's programs and services are specifically designed to meet the unique spiritual, psychological, educational, and socioeconomic needs of African Americans. The CEA's programs and services are designed to be culturally proficient by holding African customs, ethos, history, mores, society, and traditions in high esteem. New therapeutic approaches are developed based on the unique cultural dynamics to achieve participants' engagement, introspective commitment, and appreciation of insightful transformations. It is centered on a belief that culture provides a psychosocial stronghold against the detrimental byproducts of poverty and racism. The CEA understands that the effects of race, ethnicity, and power relationships in social and mental health services are essential to the efficacy of intervention. Participants in the CEA's programs often undergo psychosocial "life-changing" experiences by participating in such programs that effectively meet their survival, wellness, and empowerment needs.

At the organization level, the CEA's cultural competency and proficiency are evident in its ability to consistently attract community volunteers, hire well-educated and mission-driven staff members (in contrast to paycheck-driven staff), and establish working relationships with professionals from various institutions. The CEA's diverse professional and paraprofessional staff members include orthodox African American Muslims, orthodox African American Christians, and U.S.-born and continental Africans. Further, the CEA's rich ideological and religious diversity demonstrates the appeal of its mission and organizational frameworks to a broad sector of African American residents.

The CEA's success in effectively working with difficult community-wide issues and problems is well reflected in the recent grant and recognition awards given to the CEA by the Robert Wood Johnson Foundation, a number of local philanthropic organizations (e.g., Heinz Endowments, Pittsburgh Foundation, and the Grable Foundation), and the Allegheny County Department of Human Services. In addition, the CEA has received an Esprit Award (issued by the Mental

Health Association of Allegheny County), Community Advocacy Award, YouthWorks Program of Distinction, African American Community Service and Leadership Award, and others.

THE CEA'S AFROCENTRIC PARADIGM

The Afrocentric Paradigm is focused on the process of viewing African and African American people as subjects in history rather than as victims who operate on the fringes of society. The Afrocentric idea locates African Americans as doers, builders, and subjects in their own rights and not on the fringes of the history of others. However, centuries of racism, prejudice, and marginalization have created a multitude of socio-cultural risk factors among contemporary African Americans that continue to cause a host of challenges with regard to survival and quality of life (Mitchell, 2007). However, the CEA, in partnership with Akbar (2002), has found ways to protect and nurture the self-esteem and ethnic identity of Black children and youths while simultaneously improving their abilities to reason, listen, be attentive, build high aspirations, and advance language, creativity, and problem-solving skills and also instituting a cultural context that is consistent with their legacy and genesis in America in three major ways.

Seeing the World through One's Own History and Culture

Afrocentricity is an intellectual idea or philosophy that emphasizes seeing the world through one's own history and culture. Afrocentricity is also a process of applying internalized African-derived structures, values, and practices to present-day situations in African American life. Molefi Asante (2009) defines Afrocentricity as, "placing African ideals at the center of any analysis that involves African culture and behavior." Using the Afrocentric concept and methodology of "centering," the CEA's programs and services strive to identify and assess the cultural and environmental factors that can either disrupt or support healthy human development among high-risk African American populations. Unique family structure, community environment, cultural knowledge, socioeconomics, educational achievement, and family support systems are just a few of the identified risk factors associated with contemporary African American families and communities.

The CEA has learned that identifying and understanding the cultural factors that provide protection and resiliency are vital to healthy African American human development and functioning. Thus, using Afrocentric frameworks, the CEA's programs and services are designed to confirm the importance of people controlling the way they think, feel, and act while also affirming their humanity and individual potential. Thus, the CEA, as an Afrocentric cultural organization, prescribes to culturally specific ideas, theories, and approaches as delineated by Akbar (2003) by sharing

1. an interpretation of reality from an African American perspective and historical experience (centering);
2. an emphasis on higher-order, critical analytical thinking and creative thought in relation to understanding the negative effects of racism, discrimination, prejudice, and oppression (revitalization of emotional and mental health);
3. the promotion of Afrocentric ideas such as self-determination to foster shared kinship, ideas, knowledge, and beliefs (community empowerment);
4. the promotion of language, symbols, customs, and values that provide protective tools and resiliency in the development of healthy functioning and the social, moral, and intellectual development of at-risk individuals and families (ways of knowing and ways of feeling);
5. an emphasis on a liberating value orientation and the development of positive and proactive self-concepts in relation to society and the world (introspection); and
6. recognition and respect for human and cultural diversity (valuing cultural pluralism).

Further, as a culturally sensitive organization, the CEA understands the need to make available Afrocentric programs and services to individuals by encouraging optimal thinking and transformation, advocating for political, economic, and social justice, building on and being driven by the community's strengths, developing "authentic" trusting human services relationships, and fostering mutually beneficial outcomes to the individual, family, community, and society.

Nobles (1978), Meyers (1988), Schiele (1996, 1997), Akbar (1984), and Karenga (1980) were early pioneers who document the powerful role that Afrocentric interventions can play in human and social services. The CEA's programs and services are also aligned with the current research, theories, and practices of national institutions and agencies concerned with healthy African American child and adult development (e.g., public health paradigm). In this arena, two of the leading institutions that provide consultative guidance include The Institute for the Advanced Study of Black Family Life and Culture, Inc., founded by Dr. Wade Nobles, a theoretical scientist in the field of Black psychology, and The Council of Independent Black Institutions, which provides independent elementary and secondary education to African Americans in the United States.

Attention to Posttraumatic Slavery Syndrome and Posttraumatic Stress Disorder

As a culturally identified and community-driven Afrocentric social services organization, the CEA is strategically positioned to assess and identify a host of common risk factors that affect African Americans at the individual, family, school, and community levels. For example, diagnosed as posttraumatic slavery syndrome (PTSS), numerous African Americans have sustained traumatic psychological and emotional injury as a direct result of slavery and continue to be injured by traumas caused by the larger society's policies of inequality, racism, and oppression (Degruy-Leary, 2005). Another example of an affliction of African Americans is posttraumatic stress disorder (PTSD)—a generally accepted diagnosis describing a mental health disorder associated with individuals or groups who are survivors of traumatic experiences (American Psychiatric Association, 2013).

Given the ongoing and alarming state of socioeconomic and health disparities among millions of African Americans, PTSS and PTSD are mental health disorders that require culturally sensitive analyses and interventions. Each of these disorders also requires recognizing and understanding norms of African American culture and behavior (i.e., belief systems, customs, and values). However, few mainstream social services institutions and professionals integrate the socio-cultural effects of racism, discrimination, prejudice, and oppression into their therapeutic counseling interventions and practices (Schiele, 1996, 1997; Degruy-Leary, 2005).

Although diagnosing and treating PTSS and PTSD are extremely complex in human and social services work, the CEA's programs and services have been sensitive to the cumulative effects of racial domination and cultural oppression on the emotional and mental state of African Americans. In addition, the CEA's use of culturally responsive and sensitive frameworks to assess PTSS, PTSD, and other behavioral disorders (ADHD, anxiety, bipolar disease, autism, etc.) demonstrate its capacity to employ relevant cultural frameworks, such as Afrocentricity and individual and community empowerment. Further, the CEA's use of "holistic" intervention and prevention approaches is consistently designed to assess five core elements of African American life and culture: collective identity (who we are); acquiring knowledge and insight (ways of understanding); unveiling emotions (what we feel and why); human behavior (how individuals, families, and communities respond and act); and focusing on virtue (moral good and righteousness).

The CEA's Enhanced Afrocentric Intervention Process

Dawud Akbar (2003), a long-time CEA consultant and clinical psychotherapist, identifies various mental health conditions that affect the daily functioning and social interactions of African

Americans, such as self-hatred, self-alienation, identity confusion, collective amnesia, personality disorder, family dysfunction, over-preoccupation with materialism and flesh sensation, consumer mentality, neurotic fear syndrome in standing up for one's rights and cognitive dissonance, and conceptual incarceration.

These are all serious mental disorders that cause a host of potentially self-destructive conflicts and problems among African Americans over generations. The CEA professes that the psychological factors are not isolated in a compartment within themselves, nor are they separate from the other factors (health, cultural, educational, social, economic, etc.) that impinge upon African Americans. The CEA believes that they are all interconnected and that when people do not have an economic foundation, they are bound to have instability in all other areas (i.e., social and psychological).

More specifically, Akbar (2003) believes that troubled African Americans need to be debriefed of the impacts of past and modern threats in the following ways:

1. unbinding of complex emotional interactions rooted to historical affliction—a condition similar to PTSD;
2. unbinding of acute dysfunction stemming from continual abuse and neglect: rationalization of secrecy, toxic shame, and guilt;
3. unbinding of the Maafa experience—when people are so abused that their humanity is denied (e.g., great suffering, genocide);
4. teaching of cultural insights—for a people who cannot make a connection to their ancestral roots as it relates to their ancestors' spirit, values, axioms, principles, and lifestyles;
5. cleansing intrusiveness—when one's mind is being constantly bombarded with myths, lies, and foreign ideology; people's minds are constantly invaded by what the dominant culture has taught them (the intruder or invader must be assassinated—"de-Negroized");
6. diffusing hyper-arousal (hypersensitivity)—an exaggerated reaction to a stressor (deep-rooted fear of the White man); African Americans respond differently around Whites; unbinding paralysis (constrictiveness)—fear operates on an unconscious level, and paralysis kicks in only when it is time for African Americans to do things for one another;
7. un-conditioning menticide (self-alienation)—stemming from the devaluation of African culture, its ethos, and civilization; people are given a mind that is alien to oneself (sheep dog analysis), a killing mind that is designed to reject anything that is African;
8. unbinding culturally acquired immune deficiency syndrome—similar to AIDS, except that one has no cultural defenses (suffering from the Maafa experience), and people want to emulate popular culture; afflicted families may not have cultural protection or resistance to an undesirable but often popularized lifestyle;
9. facilitation of opportunities for participants to make a connection to African ancestral roots as it relates to their spirit, values, axioms, principles, and lifestyle; and
10. spiritual enrichment for humility, compassion, introspective insights, and constructive engagement with life challenges.

Akbar's development of an Afrocentric social services counseling intervention to address PTSS and PTSD-type disorders is an example of employing reality confrontation theory in therapeutic assessment and treatment, as described by Hotep (2007). This holistic program, called the "Water Ceremony," uses rituals, symbols, language, music, and other African American cultural elements to create transformation, transcendence, healing, and rebirth in African Americans. Thus, such unique intervention rituals represent examples of how the CEA uses culturally specific processes to provide healing and protective factors to African American adults and children. Long ago, Nobles (1985) suggested that it is through African Americans' ability to create, develop, and

implement ideas and interventions conducive to our own growth and development that we are enabled to affirm and protect our well-being in an oppressive society.

CEA-MODIFIED DEFINITIONS OF CONCEPTS RELATED TO CULTURE

The key definitions of some culture-related intervention terms generated by the CEA also uniquely reflect the Afrocentric paradigm and are as follows:

Culture: The shared values, norms, traditions, customs, arts, history, folklore, and institutions of a group of people. Culture gives people a general design for living and patterns for interpreting their reality.

Cultural blindness: People, institutions, agencies, and/or organizations that ignore cultural strengths, encourage assimilation, and blame the victim for their problems. Members of racial 'minority' groups are typically viewed from the cultural-deprivation model, which asserts that problems are the result of inadequate cultural resources.

Cultural competence: A set of academic and interpersonal skills that allows individuals to increase their understanding and appreciation of cultural differences and similarities within, among, and between groups. Note: This requires a willingness and ability to draw on community-based values, traditions, and customs and to work with knowledgeable persons from the community in developing focused interventions, communications, and other persons. No one is culturally competent, but it is essential that they are open to learning and appreciate cultural uniqueness.

Cultural destructiveness: People, institutions, agencies, and/or organizations that represent negative attitudes, policies, and practices toward African Americans and members of other historically oppressed groups (Asians, Hispanics, and Native Americans)

Cultural diversity: Differences in race, ethnicity, language, nationality, or religion among various groups within a community, organization, or nation.

Cultural incapacity: People, institutions, agencies, and/or organizations that lack the capacity to help or serve African American clients or communities. These people and systems remain extremely biased, believe in racial superiority, and often assume a paternalistic posture toward African Americans and members of other historically oppressed groups (Asians, Hispanics, and Native Americans).

Cultural pluralism: Mutual respect and cooperation between the various ethnic and racial groups in a society, which encourages historically oppressed groups to maintain their own culture without suffering prejudice or hostility from the dominant group (Schaefer, 1993); a belief that appreciating the importance of cultural differences is positive and healthy in a nation that is racially, ethnically, religiously, and geographically divers.

Cultural pre-competence: Stage that implies movement toward cultural competence. This individual or organization often realizes its own weaknesses serving historically oppressed groups and attempts to develop a plan or strategy to reach and serve members of African American and others historically oppressed groups (Asians, Hispanics, and Native Americans).

Culturally proficient: People, institutions, agencies, and/or organizations that are characterized by holding culture in high esteem, conducting research, and developing new therapeutic approaches based on cultural factors. These organizations have skilled staff, advocate for cultural competence, and strive to improve race relations within the general society.

Cultural sensitivity: An awareness of the nuances of one's own and other cultures

Culturally appropriate: Demonstrating both sensitivity to cultural differences and similarities and effectiveness in using cultural symbols to communicate a message

Culturally responsive: Positive ethnic socialization in which African American children and adults receive educational, human, and social interventions that aim to focus on core elements and activities in their historical, social, and cultural experiences (religion, kinship, music, etc.).

Professionals and practitioners in human service fields frequently do not feel comfortable serving those individuals in need whose cultural backgrounds are different from their own (Akbar, 2003). Often, in these cross-cultural interactions, members of historically oppressed racial groups can also become dissatisfied with culturally insensitive and/or incompetent practitioners. Thus, over the years, the CEA has learned how to be the leading organization for designing and facilitating culturally responsive and proficient services that provide protective factors in high-risk African American populations. The CEA is also unique because it has the capacity to engage with the most difficult-to-reach residents (e.g., staff members can work among violence-infested streets) and provide them with interventions that get to the core of their suffering. The CEA staff members are also trained to know how to walk the tight rope between being progressive and liberating and making issues more palatable to those with resources and administrative designation, such as local philanthropic and public organizations, by using "appropriate" language and terminology (e.g., coping skills versus African-centered terms). The efficacy of the CEA also stems from the fact that staff can identify with the people in need and view themselves as being equal to one another, as there is virtually no class difference between the staff and clients' family members. The CEA also can provide an opportunity for the client to feel safe in dealing with his or her issues and informs the clients that it is okay for them to readily express their feelings (e.g., a grown man crying is acceptable and not a sign of weakness). Overall results of such a unique adoption and elaboration of the Afrocentric intervention system are reflected in the positive program outcomes at the challenging grassroots level, as well as the CEA's ability to continually function as a major community asset with significant and unique capabilities.

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