



Alameda County Public Health Department

Community Health Services
Urban Male Health Initiative

& Jason Seals, Professor, Merritt College

Brothers on the Rise

Empathize, Engage, Empower!



**A Training Manual for Mental Health Professionals
To Build Individual, Organizational & System Level
Cultural Competence Working With African American Male Youth**

63 Mental Health
Services Act



Manual Created 2012-13 by the "His Health" Project – Funded By
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Empathize, Engage, Empower!

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Training Manual Introduction

I. Note from the “His Health” Team

It is with great humility that the *His Health* team, including grantee organizations, contracted issue expert and core working group members present this training manual designed to build cultural competence of mental health professionals to more effectively and equitably serve African American middle school aged males in Alameda County. Over a period of 18 months we have gathered great ideas from within and outside our team, and consolidated them into one document we hope will be a resource and catalyst for practitioners, supervisors, managers and administrators of Behavioral Health Care Services and its contracted providers. While we have made sacrifices on the depth of each topic covered, we are confident that taken together the 12 training modules will equip agencies to holistically explore issues raised, build greater awareness, expand clinical toolboxes, and develop policies and procedures. Through use of this manual, you will be better able to empathize with, engage and empower African American middle school males towards healthy life outcomes including personal and academic success.

II. Need for this Manual

The challenges disproportionately facing African American male youth in Alameda County are well documented: higher levels of exposure to violence, special education placement, suspension, dropout, incarceration, injury and death by violence. While African Americans are over-represented within mental health services, and school based services continue to provide counseling and other wellness related programs, the issues remain serious and the positive outcomes we all desired continue to be evasive. For this reason, and based on the African American Utilization Report, the AC Innovations initiative sought the help of leading organizations and individuals to provide feedback to Behavioral Health Care Services on how the County could better serve this demographic group. Based on the experience of our team, we decided to focus on male youth during the transition between boyhood and young manhood, or middle school years.

III. Purpose of this Manual

While other AC Innovations grantees’ purpose was to explore trauma and culturally based trauma-informed care practices, *His Health*’s charge was broader: to provide mental health professionals with insights and techniques based on cultural nuance which would result in greater empathy for African American male youth, more effective client engagement strategies, and integration of proven youth development strategies. This would allow the mental health community to better empower young men to achieve their goals inside and outside of treatment. To meet these objectives, our manual seeks to

affect change on both micro and macro levels: with youth and families being served more effectively by practitioners and their clinical supervisors, and with agency leaders dedicated to building a more diverse and competent workforce through revised administrative policies in finance, funding and quality assurance.

IV. Target Audience for this Manual

An ideal training group for this manual would be mostly clinicians or other youth workers offering counseling, case management, or therapeutic support, and who bring various levels of experience. It would also include some clinical supervisors, managers and administrators. The ideal mix also is representative of diversity across gender, race and other demographics. While most modules are focused on direct practice, there are a number of context setting workshops and some focused on professionals at mid to upper levels of organizational hierarchy. It is not recommended that this be directed at professionals identified as needing cultural competence building support, but rather that it be a normal part of staff development. If it is not feasible or desired to implement all modules or with the same cohort, modules do stand alone or may be selected to form a series for a particular set of workers to whom it would be most applicable.

Though originally intended for mental health professionals serving middle school African American males within schools, the manual evolved into a useful resource outside of academic settings. We now feel it will also benefit youth workers across a broader age range and those outside of strictly clinical settings, such as within faith-based institutions, foster care, juvenile justice or other social service agencies. It may also be a resource for school-based initiatives such as Oakland Unified School District's African American Male Achievement Initiative that contribute greatly to social-emotional wellness.

V. Recommended Methodology

The ideal methodology for this manual is a 12 month learning community with the same set of participants throughout, and CEUs offered for each session in which one of the modules are delivered. This is because this issue deserves and requires more time and on-going effort than a one time workshop or even workshop series provides. A learning community also allows for revisiting points, deepening learning, and building a sense of shared commitment to growth and achieving shared goals. Finally, and most importantly, this format aligns with the values of cooperation and interdependence that are core to African American culture and mental health approaches grounded in these historical and contemporary strengths. Thus states Dr. Halford Fairchild, Professor of Psychology and Black Studies at Pitzer College, "Black psychology is an inclusive, collective effort that takes place through a cooperative learning community." (See Module 10 for cite)

VI. *Recommended Facilitators*

As with any training manual, the facilitators that may best deliver it the first time are the creators. We therefore hope to be able to deliver initial cohorts of this learning community, modules, or sets of modules, to interested agencies. During this process, we recommend each agency identify a handful of professionals who come with a higher level of cultural competence as well as training/facilitation experience to participate with the intention of then leading future cohorts. Another model would be for BHCS and its contracted providers to identify a cohort of agency based trainer/facilitators to more immediately build capacity for the manual to be implemented across sites simultaneously.

VII. *“His Health” Process in Creating This Manual*

This manual was funded by an Alameda County Behavioral Health Care Services, AC Innovations, Round 2 grant, which engaged the community in efforts to build this system’s capacity to better serve African Americans. Core partners for this project have been the Office of Urban Male Health of Alameda County’s Public Health Department and the Oakland based nonprofit, Brothers on the Rise. Over 18 months, the group expanded to include Professor of African American Studies, Jason Seals, of Merritt College as Issue Expert Consultant, and a Core Working Group of mental health and youth development professionals and mental health consumers. The group convened 5 times to formulate, edit and finalize the manual. The project also engaged various stakeholders, including African American male youth and families, as well as clinicians, supervisors, managers, administrators, and other leaders within behavioral health and youth development, inside and outside of BHCS and its contracted providers. As part of this on-going field testing, the content, methodology and format for this manual emerged.

VIII. *Manual Format*

The structure of the manual’s 12 modules involve two hour sessions which utilize the following general framework, with some modules slightly adapted (see Explanation of Activities for more information on rationale and facilitation):

A. Opening Rituals	15 Minutes
B. Set Macro-Level Context	5 Minutes
C. Review Learning Objectives	5 Minutes
D. Awareness Raising Activity	15 Minutes
E. Skill Building: Review of Key Concepts and Core Techniques	15 Minutes
F. Skill Building: Practice of Key Concepts and Core Techniques	40 Minutes
G. Self-Reflection & Next Steps to Build Practice	10 Minutes

H. Closing Rituals Including Feedback and Evaluation on Session 15 Minutes

Each module closes with a list of cited resources. Facilitators should review these beforehand, utilize them for presentation and/or offer as handouts. Also listed are related books, videos, website/links, music, and organizations which participants may access outside of the learning community sessions.

Throughout the manual, there are icons with the following meanings:



This image signifies something participants should note that is particularly relevant within school-based settings



This image signifies an opportunity for reflection to help you avoid a potential pitfall and make a more informed decision



This image signifies an opportunity to integrate positive youth development into your mental health work

IX. Acknowledgments and Dedication

Here we would like to show appreciation for those that made this project possible. The following were members of the *His Health* staff/consultant team: Michael Shaw, Director of the Office of Urban Male Health, Alameda County Public Health Department; Jon Gilgoff, Executive Director of Brothers on the Rise; and Jason Seals, Professor of African American Studies, Merritt College. The following were members of our Core Working Group: Macheo Payne, Quinton Sankofa, Kara Schmitt, Cynthia Daniels and Melody Parker. Sue Eldredge of Community Network for Youth Development also contributed to the work of this body. The following organizations and individuals contributed to our field testing process with youth, youth workers and parents, which provided invaluable input: East Bay Agency for Children, Oakland Unified School District and its Research, Assessment and Data department, Frick Middle School, Claremont Middle School, Alameda County Behavioral Health Care Services; Jackie Collins, Paul Takayanagi, Marian Meadows, Barbara McClung, Lisa Carlisle, Ellen Muir, Jamaal Kizziee and Anne Okahara. To all, we offer great thanks for your time and commitment to African American male youth, their families, and the schools, nonprofits and public sector agencies that serve them.

We dedicate this manual to African American male youth in honor of their strength, resiliency, and amazing accomplishments.

X. *Man-Ups/Own-Ups (See Explanation of Activities)*

As we celebrate the success which is this training manual and the process which led to its creation, the *His Health* team also recognizes it could be stronger. Some areas for improvement to be addressed in future editions or as facilitators implement initial cohorts: greater continuity between modules, greater grounding in school based services, greater clarity as to learning objectives and ways to measure such targeted outcomes, more concrete clinical tools, supervisory strategies, management procedures and administrative policies to utilize towards achieving these goals across each systemic level. With all these areas for growth, we acknowledge the hard work of our team and thank everyone for the effort and expertise which contributed to a valuable resource.

XI. *Use of Terms and Acronyms*

Throughout the manual there will be terms that have different meanings for different participants. While we may provide a definition, this is not the only meaning the term holds or the correct one. Around issues of identity such as race and gender it is important to allow individuals to self-identify and drive the process of meaning making. One acronym that will appear consistently is AAM YOUTH for African American Male Youth. The use of this acronym is used with deep respect and consciousness that we must be careful anytime we do anything that may be construed as minimizing a large and complex issue, or making something smaller which in fact is great and powerful.

Explanation of Activities

I. Opening Rituals (From *Brothers on the Rise, Brothers, UNITE!* program manual)

- A. **Call to Order and Drum Call Out:** Each of these culturally based rituals should be done with an African drum. The West African “talking drum” is particularly relevant to doing work with male youth, who may have difficulty expressing themselves verbally, based on strict gender roles that influence boys and men to avoid vulnerability. The drum also allows for kinesthetic learning, which is often a preferred learning style for males, and for the use of music within mental health, which is one of the African-centered practices recommended by experts in the field.

The Call to Order gathers the group for the important meeting that is about to occur, similar to various traditional African cultures wherein the drum is used for this purpose. The Call to Order is a call and response ritual, in which the facilitator plays a beat and the group answers it by clapping their hands to make the same beat. After this call and response, the meeting or in this case workshop is ready to begin.

The Drum Call Out is a ritual, which like Libation, allows youth to honor those no longer with us – whether familial ancestors or neighbors/friends recently lost in the community, including to violence – by calling out to their spirits, naming them, then having the whole community remember and honor them as well. The ritual is achieved by someone naming the person they will honor, explaining why they want to honor them, then playing a beat on the drum, which is played back by the group to signify the whole community collectively honors them as well.

- B. **Create/Review Learning Agreement & Review of Previous Module’s Application** *(second part just for multi-module workshop series and learning communities):*

Before proceeding into module content, create a learning agreement to establish norms/rules, or if a workshop series or learning community, review and add to it. This is particularly important with topics such as those covered in this manual, which are sensitive and may result in misunderstanding and conflict if not prevented or handled productively. With the group (re-)grounded in its agreement, the facilitator then invites participants to share how they used the material from the previous module within their practice or to ask any questions that came up during this period.

- C. **Words of Wisdom:** These are proverbs, quotes, song lyrics, etc. taken from African American or other cultures. They also may be words spoken by the youth and families themselves that are uplifted and shared for their wisdom. The naming of the words honors those who said them, gets a group into the topic of the day, and builds up critical thinking skills along with cultural pride. The ritual is conducted by having

a participant read the words of wisdom, then having participants express what it means to them, how it relates to the topic and how it relates to their own lives, including in this case, mental health work with AAM YOUTH.

II. Set Macro-Level Context

This component involves having someone from the group read the quote written by the *His Health* team, or taken from another source then having participants reflect and express themselves around what was read. The purpose of this activity is to acknowledge within every module that the individual challenges disproportionately facing AAM YOUTH are systemic in nature. The exercise helps participants stay rooted in an understanding of macro level forces, such as oppression based on race, class, gender, sexual orientation, ability, and age which show themselves through inequitable policies and procedures that maintain power differentials and the status quo. Because the activity is only 5 minutes, participants do not answer each other, or argue each other's points, but rather listen and speak from their hearts and minds. This helps facilitate free expression which in turn allows training groups to bring up difficult issues which can be hashed through later within each module, and further along in the learning community process.

III. Review Learning Objectives

During this time, the facilitator reviews learning objectives so participants understand the targeted outcomes each module aims to achieve in building cultural competency with mental health professionals serving AAM YOUTH.

IV. Awareness Raising Activity

This activity gets participants thinking and communicating with each other about the topic. Activities tend to draw out where people are at with the topics, establishing a baseline of concepts and techniques upon which to build.

V. Skill Building: Review of Key Concepts and Core Techniques

During this activity, concepts and techniques are presented which we have gleaned from *His Health* team members, other youth and adult stakeholders in our process, and external experts who have contributed to the field through research, writing, music, programming, policy, advocacy organizing and other important work. This activity typically involves reading from other authors who offer insights and concrete tools that mental health professionals may then use in their work.

VI. *Skill Building: Practice of Key Concepts and Core Techniques*

In these activities, participants get a chance to practice using all they learned by engaging with case scenarios, role play, small group discussion and other interactive exercises that allow for application of what the module and learning community has covered. Typically within this section there is an exercise and then time for a large group share-out to process the activity and allow time for a deeper discussion.

VII. *Self-Reflection & Next Steps to Build Practice*

In each module, participants are given time to individually reflect on what they learned, how they will leverage existing strengths, and develop areas that continue to challenge them and their schools/agencies. What is written during this time can be shared as part of the learning discussion (see below) that is part of the closing rituals.

VIII. *Closing Rituals (From Brothers on the Rise) Including Feedback and Evaluation*

- A. Learning:** This is a chance to reflect on learnings for each module, and cumulatively as a learning community experience, including using the self-reflection sheet from the last section. The facilitator should ask each participant who shares to state how they will use their learning, to make the experience more practical and ensure application occurs to mental health work with AAM YOUTH.
- B. Man Ups/Own Ups:** Man-ups are for male participants and own ups for those identifying as female or those who don't choose to identify with male or female/reject gender classifications. This is a ritual which builds accountability, a sense of agency, and offers a space to take responsibility/apologize for anything a participant feels they could have done better or differently. It helps maintain a healthy and peaceful community by bringing positive closure to conflicts. Brothers on the Rise uses this ritual in its groups with boys and young men of color as well as the trainings it offers to adult youth work professionals.
- C. Verbal Feedback on the Training Module:** Here participants may offer brief and constructive criticism to facilitators on how the training workshop was facilitated, and within workshop series or learning communities, how to make improvements for the next session.
- D. Celebrations of Self:** This ritual celebrates achievements of participants within each session. It helps build self-esteem, which makes it an important activity for

mental health professionals to utilize in their work with AAM YOUTH. As this population faces a great deal of adversity including overt and covert racism that can be damaging to their self-esteem, helping to build resiliency is important, and providing space for celebrations of self is one way of doing this.

- E. Appreciation of Others:*** In this ritual, participants offer thanks to someone else in the training/learning community, or simply recognize them for something they did well. This is an honoring ritual which brings the workshop full circle in that it begins with a Drum Call Out to those who are spiritually present, and ends with an activity to recognize those still physically here.
- F. Written Evaluation:*** Here participants fill out a written evaluation, which facilitators use to make improvements to the modules and learning community experience. Suggestions offered and adaptations made should be discussed at the outset of future sessions, so participants see their voices were heard and progress was achieved.

Module One: Getting Grounded in the *His Health* Lenses

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Maximize benefits of this training manual by becoming grounded in its lenses and dual practice-based and system change approach
- B. Identify lenses through which mental health with AAM YOUTH may be seen
- C. Pass mental health issues through these lenses to inform decision making
- D. Ground direct practice in social justice approach and systems change goals, and ground systems change work in clinical understanding and direct practice experience

2. What is the Issue?

- A. There is an over-representation within mental health services of African Americans in Alameda County. Many, however, receive services in restricted environments, like jails. Treatment outcomes have been shown to be inconsistent, so improvements must be made
- B. Part of cultural competence is being aware of the lens of ethnicity – other lenses which may be overlooked are gender, class, age/developmental stage, environment and system
- C. Service providers may lack a social justice grounding and systems change approach, while administrators, policy makers, advocates and organizers may lack awareness of “on the ground” issues facing consumers and service providers

3. What is the Impact on Mental Health Practice?

- A. With a good deal of services mandated or used as an incentive to avoid punishment, and with inconsistent outcomes, AAM YOUTH and their families may be distrustful of and/or lack confidence in the system and therefore disengage or not fully engage
- B. Without a solid understanding of the background and day to day experience of AAM YOUTH, mental health professionals cannot deliver culturally competent services. Consumers and families may feel as if responsibility for their conditions and challenges are placed on them, instead of contextualized within a systemic approach
- C. For service providers to impact youth and families they serve, and contribute to large scale change, they must ground practice in social justice. For administrators and policy makers without a solid grounding in direct service, policies and procedures that “come from above” may limit progress or exacerbate challenges for consumers and providers

4. Recommended Strategies and Techniques

- A. While each of these modules may be delivered as stand-alone workshops, we echo the African American Utilization Report’s (2011) recommendation for school aged youth service professionals to form an ongoing learning community. The 12 modules of this manual may be delivered as monthly workshops within a one year framework
- B. Pass micro and macro level mental health practice through the recommended lenses in order to best inform decision making
- C. Establish methods within your practice, program and agency for “cross training” to develop the side of the “dual approach” (social justice grounded direct services AND therapeutically delivered systems change) which is not as present in your work

2 Hour Training Agenda

Materials and Equipment Needed: Hand drum, flip chart stand and paper for Group Agreement, flip chart and dry erase markers, words of wisdom written on dry erase or part of Power Point presentation (laptop/projector if using Power Point) break out space for awareness raising activity, boom box or computer/speakers for song, CD or electronic file of Nas song.

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Create Group Agreement for workshop/learning community
- iv. Words of Wisdom: “He who asks questions, cannot avoid the answers” – African proverb, from Cameroon & “He who conceals a disease cannot expect to be cured” – African proverb, from Ethiopia

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

“It is critically important that the negative stigma associated with mental health be replaced by life affirming and empowering treatments. In order to understand this, we must understand the complexity of Black males, their thinking, motivations, and actions. One of the biggest myths in psychology is that Black males are averse to therapy. In fact, I have found that once Black men and Black boys engage in treatment with people who they feel are skilled, understanding, and truly care about them, they are committed to the process. My mentor once told me, ‘The key to mental health for Black men is to always have options. And one option is always better than none. As long as we have an option, we can create a pathway; because without them we feel trapped, and nothing good comes from being trapped.’ ” - Taken from different sections of Dr. Andraé Brown’s article “Moving Toward Mental Wellness,” in Kevin Powell’s *The Black Male Handbook* (2008).

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “Based on this agenda, what do you hope to get out of today’s workshop?”

D. Awareness Raising Activity:

15 minutes

Purpose: This activity builds awareness of the layers behind the “presenting problems” which often bring AAM YOUTH in contact with mental health professionals at schools. We will use the key lenses presented within this manual to build up comfort levels seeing these “underlying issues” as a necessary context within which to plan a clinically indicated and culturally competent response.

Preparation: This activity is experienced most effectively standing, either behind participant’s desks, in a circle, or at a place of their choice within the room.

Instructions:

- Participants are instructed to stand up in a pre-designated space (see above) and asked to close their eyes (if they are comfortable)
- Participants are prompted with the following case scenario: “Jerome is a 7th grade African American male student at an East Oakland middle school. He is brought to you by Security because he was about to fight another student during recess.”
- If this is the “presenting problem” you are asked to address, we are going to explore different lenses through which to see this scenario
- I will give you different prompts that may take you deeper and deeper into these potential underlying issues.
- Before each prompt, the facilitator claps loudly, then announces the prompt, pauses, then says, “think about how this may have contributed to the situation”
- (The facilitator will clap his/her hands each time, before announcing the prompts, but will not tell participants about the clap in advance)
- Prompts: Race, Class, Gender, Age/Developmental Stage, Environment, System
- After these prompts, the facilitator announces that participants should think of how they would respond both in the short term and long term to this situation based on the lenses/contexts provided, with six new prompts.
- Prompts (pause after each one, telling participants to apply the lens based on their understanding of terms, which we will discuss in more detail after): Gender-Responsive, Culturally Appropriate, Therapeutically Delivered, Youth Development Grounded, Place Based, Social Justice Oriented
- Ask participants to open their eyes and return to their chairs

Process Questions

- How did it feel to do this exercise, with the prompts and the claps?
- What were ideas you had about how these lenses contributed to this situation?
- What were some ideas you had as to how they may inform your short term and long term response?
- How do you or could you use these lenses in your work?

E. Skill Building: Review of Key Concepts and Core Techniques

15 minutes

Purpose: To build participants' understanding of a youth development driven therapeutic process within a gender and cultural context. To provide participants practice in utilizing media based dialogue through experiential learning around their own race, gender, and youth experience.

Preparation: Have ready a boom box, or computer with speakers and a CD or link to the song, "I Can" by Nas. Distribute copies of the lyrics and worksheet found at the end of this module.

Instructions:

- Participants listen to the song with an ear for the lenses we are discussing and how it relates to AAM YOUTH they serve
- After the song is played participants are immediately instructed to fill out the worksheet
- Participants then share the pieces they have written about their own experience and engage in discussion based on the process questions below.

Process Questions:

- What was the song about as seen within the context of this training and the lenses we are looking at?
- Did writing your own pieces raise your awareness at all to the way these lenses may affect AAM YOUTH clients, and if so, in what way?
- How do you or could you use media as a springboard for dialogue and within your work?

F. Skill Building: Practice of Key Concepts and Core Techniques

40 minutes

Purpose: To practice applying the six lenses offered to this issue using a dual direct service and systems change approach. Within such an approach within all levels of an organization – direct practice, supervision, management & administration – there is attention paid to being gender-

responsive, culturally affirming, youth development grounded, therapeutically delivered, place based and social justice oriented. This approach occurs within a mental health program, the overall agency, the community school where services are delivered, and Behavioral Health Care Services (BHCS), which is the contracting agency for these services.

Preparation: Pre-write on four sheets of flip chart paper “Direct Practice,” “Supervision,” “Management,” and “Administration.” Each sheet should have a line down the middle – on the left side write “Doing Well,” and on the right side, write, “To Develop.” Hang the pre-written flip chart papers spread throughout the room with flip chart markers set alongside. An example of how a sheet would look is written below – replicate for supervision, management and administration. On a Power Point have the six practice-based lenses displayed: Gender-Responsive (GR), Culturally Appropriate (CA), Therapeutically Delivered (TD), Youth Development Grounded (YDG), Place Based (PB), and Social Justice Oriented (SJO).

Direct Practice	
Doing Well	To Develop
We have a boys group for African American boys at our school (GR, CA)	Youth & families don’t have input into service delivery at our school/agency (YDG, SJO)

Instructions:

- Participants are to walk around and write up what they feel is being done well within their practice/school/agency on the left side, and what needs to be developed on the right side in order to better integrate these lenses into their practice with AAM YOUTH.
- Instruct participants to look at the lenses displayed in the Power Point and next to each idea they write, put initials of the lens they are referencing. See above for an example.
- Allow time for participants to walk around and offer input through writing for 10 minutes
- Then form groups based on interest or participants’ actual roles. Groups should take the flip chart paper and sit with peers to review what was written and build upon the ideas offered as a small group discussion.
- Small groups present on the findings and the results of their discussion as to what is being done and what could be done within each level and applying the lens that was their focus.
- This latter part of the discussion can serve as a starting point for the learning community if this manual will be implemented using this format, in which case ideas should be written down for tracking purposes.



The need for cultural competence within the mental health system crosses all levels. It requires we hold each other accountable across agency-school-nonprofit and manager-supervisor-clinician. How will this learning community help ensure responsibility is shared and progress is achieved?

G. Self-Reflection on Where You're At and Next Steps to Build Practice 10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation 15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

“Media Based Dialogue & Seeing Myself Through the *His Health* Lenses”

Read along as you listen to lyrics of the song “I Can” by Nas. Think about the lenses we are looking through as we consider cultural competence with AAM YOUTH, and how the song relates to race, gender, class, age/developmental stage, environment and system. Consider how it is grounded in youth development and may have therapeutic value to listen to and discuss.

Having heard the song, now it’s your turn to think about how you can see a challenge you’ve faced yourself through these lenses.

What is the challenge you faced or are facing? _____

Now write a four, eight or twelve bar/line rap song, spoken word piece, or poem about this experience, with a similar youth development grounded approach as Nas did:

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Finally, if you were listening to the Nas song “I Can” with an AAM YOUTH client, what can you imagine the discussion would entail? What question might you ask to generate good conversation that would fit within the context of your work?

1. _____

2. _____

How do you or could you use music and other media in your work with AAM YOUTH moving forward? What music that you enjoy might you also use? What is a more modern (hip-hop) song you could use? If you don’t know, how could you find out?

"I can" song lyrics, by Nas

I know I can (I know I can)
Be what I wanna be (be what I wanna be)
If I work hard at it (If I work hard it)
I'll be where I wanna be (I'll be where I wanna be)

Be, B-Boys and girls, listen up
You can be anything in the world, in God we trust
An architect, doctor, maybe an actress
But nothing comes easy it takes much practice
Like, I met a woman who's becoming a star
She was very beautiful, leaving people in awe
Singing songs, Lena Horn, but the younger version
Hung with the wrong person
Got her strung on that
Cocaine, sniffing up drugs, all in her nose
Coulda died, so young, no looks ugly and old
No fun cause when she reaches for hugs people hold they breath
Cause she smells of corrosion and death
Watch the company you keep and the crowd you bring
Cause they came to do drugs and you came to sing
So if you gonna be the best, I'ma tell you how

[Chorus - 2x]

I know I can (I know I can)
Be what I wanna be (be what I wanna be)
If I work hard at it (If I work hard it)
I'll be where I wanna be (I'll be where I wanna be)

Be, B-Boys and girls, listen again
This is for grown looking girls who's only ten
The ones who watch videos and do what they see
As cute as can be, up in the club with fake ID
Careful, 'fore you meet a man with HIV
You can host the TV like Oprah Winfrey
Whatever you decide, be careful, some men be
Rapists, so act your age, don't pretend to be
Older than you are, give yourself time to grow
You thinking he can give you wealth, but so
Young boys, you can use a lot of help, you know

You thinkin life's all about smokin weed and ice
You don't wanna be my age and can't read and right
Begging different women for a place to sleep at night
Smart boys turn to men and do whatever they wish
If you believe you can achieve, then say it like this

[Chorus]

Save the music y'all, save the music y'all
Save the music y'all, save the music y'all
Save the music

Be, be, 'fore we came to this country
We were kings and queens, never porch monkeys
It was empires in Africa called Kush
Timbuktu, where every race came to get books
To learn from black teachers who taught Greeks and Romans
Asian Arabs and gave them gold when
Gold was converted to money it all changed
Money then became empowerment for Europeans
The Persian military invaded
They learned about the gold, the teachings and everything sacred
Africa was almost robbed naked
Slavery was money, so they began making slave ships
Egypt was the place that Alexander the Great went
He was so shocked at the mountains with black faces
Shot up they nose to impose what basically
Still goes on today, you see?
If the truth is told, the youth can grow
They learn to survive until they gain control
Nobody says you have to be gangstas, hoes
Read more learn more, change the globe
Ghetto children, do your thing
Hold your head up, little man, you're a king
Young prince that's when you get your wedding ring
Your man is saying "She's my queen"

[Chorus]

Module One – Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books:

Brown, A.L. (2008). Moving toward mental wellness. In K. Powell (Ed.), *The black male handbook*. (pp. 135-164). New York: Atria Books.

Websites/links:

African American Utilization Report,
http://acinnovations.herokuapp.com/pdfs/AlamedaAARreport_FINAL.pdf

Music:

“I Can,” by Nas

Additional Resources

Books:

Black Youth Rising, by Shawn Ginwright

Videos:

Antoine Fisher

Module Two: Practitioner Self Discovery

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Identify their personal values in order to develop a better understanding of their worldview and the possible impact (positive or negative) it may have upon AAM YOUTH clients
- B. Be aware of their personal values that inform their thoughts and behaviors (specifically those with AAM YOUTH clients)
- C. Identify how their thoughts and feelings about race affects their interactions and effectiveness with AAM YOUTH clients

2. What is the Issue?

- A. Practitioners with worldviews and theoretical approaches that are not inclusive or favorable to AAM YOUTH clients (whether consciously, subconsciously or unconsciously) cannot effectively serve this population
- B. A lack of time spent examining one's personal beliefs and values can prevent a mental health professional from recognizing how their beliefs and values about AAM YOUTH affects their practice with this population
- C. Most mental health agencies and providers are centered around Eurocentric theoretical approaches, beliefs and values, which creates disconnect from AAM YOUTH and the approach that would be most culturally responsive to their needs.

3. What is the Impact on Mental Health Practice?

- A. Without a high level of cultural awareness of self and others, the therapeutic setting may be biased and feel unsafe for AAM YOUTH
- B. Without this level of cultural awareness and responsiveness, it also doesn't allow the therapeutic setting to be inclusive of other cultures and ethnicities
- C. A lack of exploration allows for normalization or hegemony of Eurocentric theoretical approaches, practices and values to govern therapeutic settings
- D. All this will adversely affect the healing of male youth and families of African descent

4. Recommended Strategies and Techniques

- A. Become aware of values, thoughts and behaviors that may negatively impact clients
- B. Compare personal values to those of other cultures, including AAM YOUTH clients
- C. Read literature and study theoretical approaches from authors that share the same cultural background and values as AAM YOUTH
- D. Facilitate an exploration of values with AAM YOUTH

2 Hour Training Agenda

Materials and Equipment Needed: Drum, boom box or laptop with speakers, handouts, flip chart paper, markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: “When your values are clear to you, making decisions becomes easier” – Roy E. Disney

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

It’s important for practitioners to reflect on self and examine their lenses – otherwise known as perspective. An individual’s perspective includes morals, values and beliefs. Perspectives are usually shaped by an individual’s upbringing, culture, personal experiences and the dominant culture’s influence, i.e. literature, visual media, etc. With mental health professionals, their studies (specifically those in graduate school) have a great impact on their perspective in regards to clients. Most graduate programs primarily focus on theorists and psychologists that offer perspectives and therapeutic tools grounded in Eurocentric culture. With this said, it is vital for practitioners to assess how they have been conditioned to view their clients. Self-reflection is a helpful tool to gain a greater sense of mindfulness. Through this, mental health professionals will learn of strengths, any suppressed or unknown biases, discriminatory thoughts as well as values and beliefs that inform their behaviors and interactions with clients. - *Jason Seals, Professor, Merritt College*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity

20 minutes

Purpose: To expose practitioners to African centered thought and widen their perspective both personally and theoretically in order to improve their practice with AAM YOUTH

Instructions:

- Have participants read the Nigrescence handout to gain an understanding about African centered thought.
- Participants will compare the Nigrescence model to their understanding of Erickson's stages of child development and other commonly taught and understood Euro-centric models of child development such as Freud.
- Use the process questions in the worksheet to process the activity.

Process Questions:

- What are your initial thoughts about Nigrescence?
- How does Nigrescence differ from the Erickson model or other traditional models of human development?
- How do the four stages relate to AAM YOUTH and families served?
- How might you utilize the ideas and stages of Nigrescence with AAM YOUTH?

F. Skill Building: Review and Practice of Key Concepts and Core Techniques ***45 minutes***

Purpose: To support mental health practitioners with identifying and viewing their own personal values (in order to give insight into the thought process and/or values that inform their behaviors with AAM YOUTH)

Instructions:

- Distribute the Values Activity and have participants fill out independently
- Put participants in small groups of 3-4 for discussion using the process questions
- Facilitate whole group discussion moving through process questions and asking for "pearls of wisdom" as a report out, taking additional questions and comments
- Have African Worldview Chart written up on flip chart paper, one row per sheet, with the columns also written up
- Assign 1-3 worldview items per small group, asking them to select a facilitator, a recorder and someone who will report out. All can contribute to the process of reviewing each part and filling out the last column related to how that African Centered aspect of life shows itself in modern AAM YOUTH culture/experience, and particularly within participants' work as mental health professionals
- Have small groups present to the whole group with brief question and answer

- Debrief the process questions for a discussion

Process Questions:

- What is one African-centered worldview from the chart that you feel you embody in your practice with AAM YOUTH?
- What is one worldview that conflicts with the way you work with AAM YOUTH (and possibly your own values), and how will you adapt your values/approach to more closely align with an African-centered approach?
- What other practices responsive to this worldview and which take into account contemporary strengths and challenges do you or could you utilize to effectively serve AAM YOUTH?
- Note: here are some ways participants may mention or you may recommend they integrate the African-centered worldview within their practice: Building “*Knowledge*” through the use of traditional drums or modern media/arts projects; building “*Identity*” through the use of a Rites of Passage group model; or building “*Success*” through referral to and collateral work with an after-school program that offers academics and enrichment, and particularly with groups led by African American men (such as the African American Male Achievement of Oakland Unified School District or similar).

G. Self-Reflection on Where You’re At and Next Steps to Build Practice **10 minutes**

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)



Mental health professionals may find themselves at varying points along their life long journey to develop greater and greater cultural competence. How will you make your learning community an empowering space where strengths are celebrated, support is offered and healthy conflict may occur?

H. Closing Rituals Including Feedback and Evaluation **15 minutes**

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

Nigrescence – Drawn from Jamison (2008)

William Cross (1971) took an innovative approach to the study of the development of Black consciousness for Africans in the United States. He is best known for his conceptualization of the various stages of Black identity. Building on Erickson's (1978) stages of child development that emphasized the contradictions and difficulties experienced when individuals or groups of people attempted to transition from one stage to the next stage of personal development, Cross established a theory of Black psychological development called "Nigrescence". The Nigrescence model attempted to account "for the progression of African Americans through sequential stages to arrive at a healthy racial identity" (Bellgrave & Allison, 2006, p. 20). The stages in the process of Nigrescence were identified as: (1) Pre-encounter; (2) Dissonance/Encounter; (3) Immersion-emersion; (4) Internalization and (5) Internalization-Commitment. According to the theory, "each stage is characterized by certain affective, cognitive, and behavioral reactions" (Bellgrave & Allison, 2006, p. 21).

A process of revitalization for Black people is often referred to as Nigrescence, meaning to become Black. Nigrescence gives insight into the shaping of Black identity and perspective. It is an African centered theory helpful to understand the experience of Black people in the U.S.

Pre-encounter

- In this stage one views themselves through a white frame (hegemonic white patriarchy).
- One thinks, acts, and behaves in a way that devalues and/or denies his/her Blackness.

Encounter

- In this stage a person experiences one or many shocking events, personal and social, that are inconsistent with his/her frame. For example, one wants to be viewed as a human being but is disproportionately disciplined at school based on his race
- As a result, the individual decides to change his/her frame and develop a Black identity

Immersion-Emersion

- This stage represents a turning point
- To omit all ideas and beliefs that are associated with Pre Encounter- the white frame
- Immerse self in Black culture while withdrawing from all other groups- comfort
- Everything that holds value is connected to Blackness or Black people

Internalization

- This stage is characterized by the individual achieving a sense of inner security and self-confidence with his or her Blackness
- Calm and secure demeanor
- Decline of strong anti-white feelings
- Individual might ascribe to Black nationalism or diversity

Values Activity

Please review the list of personal values below:

Wealth Health Family Money Cleanliness Responsibility Honesty Trust
God Freedom Friendship Equality Order Control Knowledge Status
Power Achievement Fame Hope Accountability Growth Pleasure Acceptance
Comfort Courage Heroism Independence Joy Justice Perseverance
Self-Control Teamwork Uniqueness Safety Compassion Loyalty Forgiveness

Please identify and rank **your** ten most important personal values.

- | | |
|----|-----|
| 1. | 2. |
| 3. | 4. |
| 5. | 6. |
| 7. | 8. |
| 9. | 10. |

Please review the process questions below.

1. How do your personal values **inform** how you view and engage with your AAM YOUTH clients?
2. How much does your personal values **influence** tools and strategies you utilize to support your AAM YOUTH clients?
3. Could you **identify** the personal values of your most challenging AAM YOUTH client?
4. Do you **allow** your client's personal values to inform how you support your AAM YOUTH clients? If so, how? If not, how come?

African Worldview Chart & Modern Manifestations Related to Mental Health

ASPECT OF LIFE	AFRICAN CENTERED	URBAN AAM YOUTH CULTURE/EXPERIENCE
Value of Life	The highest value of life lies in the interpersonal relationships between Women and Men	
Knowledge	One gains through symbolic imagery & rhythm (<i>i.e. learning through meaningful music, books, artifacts, illustrations, video, and rituals</i>)	
Nature	One should live in harmony with nature	
Humans and Nature	There is <i>oneness</i> between humans and nature	
Survival	The survival of the group holds the utmost importance (<i>an emphasis is on the group rather than the individual for a person can't be successful if a brother or sister is struggling</i>)	
Environment	Men and Women should appropriately utilize the materials around them (<i>to not pollute the environment or over use materials</i>)	
Identity	<u>One's self</u> is complementary to others and the community	
Change	Change occurs in a <u>natural</u> , evolutionary cycle (<i>this is associated with spirituality – change is relative to what they do and/or what the most high desires</i>)	
Spirituality	Spirituality and ancestors hold the most significance (connected to personal which is dependent upon communal growth)	
Worship	There are many aspects of the supreme deity to worship, as well as ancestors, guardian spirits and natural forces (different faiths and religious practices among Africans)	
Success	Cooperation, collective responsibility, and interdependence are the key values to which all should strive to achieve (everyone participates in the success of community)	
Characteristics of Woman & Man	All people are considered equal, share a common bond, and are a part of the group (<i>i.e. family and community</i>)	

Module Two, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books and Articles

1. Jamison, D.F. (2008). Through the prism of black psychology: A critical review of conceptual and methodological issues in Africology as seen through the paradigmatic lens of black psychology. *The Journal of Pan African Studies*, 2(2), 96-117.
2. Karenga, M. (1993). *Introduction to Black Studies*. University of Sankore Press.

Additional Resources

Books

1. Racism Without Racists: Color-Blind Racism and the Persistence of Racial Inequality in the United States, by Eduardo Bonilla-Silva
2. The Psychology of Blacks: An African-Centered perspective, by Thomas Anthony Parham, Joseph L. White, Adisa Ajamu

Videos

1. What's Race Got To Do With It

Module Three: Mental Health and African American Male Youth

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Develop mental health practices that are culturally responsive to the needs of AAM YOUTH
- B. Provide a safe and nurturing therapeutic setting for AAM YOUTH
- C. Develop psycho-education activities that provide AAM YOUTH with life relevant tools and skills

2. What is the Issue?

- A. AAM YOUTH are often viewed through lenses and/or supported with theoretical approaches that consider African American male behaviors and experiences as unhealthy or pathological
- B. Mental health professionals lack alternate lenses and/or theoretical approaches to address the experiences and trauma of African American males
- C. Mental health professionals have limited knowledge of the life challenges that affect AAM YOUTH
- D. Mental health professionals lack tools to best support AAM YOUTH

3. What is the Impact on Mental Health Practice?

- A. AAM YOUTH tend to question the authenticity of mental health professionals
- B. AAM YOUTH tend to feel judged or misunderstood by mental health professionals
- C. AAM YOUTH tend view counseling and psychotherapy as ineffective
- D. AAM YOUTH tend to refuse support from mental health professionals (because of the stigma attached to service, as well as skepticism and lack of trust)

4. Recommended Strategies and Techniques

- A. Use alternative therapy techniques, i.e., writing, drawing, music, drama, and kinesthetic learning which may be used in concert with dialogue/talk therapy
- B. Use media (film, media, internet, magazines, etc.) as a tool to provide psycho-education
- C. Allow client to provide a narrative of their experience (this can be done through drawing, role play, dance or verbal expression; as well as formal narrative therapy)
- D. Create safety and build emotional intelligence to put language to experiences

2 Hour Training Agenda

Materials and Equipment Needed: Drum, boom box or laptop with speakers, CD or download of “Trapped” by Tupac, handouts, flip chart paper, markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: Education is the most powerful weapon which you can use to change the world - Nelson Mandela

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

African American males have a unique experience that’s influenced by racism and their status – socially, politically and economically. The oppression of African American males is both historical and intentional. Consequently, African American males have been targeted and attacked by U.S. institutions and individuals that deemed them inferior and treated them as 2nd class citizens. This experience subjects African American males to violence, poverty and other traumatic situations affecting their holistic well-being: mind, body, spirit and emotions. The treatment and experience of African American males conveys a harmful message that gets interpreted by society and through internalized oppression, to some extent by African American males themselves, that they are worthless, unimportant, criminal, deviant, etc. Therefore attitudes and behaviors of African American males that might be viewed as unhealthy or pathological are often a result and response to blatant harmful treatment of African American males and their families. – *Jason Seals, Professor, Merritt College*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “Based on this agenda, what do you hope to get out of today’s workshop?”

D. Awareness Raising

25 minutes

Purpose: This activity provides understanding of the African American male experience in urban communities.

Preparation: Provide participants with writing utensils and sheets of paper.

Instructions:

- Play the song *Trapped* by Tupac as participants look on with the lyrics (see end of module for handout)
- While the participants are listening to the song, instruct them to identify in writing issues facing AAM YOUTH, needs of AAM YOUTH and possible ways AAM YOUTH might be coping with their experience
- In dyads, have participants share information they compiled while listening to the song

Process Questions:

- What feelings came up listening to the song?
- What issues, needs and coping strategies did you identify?
- How may events and circumstances discussed in the song affect AAM YOUTH clients?
- How can you use this activity to inform your support of AAM YOUTH clients?

E. Skill Building and Support

15 minutes

Purpose: To help mental health practitioners develop skills and practice tools to best support AAM YOUTH.

Preparation: Present to participants that though somatization (conversion of a mental state into physical symptoms) is by no means exclusive to African Americans, this group tends to express symptoms somatically more often than Caucasian clients. Additionally, males tend to complain of physical symptoms more than females for such conditions as depression. Trauma, which greatly affects AAM YOUTH, also tends to show up in client’s bodies. As males are often kinesthetic (hands-on) learners and respond well to movement oriented treatment strategies,

somatic activities are an engaging way to help AAM YOUTH and should be integrated into the treatment process.

Instructions:

- Have the participants engage in a somatic activity (that gets people using and more in touch with their bodies) using the following steps
- Have the participants get into a circle
- In the circle, have each participant say their name and make a gesture
- After each participant has shared their name and a gesture, engage the group in an activity called *Sound Ball*
- In *Sound Ball*, each participant will share a sound with the group and pass the sound to another participant in the circle. The participant that receives the sound will mimic the sound, then share a new sound with the group and pass it to another participant. This process will continue until everyone has shared a sound
- After *Sound Ball*, still in the circle, have each participant make a gesture (non-verbal) to describe the experience of AAM YOUTH clients

Process Questions

- How did you feel doing this activity?
- How could this activity be useful for AAM YOUTH you serve?
- How comfortable would you feel facilitating this activity with a group of AAM YOUTH?
- What other activities have you used or could you use that are somatic in nature?

F. Skill Building: Practice of Key Concepts and Core Techniques

30 minutes

Purpose: To utilize the song, readings and case scenario activity (see worksheet at conclusion of the module) to demonstrate how mental health professionals can better serve AAM YOUTH.

Instructions:

- Instruct participants to read the Mentacide, Mental Health Hegemony and Black Psychology excerpts and then briefly discuss and react to the readings.
- Have participants read the scenario included on the worksheet and then discuss with a partner how the readings may apply, including through use of the guiding questions
- Have participants read Helpful Knowledge worksheet and then in small groups of 3-4 discuss and write on flip chart paper how they would support this AAM YOUTH client
- After the participants have written their strategy, have participants share out through a whole group discussion on how they would proceed in best serving this client



Developing empathy helps determine engagement and empowerment with AAM YOUTH. Statements like “I understand what you are going through” can be triggering if clients feel and, in fact, you really don’t. How can you empathize if you are not from the same background or haven’t had a similar life experience?

G. Self-Reflection on Where You’re At and Next Steps to Build Practice 10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation 15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

"Trapped," By Tupac

You know they got me trapped in this prison of seclusion
Happiness, living on tha streets is a delusion
Even a smooth criminal one day must get caught
Shot up or shot down with tha bullet that he bought
Nine millimeter kickin' thinking about what tha streets do to me
Cause they never talk peace in tha black community
All we know is violence, do tha job in silence
Walk tha city streets like a rat pack of tyrants
Too many brothers daily heading for tha big penn
Niggas commin' out worse off than when they went in
Over tha years I done alot of growin' up
Getten drunk thrown' up
Cuffed up
Then I said I had enough
There must be another route, way out
To money and fame, I changed my name
And played a different game
Tired of being trapped in this vicious cycle
If one more cop harrasses me I just might go psycho
And when I gettem
I'll hittem with tha bum rush
Only a lunatic would like to see his skull crushed
Yo, if your smart you'll really let me go 'G'
But keep me cooped up in this ghetto and catch tha uzi
They got me trapped....

[Chorus]

(Uh uh, they can't keep tha black man down)
They got me trapped
(Naw, they can't keep tha black man down)
Trapped
(Uh uh, they can't keep tha black man down)
Trapped
(Naw, they can't keep tha black man down)

They got me trapped
Can barely walk tha city streets
Without a cop harrassing me, searching me

Then asking my identity
Hands up, throw me up against tha wall
Didn't do a thing at all
I'm tellen you one day these suckers gotta fall
Cuffed up throw me on tha concrete
Coppers try to kill me
But they didn't know this was tha wrong street
Bang bang, down another casualty
But it's a cop who's shot there's brutality
Who do you blame?
It's a shame because tha man's slain
He got caught in tha chains of his own game
How can I feel guilty after all tha things they did to me
Sweated me, hunted me
Trapped in my own community
One day I'm gonna bust
Blow up on this society
Why did ya lie to me ?
I couldn't find a trace of equality
Work me like a slave while they laid back
Homie don't play that
It's time I lett'em suffer tha payback
I'm tryin to avoid physical contact
I can't hold back, it's time to attack jack
They got me trapped

[Chorus]

(Uh uh, they can't keep tha black man down)
They got me trapped
(Naw, they can't keep tha black man down)
Trapped
(Uh uh, they can't keep tha black man down)
Trapped
(Naw, they can't keep tha black man down)

Now I'm trapped and want to find a getaway
All I need is a 'G' and somewhere safe to stay
Can't use tha phone
Cause I'm sure someone is tappin in

Did it before
Ain't scared to use my gat again
I look back at hindsight the fight was irrelevant
But now he's the devil's friend
Too late to be tellin' him
He shot first and I'll be damned if I run away
Homie is done away I should of put my gun away
I wasn't thinkin' all I heard was the ridicule
Girly was laughin', Tup sayin "Damn homies is dissin you"
I fired my weapon
Started steppin' in the hurricane
I got shot so I dropped
Feelin' a burst of pain
Got to my feet
Couldn't see nothin' but bloody blood
Now I'm a fugitive to be hunted like a murderer
Ran through an alley
Still lookin' for my getaway
Coppers said Freeze, or you'll be dead today
Trapped in a corner
Dark and I couldn't see the light
Thoughts in my mind was the nine and a better life
What do I do ?
Live my life in a prison cell
I'd rather die than be trapped in a living hell
They got me trapped

[Chorus]

(Uh uh, they can't keep the black man down)
They got me trapped
(Naw, they can't keep the black man down)
Trapped
(Uh uh, they can't keep the black man down)
Trapped
(Naw, they can't keep the black man down)

Mentacide, Mental Health Hegemony & Black Psychology

The following excerpts raise awareness around how dominant White culture, and the potentially unnoticed acceptance of views put forth by this culture, may otherwise be seen as “normal” or “correct” if left unchallenged. These excerpts and this manual contribute to this examination; raising awareness to a wide body of work in Black Psychology and related African-centered mental health approaches that should be part of every professional’s basic and on-going education. Please read the following, discuss and use as a resource to inform your recommendations for how to respond to the case scenario in a culturally competent manner.

Mentacide: The Ultimate Threat to the Black Race, By Bobby Wright (1974)

...the Black race is presently facing an enemy whose method of destruction is without any historical precedent; namely, “mentacide (Wright, 1976)” which is defined as the “deliberate and systematic destruction of an individual or groups’ mind.” Mentacide differs in theory and practice from concepts, e.g., “brain washing” in that its ultimate aim is the extirpation of an entire race; whereby “brain washing” is primarily used to convert individuals or groups to a cause or belief. There is one essential condition in order for the process of mentacide to be effective; namely, the control of the opposing group’s institutions or the power to significantly influence them. Unfortunately, for the Black race, that condition exists throughout the world. In fact, some Black groups, e.g., those of the United States and Azania (South Africa) are enslaved rather than being oppressed, exploited, etc., in that all their life sustaining institutions are controlled by whites. There is no denying that there are whites who are oppressed and exploited by other whites, but they are still able to significantly influence institutional change. The technique of mentacide deludes other Blacks into believing that there is a commonality between them and the oppressed whites, which leads Blacks to attempt to form alliances with them. Yet in spite of historical failures of these alliances to benefit Blacks they continue to pursue this process. Unfortunately, Blacks will continue to utilize white directed techniques in attempting to solve their problems and will continue to be unsuccessful until they can develop ‘Black Social Theory.’

From Dr. Linda James Myers and Dr. Suzette L. Speight (2010), citing Dr. Wade Nobles, Executive Director of the Institute for the Advanced Study of Black Family Life & Culture, Inc

Parham (2009) reminds us that African-centered psychology is not homogeneous, however unity exists around the attempt to understand healthy psychological functioning from the level of cultural deep structure. Harnessing these insights to overcome mentacide, liberate minds, enlighten hearts, and change lives has been a quite a challenge within an oppressive social context that has proven toxic, hostile, and dehumanizing.

The theory of Optimal Psychology is devoted to gaining insight into divine consciousness, how human beings are sacred, divine spirit, thus it fits the tradition that Wade Nobles (1986) describes as that of the Sahku Sheti, deep penetration and illumination of the soul which inspires. One of the challenges facing the Sahku Sheti of African centered psychology is the necessity of freedom from... constraints of not only years of training in mainstream psychology, but also, the prevailing societal cultural worldview that separates Supreme Being.

Optimal Theory emphasizes the interdependence and interrelatedness of spiritual, mental, physical, social and environmental well-being. Chissell (1993) defined optimal health as the best possible emotional, intellectual, physical, spiritual, and socio-economic aliveness that we can attain, which has resonance for Optimal Theory in a larger context of balance, harmony, and order. To be mentally healthy within this toxic social context is to be consciously and deliberately engaged in the process of optimization, to develop increased knowledge of self, by recognizing self to be multi-dimensional (i.e., inclusive of ancestors, future generations, nature and community) in nature, and to master the Ten Cardinal Principles described by the ancients (Myers, 2003). These are: cultivating the ability to distinguish between the real and the unreal, and right and wrong, learning to be free from resentment under persecution and wrong doing, believing and coming to know the truth can be found and lived, being devoted to realizing union with Supreme Being and having faith in the ability for truth to be revealed, and learning to control your thoughts and your actions. Engagement in these practices will inoculate and support well-being resulting from right alignment as sacred Spirit.

Please discuss these readings and use them to inform your response to the case scenario below.

Case Scenario:

Malik, a 14 year old African American male in the ninth grade, is not attending school regularly. When he attends school, he engages positively in the classroom and completes his work. Often he smells of marijuana, however when he is questioned by school administrators or his teacher, he denies that he smokes. His guardians are his grandparents, as his father is incarcerated and his mother struggles with substance abuse issues. The grandparents are difficult to contact. When they were finally reached they denied that their grandson was using drugs, but did admit to having difficulties with getting him to attend school regularly. When the school offered support, the grandparents declined it. Malik doesn't have a history of mental health issues, but has exhibited a few outbursts in class towards his classmates for heckling him because he receives special education services. In the one instance he was suspended for his behaviors, the grandparents never responded to the school's request to have a parent meeting. The school is considering a CPS report on educational neglect and/or contacting the district to initiate student attendance review procedures, which could result in support but also discipline.

Guiding Questions

1. Dr. Wade Nobles writes about the Psychology of Violence, citing Frantz Fanon's work, which describes three levels of violence destructive to the spirit of African people: "raw vulgar violence," "historical violence" and "violence beyond violence," or 'invisible destructive force that is always at work and that expresses itself as an alien form of universal values and dominant norms.' Which types of violence, if any, do you see present in this case scenario and how would this inform a culturally competent response?
2. Using a basic understanding of Black Psychology, Optimal Theory, other African centered or culturally competent mental health approaches, how would you further assess this situation and work towards an empathetic, engaging and empowering response?

Helpful Knowledge in Working with AAM YOUTH

Barriers for Treatment (Coming From Mental Health Professionals)

- Lack of cultural knowledge
- Lack of knowledge regarding client's experience
- Eurocentric worldview and/or theoretical approach
- Unknown bias
- Lack of culturally relevant theoretical approaches and tools
- Lack of knowledge on how to secure parental or family involvement

Barriers for Treatment (Affecting AAM Youth, Families and Therapeutic Process)

- Stigma associated with mental health
- Skepticism or animosity towards social services
- Denial that treatment or support is needed
- Embarrassment/shame regarding the need for mental health support
- Don't want/refuse help
- Lack of money or insurance
- Fear of revealing family's personal business / fear of CPS report / special education referral / referral for psychological evaluation, damaging diagnoses, and medication
- Social acceptance (don't want to be judged or ridiculed by peers for receiving services)
- Youth may be getting in trouble with school and/or with the law
- Hopelessness about their current situation and about the future
- Multiple losses, including losing friends and loved ones to violence

How to Overcome These Barriers and Support AAM YOUTH

- ✓ Learn more about African American and urban youth culture, and help build racial pride
- ✓ Learn more about Black Psychology and other culturally specific approaches
- ✓ Acknowledge bias, oppression, injustice, client's negative experiences with services
- ✓ Building rapport and trust with client and family, empowering them to guide treatment
- ✓ Build communal support with extended family, mentors, coaches, faith leaders, etc.
- ✓ Reduce stigma including through alternative language to "mental health" or "therapy"
- ✓ Offer options for support, including individual, family, group or case management
- ✓ Provide psycho-education around mental health issues and available supports
- ✓ Ensure your agency/site offers support for youth without insurance
- ✓ Normalize counseling, including through non-clinical events that youth plan and are fun
- ✓ Develop sense of hope, grounded in concrete path to success and supports to get there
- ✓ Provide grief counseling and use trauma/healing informed care practices
- ✓ Help youth develop healthy coping skills, including through mindfulness and meditation
- ✓ Work to reduce behaviors getting youth in trouble
- ✓ Educate and advocate within school and justice systems to ensure their response is fair and culturally appropriate as well

Module Three, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Articles and Books

1. Myers, L.J. and Speight, S.L. (2010). Reframing mental health and psychological well being among persons of African descent: Africana/Black psychology meeting the challenges of fractured social and cultural realities. *The Journal of Pan African Studies*, 3(8), 66-79.
1. Wright, B. (1984). *The psychopathic racial personality and other essays*. Third World Press.

Audio

1. “Trapped” by Tupac
2. “Love’s Gonna Get Cha” by Boogie Down Production

Websites/Links

1. Institute for the Advanced Studies of Black Family Life and Culture, Dr. Wade Nobles, <http://www.iasbflc.org/old/Articles/AfricanModel/africanmodel09.htm>

Additional Resources

Books

1. Visions for Black Men, by Na'im Akbar
2. The Black Male Handbook, by Kevin Powell
3. Being a Black Man, by the Staff of the Washington Post
4. Black men, Obsolete, Single, Dangerous by Haki Madhubuti
5. Post Traumatic Slave Syndrome by Dr. Joy DeGruy

Videos

1. Def Poetry: Jam Pat's Justice “Innocent Criminal”
2. Juice
3. Boyz n the Hood
4. 12 Years a Slave

Module Four: Man-Hood: The Role of Gender and Environment

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Identify the impact of masculinity on mental health practice with AAM YOUTH
- B. Identify the impact of environmental stressors on mental health practice with AAM YOUTH
- C. Adapt mental health practice with AAM YOUTH to be more gender-responsive and trauma-informed

2. What is the Issue?

- A. Male gender socialization directs AAM YOUTH away from expressions of vulnerability. Also males often have a hard time sitting still and expressing exclusively through talk.
- B. The environment of low-income urban communities characterized by high levels of exposure to violence may cause great stress and trauma on AAM YOUTH
- C. School based mental health for middle school students is most often delivered during elective period, often gym, which is one of the few opportunities AAM YOUTH have to move during the school day

3. What is the Impact on Mental Health Practice?

- A. AAM YOUTH may have an adverse reaction to the standard mental health question, “How do you feel?” and not want to admit to problems or their effects, as traditional masculinity socializes males away from showing such “weakness”
- B. AAM YOUTH may feel bored with therapy and if offered as individual therapy prefer to be with their peers as is normal for adolescents

4. Recommended Strategies and Techniques

- A. Use non-talk therapy techniques, such as writing, drawing, music, drama, kinesthetic, etc.
- B. Use the group modality instead of or in addition to individual therapy
- C. Learn and talk more about neighborhoods where your AAM YOUTH clients live, what great resources exist in these communities and how challenges affect them
- D. Create safety and build emotional intelligence to help AAM YOUTH put language to their experiences

2 Hour Training Agenda

Materials and Equipment Needed: Drum, boom box or laptop with speakers, CD or download of “Changes” by Tupac, handouts, flip chart paper, markers

B. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: “M to the A to the S to the K. Put the mask on the face just to make the next day” – *The Fugees*.



The “masks” AAM YOUTH wear can be protective. As mental health professionals, we must be patient and not insist clients tell us “how they feel” too much or too quickly. How can we create safety for them to remove masks, and respect “code switching” they may do in environments outside the clinical space?

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

“When we think of gender-responsive practice, our minds may jump to feminism and work with female clients. The exploration of “men and masculinities” and the boys and young men of color (BYMOC) movement indeed draws on strengths of identity based movements including the struggles of women, African-Americans, the LGBTQ community and others. This movement recognizes the systemic inequities facing males of color – that they are disproportionately affected by poverty, violence and other risk factors – with higher rates of many mental health conditions as well. The movement also recognizes the great strength and resiliency shown by BYMOC to achieve greatness in spite of the many obstacles that stand in their way. In California and within Alameda County there has been an investment of time and resources to identify what policies and programs most benefit AAM YOUTH and how systems, including public schools and behavioral health care, can best respond to their specific needs. Still, there is much to be done.” – *Jon Gilgoff, Executive Director, Brothers on the Rise*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques **5 minutes**

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity: Enemies & Defenders **15 minutes**

Purpose: This activity builds awareness of environmental stressors facing AAM YOUTH, while providing an activity that can be used within mental health groups or adapted for individual counseling. The activity will help training participants understand obstacles AAM YOUTH face and who/what protects them from these potential dangers and helps them overcome these challenges.

NOTE: This is a movement exercise – make sure space is safe for quick movement.

Instructions:

- Put in CD of “Changes” by Tupac and invite participants to move around with as much movement/dancing as possible.
- Ask them to act out or represent emotions that you call out – happy, sad, nervous, scared, angry...After each change have students freeze, lower/pause music, and look around the room to see others’ poses.
- Next explain that they should think of who or what is an enemy of AAM YOUTH clients they serve: something that puts AAM YOUTH in danger, has a negative influence, etc. For example it could be another boy trying to get them to fight, drug dealers, racial profiling, or failing schools. Ask them to silently and secretly select someone at random that will represent this enemy for the purposes of the game. When music returns, each participant will stay as far away as possible from that person who is the enemy while still moving around and filling up the whole space. Their “enemy” shouldn’t know who they are so instruct them not to stare. After they pick out the person and who/what they represent, say “go!” and have them move around, staying as far from their enemy as possible.
- Pause the music and tell participants to freeze. Now they’re going to pick out at random “a defender” that would be a protection from or assistance for the enemy from before. A defender can be a person, like a parent or counselor, or a thing, like a well-lit street, a youth jobs program, or a youth organizing campaign. The goal is to keep this person who will represent the defender between you and the

enemy at all times as you move quickly around the room. Model how this would look for them to make sure they understand the concept. Once they have the defender picked out and know who/what this person symbolizes, and understand the instructions, say, “Go!” (Put music back on). Let this go a while and then stop the game with another “Freeze!”

- Before sitting back down, ask participants to “make peace” with their enemy by giving them the peace sign and also thank their protector with a handshake.

Process Questions

- What was this activity like for people?
- What are some enemies facing AAM YOUTH at your sites and what are their impact on these clients?
- Who are the defenders and how do they protect AAM YOUTH?
- What is your role in this process?
- How can this exercise be useful to you as mental health professionals?

E. Skill Building: Review of Key Concepts and Core Techniques

15 minutes

Purpose: To name and understand how the pressure and expectations of “acting like a man” shapes the choices and behaviors of AAM YOUTH.

Preparation: Have a box on the dry erase or other big space outlined with visible masking tape or a dark color marker, with the title “Act Like a Man Box” on top of the box. Cite Kivel & Creighton, who created this activity and led the Oakland Men’s Project for many years.

Instructions:

- Introduce what “socialization” means – how we are socialized to think about something – how society defines things for us. Today we will be looking at African American masculinity. This is what gender is, as opposed to sex. Sex is boy/man, while gender is male. Maleness or masculinity is a “social construct,” constructed or created by society.
- What is society? Do a brainstorm about what makes up society – help them define this with the prompt: any place that people, in this case AAM YOUTH, get messages about what it means to be a man. List should include: family, friends, school, place of worship, media (T.V., movies, music, magazines, and video games), sports, government, etc.
- Society shapes people in it by these messages. Everyone is shaped by society, positively and negatively. What are some examples? (Manners, ways of dress, speech, etc.)
- Explain that this is how we define the man-box – messages society gives that **pressure AAM YOUTH into a limited set of attitudes, beliefs, and behaviors.** For example, “Boys don’t cry” is part of the man-box because boys, like all people, feel both positive

and negative emotions – but by about 6 or 7 years old are given this message, so they start to hold in their sadness even though it ultimately comes out often as anger. With this as an example, have participants think of a message they believe this population gets and its source (see list above).

- Take responses from participants and write them inside the pre-drawn box.
- After the box is created, you discuss and record on one side outside the box what boys get called if they don't fit into this (label "Verbal consequences"– if they cry, or aren't ready to fight, or study too much, etc. (Punk, sissy, mark, b****, gay, etc.). Then on the other side of the box (label "Physical consequences) what physically can happen to them (bullied, beat up, isolated, etc). Then under the box (label Emotional Consequences), how this makes a boy feel (sad, lonely, confused, angry).
- Present that since boys aren't supposed to show sad, lonely, embarrassed, etc., but are often encouraged to show anger, this is how these pressure CAN (doesn't have to) lead to violence.
- Also note how the insults used against males who step out of the box disrespect females and the homosexual community, and can lead to violence between males who then need to prove their manhood. In this way, the "Man Box" activity helps us better understand and prevent not only male violence, but also sexism and homophobia.

Process Questions:

- What do you think of this man-box?
- How has it affected you in your own life?
- How does it affect your AAM YOUTH clients? (Note here that while all boys exist under a Boy Code (Pollack), for AAM YOUTH and others living in low-income urban communities of color with higher levels of violence, the Codes of the Street (Anderson) exert a larger pressure with more serious consequences for stepping out of the box. Dr. Joe Marshall of Street Soldiers/Omega Boys Club calls these pressures the Commandments of the Streets – this is how serious they are and how grave a situation an AAM YOUTH may put himself in if he does not follow these "rules."
- How can you use this exercise to inform your practice with AAM YOUTH?

F. Skill Building: Practice of Key Concepts and Core Techniques

40 minutes

Purpose: To contextualize gender socialization and environmental stressors within a cultural and historical context.

Instructions:

- Using the prompts from the worksheet at the end of this module, facilitate a brief discussion using process questions below on how AAM YOUTH are currently affected by these issues and its historical and systemic context

- Use 6-7 minutes for each prompt A-C or 20 minutes total
- You may also pick one or two prompts and spend more time on those.
- Use the remaining 20 minutes for the case scenario, also at end of this module

Process Questions:

- How are AAM YOUTH currently affected by the issues raised by each prompt?
- What is the historical and systemic context for the issues raised?
- How have these issues affected AAM YOUTH clients you work with and how has your work been informed by this historical and systemic context?

G. Self-Reflection on Where You're At and Next Steps to Build Practice *10 minutes*

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation *15 minutes*

- Review Self-Reflection as Learning & Review Resources
- Man-ups/Own-ups
- Verbal Feedback for Facilitators
- Celebrations of Self
- Appreciations of Others
- Written Evaluation (see page 142)

Framing gender socialization and environmental stressors within a cultural and historical context – practice of key concepts & core techniques

A) Screen and discuss excerpts from the video “Hip-hop: Beyond Beats and Rhymes” which reinforce the man-box pressures, show influence of media, but contextualize affects within historical/systemic violence and oppression. To include in the discussion is the hyper sexualization of not only African American females but also males in mainstream media. This has roots in slavery and historical breeding practices during that time.

Another affect these influences have had (though there are many other influences) is a high degree of homophobia which affects AAMY and has contributed too many such youth remaining “closeted” or “on the down low.” As such youth get older they may choose to identify as MSM or men having sex with men instead of feeling safe identifying as homosexual.

Besides general process questions listed within module, also ask: How do you see these issues playing out with AAMY clients you work with and how have you or can you respond in a gender responsive, culturally affirming manner?

B) Read this quote to group: “It is well documented in the literature that African Americans have been over-diagnosed with schizophrenia and underdiagnosed with illnesses like major depression and bipolar disorder. Expressing 'healthy paranoia,' regarded as a survival skill among African Americans, may prompt an uninformed clinician unfamiliar with African American culture to consider this as a symptom of schizophrenia or psychosis.” - Annelle Primm, the American Psychiatric Association’s deputy medical director and director of its Office of Minority and National Affairs (quoted in Huffington Post 07/17/12 article - http://www.huffingtonpost.com/2012/07/17/african-americans-mental-health_n_1679727.html).

Besides general process questions listed within module, also ask: Where does this healthy paranoia come from historically and how does it play itself out at your setting and with AAMY?

C) Show some news clip titles about Oscar Grant and Trayvon Martin and the reaction of the African American community and society at large – representing various responses and including the verdicts which came out of the judicial cases. Reflect how the constant barrage of such images can create a stereotypical image of the “angry and dangerous young black man.”

Besides general process questions listed within module, also ask: How do these instances and many others that occur in low-income communities of color affect AAMY that you work with, and how have you responded/how could you respond more effectively moving forward?

D) See Hands on Practice handout on following page. Allow small groups to discuss and prepare their demo for 10 minutes. Small groups present for 2 minutes each or about 10 minutes. Then you discuss for 10 using the process questions on the worksheet.

Empathize, Engage, Empower! – Hands on Practice

Case Scenario: Jermaine is a 13 year old African American 7th grade student who you have been seeing for individual counseling since the start of the year. He was transferred to your school because of fighting at his last middle school. He comes to your office very agitated reporting there is another student who “punked” him at recess – giving him a half-hearted “Heisman” to the face while they were playing football. Everyone watching laughed. During class and passing period, other students have been saying, “You got punked!” and “You gonna let him get away with that sh#@?” Jermaine is telling you he needs to fight this student and has already put the word out that he wants to see this other student after-school at the corner store. He is also concerned because his sister also goes to the school and will likely tell his mother, who has told him “not to stay hit.” He says he has thought about talking to the Restorative Justice Coordinator on campus, an African American man, but is worried he’ll be seen as a snitch if he does that, and “snitches get stitches.”

Discussion, Reading and Recording: Within your small group, assign a facilitator, a recorder, a timekeeper and a presenter. Then discuss and write down on flip chart paper how the man-box, the codes/commandments of the street, and environmental factors are at play. Discuss how it should be handled and pitfalls to avoid based on gender-responsive, culturally appropriate, youth development grounded best practices. Think about how you could help Jermaine step out of the man-box, and come away with a redefined sense of what “a real man” is. If you assessed he needed support to redefine what “a real man” was, how would you integrate that into your treatment plan?

Demonstration: Pick the top strategy and the top pitfall you came up with and prepare a short demonstration for the group that you will present in order to forward the group’s learning. After your demonstration, the reporter will briefly explain how the demonstration represented the group’s pearls of wisdom around this issue using the flip chart sheet as a visual aid.

Post Demo Discussion: After all the demonstrations, the whole group may discuss using the following process questions

- A. What similar situations have you faced with AAM YOUTH and how did you handle them?
- B. What did you learn from this exercise and how will you use it to inform your practice with AAM YOUTH?
- C. How would you use your learning to inform your work with family and school staff?

Module Four, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books

1. Anderson, E. (1999). *Code of the Streets: Decency, violence, and the moral life of the inner city*. New York: W.W. Norton.
2. Kivel, P. & Creighton, A. Oakland Men's Project (1998). *Young men's work*. Center City, MN: Hazeldon.
3. Marshall, J. (1996). *Street soldiers*. Delacorte Press.
4. Pollack, W. (1998). *Real boys*. New York: Henry Holt and Company, LLC.

Music

“Changes” by Tupac

Videos

1. Hip-Hop: Beyond Beats and Rhymes (2006), Directed by Byron Hurt, http://archive.itvs.org/outreach/hiphop/resources/brief_menandboys.pdf

Additional Resources

Books

1. Reaching Up for Manhood, by Geoffrey Canada

Organizations

1. Beats, Rhymes & Life, <http://brl-inc.org/>

Module Five: Youth Development Grounded Mental Health

1. Objectives – Mental Health Professionals Will Be Able To

- A. Define positive youth development and its application to the traditional clinical process, including youth driven assessment, diagnosing and treatment planning with AAM YOUTH
- B. Integrate non-traditional strategies into clinical work with AAM YOUTH, making connections between mental health, education through academic support and youth development through leadership projects (Malti, T. & Noam, G.G., 2009)
- C. Implement manageable methods for AAM YOUTH to minimally offer input and maximally take a lead role in deciding how mental health services are delivered

2. What Is the Issue & Its Impact on Mental Health Practice

- A. The traditional mental health approach is deficit driven and problem centered, instead of focused on identifying strengths, building assets, and finding strategies and solutions that work for the client and their family. This labeling can be particularly damaging to AAM YOUTH, who are already stereotyped, marginalized, punished and criminalized.
- B. Clinicians often drive the clinical process, instead of clients. This can be especially counter-productive for populations, such as low-income urban African American male youth, who have both historical oppression and modern discrimination already acting as barriers.
- C. School-based mental health work requires clinicians to broaden their work to include education, and positive youth development approaches that empower AAM YOUTH to take leadership within their schools and communities.

3. Recommended Strategies and Techniques

- A. Mental health providers will learn the asset building approach of positive youth development and integrate this approach within their practice
- B. At each stage in the clinical process, AAM YOUTH clients should drive the process, from assessment to diagnoses to treatment planning to identifying the techniques that work best for them
- C. Clinicians should plan for leadership projects that allow AAM YOUTH to identify an issue they are facing in their own lives, how it impacts their wellness, and to take action to positively impact this issue. Ideally, this is done within a small group structure.

2 Hour Training Agenda

Materials and Equipment Needed: Drum, handouts, flip chart paper, markers

A. Opening Rituals, 15 Minutes (cite BOTR)

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: Responses to the question, “What do you like about counseling?” (*From African American middle school males who contributed to the creation of this manual*): It’s fun, we play games, draw, and when I get mad, we can talk about it. I like the check-ins, not just the regular meetings. I liked the group – there should be more groups. I like my therapist because she’s not just a counselor – she’s my tutor, too. I use it as a cool off and to catch up on my work. At first I didn’t like it – there were too many questions. Then I realized she was just trying to help and I felt better. Now I have a better understanding of how young men are growing up. My counselor tells me the real deal.

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement, then asks participants to reflect:

“The concept of positive youth development has been discussed and implemented for over ten years. The more recent emphasis on the connection between community and youth development is as important to the African American community in general as it is to African American youth. Opportunities to experience responsibility and involvement in their community, under the guidance of supportive adults, provide youth the chance of success for themselves and, ultimately, their communities.” – *Judith Rozie-Battle (2002)*.

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity

15 minutes

Purpose: To provide an example of how to bridge personal challenges, to community issues, to concrete actions one can take to empower a person with a sense of hope. This activity will also help foster a greater sense of agency for AAM YOUTH and build concrete assets along the way.

Instructions:

- Pick an issue that you have faced as a personal mental health challenge, that you feel has a historical context, not just familial, but societal, political, and/or economic as well
- Think of something you have done that has helped you address that personal challenge, while also making an impact on the socio-politico-economic factors
- Looking at the 40 developmental assets chart (get handout from conclusion of this module), pick which ones were built up by the actions you took

Process Questions

- How did it feel when you took action(s) that addressed not only your own personal challenge but also impacted the issue on a macro level?
- Now think of a AAM YOUTH client you have (worked with) and apply this exercise to how you could facilitate this process with him
- What are the benefits of integrating this type of youth development and empowerment work within your mental health work?
- What are the challenges of integrating this type of work and how can these challenges be overcome?

E. Skill Building: Review of Key Concepts and Core Techniques

15 minutes

Purpose: To practice client-driven clinical processes: assessment, diagnoses and treatment planning.

Preparation: Hand out the case scenario located at the end of this module. Utilizing this brief case scenario, half of the participants will write out a very abridged assessment, diagnoses and treatment plan from the perspective of a clinician, whereas the other half will write the same from the perspective of the AAM YOUTH himself. While this may be challenging for participants, and particularly those who are not African American, encouragement should be offered to use actual clinical experiences with AAM YOUTH who faced similar issues as within the case scenario offered as the basis for what they write. If they still do not wish to write from

this perspective, they may be instructed to write from their own perspective and you can discuss their reaction and feelings about the activity during the process section.

Participants who wrote from their own perspective and those that wrote from the perspective of Devonte will read each other's papers and discuss in a "pair share." Then the whole group will discuss their learning and application.

Instructions:

- Participants are instructed to read the case scenario and then jot notes only as much as there is space in the handout.
- Participants should fill out each section, even if not fully
- After five minutes, tell the group to stop writing and then let them know that half of them received instructions to write from the client perspective and the other half from the clinician perspective
- Ask them to pick a partner from the other group and have a pair share, first reading each other's paper, and then discussing the differences, similarities and how they align the two to be one unified assessment, diagnosis, treatment plan

Process Questions

- In the whole group, discuss what this exercise was like for them and what they learned from it about client driven clinical processes
- What is the importance of client driven clinical processes with AAM YOUTH?
- How are you using client driven clinical processes already with AAM YOUTH and how could you further integrate this into your clinical practice?
- How can you ensure AAM YOUTH have a voice not just in the mental health services they receive, but also in your mental health agency as a whole?

F. Skill Building: Practice of Key Concepts and Core Techniques

40 minutes

Purpose: Participants will learn to utilize the Community Network for Youth Development, Brothers on the Rise framework of "Safety-Support-Skills-Success" and concepts from Dr. Shawn Ginwright's Radical Healing framework to develop a typical mental health group to now include a leadership development component.

Preparation 1: Review the list of characteristics of positive youth development grounded programs using a kinesthetic format that works well with male youth. Put a paper on the workshop room wall that says 1 (being the lowest rating) and 5 (being the highest rating). Make sure there is room for participants to move around, so either a "breakout area" or space between desks if set up like a horseshoe with room in the middle.

Instructions:

- Instruct participants that you will be reading key attributes of positive youth development (see National Research Council list below), and that they should rate themselves from 1-5 according to how they embody these attributes within their mental health work with AAM YOUTH
- Participants move to the space in the room that represents 1, 2, 3, 4 or 5 within a self-rating on each quality
- The facilitator pauses after everyone finds their spot for each attribute and takes 2-3 volunteers to explain why they rated themselves as they did
After participants complete the exercise, ask for volunteers to share which ones received the highest ratings and which were the lowest ones:

Process Questions:

- Which of the attributes scored highest and lowest within the group and why do you think that is? (NOTE: The ones receiving the highest ratings may be the first six and the last two, especially the last one, may receive the lowest.
- For the ones that received the lowest, how can we bring those areas up? (NOTE: We will practice the last two through this next activity, which will bridge youth driven leadership projects to community issues, and the last one as well through the upcoming module on family involvement.)

The National Research Council – The National Research Council identified the following characteristics for programs that support and promote the positive development of youth:

- _____ Physical and psychological safety
- _____ Appropriate structure
- _____ Supportive relationships
- _____ Opportunities to belong
- _____ Positive social norms
- _____ Support for efficacy and mattering
- _____ Opportunities for skill-building
- _____ Integration of family, school and community efforts

Preparation 2: For this activity, use the attached worksheet as a demonstration of how this could be done using an issue particularly relevant to AAM YOUTH in Alameda County: trauma.

Instructions:

- Review the Community Network for Youth Development, Brothers on the Rise frameworks for youth development – Safety, Support, Skills, Success, and the handout on Dr. Ginwright’s Radical Healing book
- Note that in this exercise, we will learn to build leadership skills, which is something not often facilitated within the mental health setting
- We will also integrate the other learning from today – having a client-driven approach to the clinical process, building developmental assets, and empowering youth to make connections between personal challenges and school/community issues, as well as taking action to address these obstacles on both levels.
- After reviewing the worksheet on trauma, give instructions that small groups of 4 will select an issue around which they have/could form a group for AAM YOUTH. Take from the group what some of those groups have been (anger management, grief, social skills, rites of passage, etc.)
- In small groups they should discuss and record ideas on flip chart paper to the following questions, which should be numbered/listed on a Power Point/flip chart paper up front:
 - ❖ Select the issue which will be the topic for your group and write it at the top of your paper
 - ❖ Write out notes explaining how you would include one or more of the following components: Exploration of the Issue on a Personal Level, Exploration of the Issue on a Macro Level, Personal Growth, Leadership Development, Educational Attainment, Community Service and Social Action Projects
- Small groups present to the larger group with time for questions for each group
- The large group closes this exercise with the following process questions

Process Questions:

- What would the benefits be of this type of clinical work?
- What are the challenges and how can you overcome them?
- What examples are there from your own practice or other mental health work you are familiar with of this type of work?
- How can this exercise catalyze you to engage more in similar types of clinical work, and concretely what will you do?

G. Self-Reflection on Where You're At and Next Steps to Build Practice **10 minutes**

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)



Opportunities for middle school based youth development often lie outside of normal therapy time: during lunch, before/after school or weekends/holidays. What do or could you do during these times?

H. Closing Rituals Including Feedback and Evaluation **15 minutes**

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

Search Institute's 40 Developmental Assets (copyright 1997, 2007)

Search Institute has identified the following building blocks of healthy development—known as Developmental Assets—that help young children grow up healthy, caring, and responsible. This particular list is intended for adolescents (age 12-18).

EXTERNAL ASSETS



SUPPORT

1. **Family Support** | Family life provides high levels of love and support.
2. **Positive Family Communication** | Young person and her or his parent(s) communicate positively, and young person is willing to seek advice and counsel from parents.
3. **Other Adult Relationships** | Young person receives support from three or more nonparent adults.
4. **Caring Neighborhood** | Young person experiences caring neighbors.
5. **Caring School Climate** | School provides a caring, encouraging environment.
6. **Parent Involvement in Schooling** | Parent(s) are actively involved in helping the child succeed in school.



EMPOWERMENT

7. **Community Values Youth** | Young person perceives that adults in the community value youth.
8. **Youth as Resources** | Young people are given useful roles in the community.
9. **Service to Others** | Young person serves in the community one hour or more per week.
10. **Safety** | Young person feels safe at home, school, and in the neighborhood.



BOUNDARIES AND EXPECTATIONS

11. **Family Boundaries** | Family has clear rules and consequences and monitors the young person's whereabouts
12. **School Boundaries** | School provides clear rules and consequences.
13. **Neighborhood Boundaries** | Neighbors take responsibility for monitoring young people's behavior.
14. **Adult Role Models** | Parent(s) and other adults model positive, responsible behavior.
15. **Positive Peer Influence** | Young person's best friends model responsible behavior.
16. **High Expectations** | Both parent(s) and teachers encourage the young person to do well.



CONSTRUCTIVE USE OF TIME

- 17. **Creative Activities** | Young person spends three or more hours per week in lessons or practice in music, theater, or other arts.
- 18. **Youth Programs** | Young person spends three or more hours per week in sports, clubs, or organizations at school and/or in community organizations.
- 19. **Religious Community** | Young person spends one hour or more per week in activities in a religious institution.
- Time at Home** | Young person is out with friends "with nothing special to do" two or fewer nights per week.

INTERNAL ASSETS



COMMITMENT TO LEARNING

- 21. **Achievement Motivation** | Young person is motivated to do well in school.
- 22. **School Engagement** | Young person is actively engaged in learning.
- 23. **Homework** | Young person reports doing at least one hour of homework every school day.
- 24. **Bonding to School** | Young person cares about her or his school.
- 25. **Reading for Pleasure** | Young person reads for pleasure three or more hours per week.



POSITIVE VALUES

- 26. **Caring** | Young Person places high value on helping other people.
- 27. **Equality and Social Justice** | Young person places high value on promoting equality and reducing hunger and poverty.
- 28. **Integrity** | Young person acts on convictions and stands up for her or his beliefs.
- 29. **Honesty** | Young person "tells the truth even when it is not easy."
- 30. **Responsibility** | Young person accepts and takes personal responsibility.
- 31. **Restraint** | Young person believes it is important not to be sexually active or to use alcohol or other drugs.



SOCIAL COMPETENCIES

- 32. **Planning and Decision Making** | Young person knows how to plan ahead and make choices.
- 33. **Interpersonal Competence** | Young person has empathy, sensitivity, and friendship skills.
- 34. **Cultural Competence** | Young person has knowledge of and comfort with people of different cultural/racial/ethnic backgrounds.
- 35. **Resistance Skills** | Young person can resist negative peer pressure and dangerous situations.
- 36. **Peaceful Conflict Resolution** | Young person seeks to resolve conflict nonviolently.



POSITIVE IDENTITY

- 37. **Personal Power** | Young person feels he or she has control over "things that happen to me."
- 38. **Self-Esteem** | Young person reports having a high self-esteem.
- 39. **Sense of Purpose** | Young person reports that "my life has a purpose."
- 40. **Positive View of Personal Future** | Young person is optimistic about her or his personal future.

Empathize, Engage, Empower! – Hands on Practice

Case Scenario: Devonte is a 13 year old 7th grade African American male middle school student. He is the star of the middle school basketball team but doesn't always get to play because of his grades. He thinks the teachers are out to get him and walks out of class consistently, saying, "I need to speak to my counselor." When he says this he actually means the Restorative Justice practitioner on campus, Miguel, who is a Latino male. He likes to talk through his school related problems with Miguel, and says his actual therapist, Ms. Sophie, is always trying to get into his family business. His mother is hard to reach and seems to still harbor resentment and suspicion towards the school and its mental health program, citing what she feels was a false CPS report with her younger child, who has special needs. Devonte spends some lunch periods volunteering with the students from special education. He's interested in helping youth with disabilities, "after he retires from the N.B.A." and asked Ms. Sophie to help him with that.

Initial Assessment: Fill out sections below. Use the Asset handout for the strengths section.

Strengths: _____

Presenting Problems: _____

Underlying Issues: _____

Findings/Diagnoses: _____

His Health Lenses: What role may gender, race, age, and other cultural, environmental and systemic factors play in Devonte's case? How would this inform your assessment?

From Community Network for Youth Development (CNYD is no longer in operations)

The Youth Development Framework for Practice is at the core of CNYD's work. The Framework focuses on five supports and opportunities that young people need to experience in a youth development program in order to move towards these positive long-term outcomes. Program effectiveness can then be measured by participants' experience of these five factors. The five supports and opportunities are:

Safety, so young people feel:

- ✓ Physically and emotionally secure.

Supportive Relationships, so young people can experience:

- ✓ Guidance, emotional and practical support
- ✓ Adults and peers knowing who they are and what's important to them

Meaningful Youth Involvement, so that young people can:

- ✓ Be involved in meaningful roles with responsibility,
- ✓ Have input into decision-making,
- ✓ Have opportunities for leadership, and
- ✓ Feel a sense of belonging.

Skill Building, so that young people can have:

- ✓ Challenging and interesting learning experiences which help build a wide array of skills
- ✓ Experience a sense of growth and progress.

Community Involvement, so that young people gain:

- ✓ An understanding of the greater community, and
- ✓ A sense of being able to make an impact in their community.

The Framework then goes one step further by identifying the links between these supports and opportunities and organizational practices necessary to support quality youth programming:

- ✓ Low youth to staff/volunteer ratios
- ✓ Safe, reliable, and accessible activities and spaces
- ✓ Flexibility in allocating available resources
- ✓ Range of diverse, interesting, and skill-building activities
- ✓ Continuity and consistency of care
- ✓ High, clear, and fair standards
- ✓ Ongoing, results-based staff and organizational improvement process
- ✓ Youth involvement
- ✓ Community engagement

Rituals of Brothers on the Rise: A Clinically Based Youth Development Approach

Though it's important with youth, and boys particularly, to keep things new and moving along, it's also beneficial to have structure and consistent practices, or rituals. Being a rites of passage program helping boys of color to move into manhood, this is especially important. It also creates leadership opportunities, as youth quickly take the role of facilitator and guide peers through activities. The following structure is BOTR approach to **Safety-Support-Skills Success**:

I Opening Rituals *Safety*

- A. Call to Order
- B. Drum Call Out
- C. Our Shield
- D. Words of Wisdom
- E. Announcements

II Icebreaker – Team Builder / Energizer *Safety*

- A. Team Building
- B. Fun
- C. Movement, Media, Arts Based
- D. Related to the Topic of the Day

III Check-In *Support*

- A. Student States a Problem Related to Topic of the Day
- B. Other Students Brainstorm Possible Solutions
- C. Staff Adds in Options as Appropriate
- D. Student Selects Best and Most Productive Options and Thanks Group
- E. (Each Week, You Can Also Focus on a Helping Skill, Such as Asking Questions)

IV The Learning *Skills*

- A. Review Topic of the Day
- B. Hook Them Into Topic Using Engaging Modality (Video, Vignette, Art, Etc.)
- C. Use Activity to Help Them Reflect on How Topic Relates to Them as Male Youth
- D. Teach Useful Skill That Applies to Topic of the Day
- E. Practice Skill Using Their Situations
- F. Note: Not Always Time for All Steps – It's Okay to Combine, But Aim for All

V Closing Rituals *Success*

- A. Learning
- B. Man-Ups
- C. Celebrations
- D. Appreciations
- E. Goodbyes

Radical Healing: Activism and Radical Healing, by Shawn Ginwright

Leadership Excellence is an Oakland based nonprofit organization dedicated to educating African American youth for personal and social change. Camp Akili is a 5 day program they run that brings together African American teens to, “continue the healing process and nurture their political consciousness about social and community issues.” (Ginwright, 2010, p. 77). The Camp’s five days have the following focal points, which take youth through a unique and powerful journey. As you read each day/point, reflect on how you integrate each part, including ritual, into your work. Make notes about this in the lines marked “Application.”

Day 1: Self-awareness and trust building

Application: _____

Day 2: Exploration of the impact of violence, loss and fear

Application: _____

Day 3: Exploration of racism and building a healthy racial identity

Application: _____

Day 4: Exploration and confrontation of sexism, including developing males’ empathy to gender oppression that females face

Application: _____

Day 5: Preparation for return to communities, empowerment to confront obstacles they will encounter there

Application: _____

Camp Akili makes great use of ritual, which, “create community through collective experience” (Ginwright, 2010, p. 87). Some rituals involve group chants that build cultural pride, others visualizations such as, “The Middle Passage Ritual.”

Application: _____



Developing Boys Into Men

Strengthening Systems

Building a Movement

Brothers Helping Brothers 5 Stages of The Trauma Transformation Process

Within your work with AAM YOUTH, how do you or could you take your client(s) through this process. Discuss as a small group and then share out to the whole group.

Stage 1: Creating Safety and Stability & Building Coping Skills

Stage 2: Coping with and Communicating About Traumatic Memories of Violence

Stage 3: Moving from Victim to Survivor – Moving On Positively with Your Life

Stage 4: Creating Positive, Healthy and Peaceful Relationships

Stage 5: Spreading Peace & Justice Through Leadership – Community Service & Social Action

Module Five, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books:

1. Ginwright, S. (2010) *Black youth rising: Activism and radical healing in urban America*. New York: Teachers College Press.
2. Malti, T. & Noam, G.G. (2009) New Directions for Youth Development, No. 120, Winter 2008. *Where youth development meets mental health and education: The RALLY Approach*. San Francisco: Wiley Periodicals, Inc.

Articles:

1. Judith Rozie-Battle (2002). "Youth development: a positive strategy for African American youth." *Journal of Health Social Policy*, 15(2), 13-23.

Weblinks:

1. National Research Council cited on National Conference of State Legislatures webpage, <http://www.ncsl.org/issues-research/human-services/positive-youth-development-pyd.aspx#frameworks>

Organizations:

1. Brothers on the Rise, www.botr.org
2. Community Network for Youth Development, www.cnyd.org
3. Search Institute, creators of the 40 Developmental Assets for Adolescents, <http://www.search-institute.org/content/40-developmental-assets-adolescents-ages-12-18>

Additional Resources

Videos: The Boys of Baraka (2006)

Music: "I Can," by Nas

Organizations: Youth Leadership Institute, www.yli.org

Module Six: Clinical Practice – Space, Outreach, Referral and Assessment

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Create a welcoming office and therapeutic setting for AAM YOUTH
- B. Conduct effective outreach and receive referrals for those that need support
- C. Conduct culturally relevant and responsive assessments

2. What is the Issue?

- A. Therapy offices and spaces tend to be arranged in a way that gives the feeling of a doctor's office. This places a negative label on the client of being "sick" or "ill"
- B. School based referrals for AAM YOUTH to receive mental health services are often made because of behavioral issues, reflective of a larger systemic issue of disproportionate disciplinary referrals for this population
- C. Mental health professionals often experience difficulties getting AAM YOUTH willing to participate in mental health services, and getting parents to consent, support the process and actively participate.
- D. Assessments tend to be culturally biased and rushed, and may not be consistently revisited throughout the therapeutic process

3. What is the Impact on Mental Health Practice?

- A. AAM YOUTH do not always feel welcome or comfortable in therapy offices or counseling spaces
- B. Mental health professionals aren't always obtaining accurate information about AAM YOUTH clients, or the information they most need.
- C. AAM YOUTH do not always view mental health services as a support or resource, and may see therapists as part of the administration/discipline system responding to their "behavioral problems"
- D. AAM YOUTH may decline or drop mental health services

4. Recommended Strategies and Techniques

- A. Encourage AAM YOUTH to help decorate spaces, including with positive posters, informational pamphlets and other male related materials. Use spaces outside counseling room to build relationship, like the schoolyard
- B. Use accessible and engaging strategies for outreach events, orientations, and psycho-education groups to build awareness and relationship.
- C. Develop an assessment tool that's culturally relevant and responsive to AAM YOUTH, building on existing tools that have been tested with this population.
- D. Allow more time for assessment process to build greater trust, and revisit regularly in case client becomes ready to disclose more information, particularly about vulnerable issues such as victimization history.
- E. Support school staff to examine disciplinary referrals, build greater cultural competency and develop more equitable systems to serve AAM YOUTH.

2 Hour Training Agenda

Materials and Equipment Needed: Drum, boom box or laptop with speakers, handouts, flip chart paper, and markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: Those who are happiest are those who do the most for others
- *Booker T. Washington*



Honoring the most recognized heroes of African American culture is important AND there are so many other historical and contemporary figures to learn about and uplift, including the AAM YOUTH themselves. How do you achieve this in your work, including within your space and outreach?

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement, then asks participants to reflect:

Racism has ascribed African Americans a 2nd class citizenship socially and politically, making them the target and recipient of harsh unjust and discriminatory treatment from U.S. institutions as well as individuals in positions of power. This historical experience has caused African Americans to reject assistance from government agencies or social services – actions grounded in fear and skepticism. As a result, mental health practitioners have experienced difficulties identifying African American families willing to participate or receive mental health services. The stance by African American families is justified by some of the methods, i.e. language, assessment and setting, which has kept African American skeptical and at bay. – *Jason Seals, Professor, Merritt College*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity

25 minutes

Purpose: This activity engages participants in brainstorming and sharing culturally relevant mental health practices

Preparation: Post three large sheets of paper around the room with markers and label each with one of the following headings: Culturally Responsive Outreach, Culturally Responsive Office Set Up, Culturally Responsive Referral Process, and Culturally Responsive Assessment

Instructions:

- Divide the larger group into smaller groups (3 to 4 people per group)
- Assign each smaller group to a heading (one of the larger posters)
- In the smaller groups the participants will brainstorm, compile the group's thoughts and write them on the large sheet of paper
- Each smaller group will share the information they compiled with the larger group
- Identify a representative from each group that will read the information captured
- After each group reports out, use the handout provided at the end of the module to add additional strategies identified by the *His Health* team

Process Questions:

- Overall, what creates cultural responsiveness as it relates to the first stages of the therapeutic process (space, outreach, referral, and assessment)?
- Is support needed to conduct culturally relevant space, outreach, referral and assessment? If so, what strategies are required, including materials disseminated, workshops conducted, data collected, procedures adapted, systems reconstructed?
- What are next steps to build the cultural competency of you, your agency and school?

E. Skill Building: Developing a Culturally Relevant Assessment

20 minutes

Purpose: To learn more about culturally responsive assessment and how to develop current tools or seek alternatives that would be more effective with AAM YOUTH and families

Instructions:

- Have the participants read the excerpt from the article "Assessing Behavioral and Emotional Strengths in Black Children: A Measure Designed by and for Blacks" (provided at the end of the module)

- After reading the article, have participants pair up, share their thoughts about the reading and formulate a list of helpful information they identified in the reading. Each person should share at least one way they would develop their current assessment tool to be more culturally responsive to AAM YOUTH, or whether they feel another tool is needed. NOTE: “The Behavioral Assessment for Children of African Heritage” was developed by the authors of the excerpt provided, and may be considered a potential resource.
- After the pair share, have a report out and discussion on culturally competent assessments with AAM YOUTH

F. Skill Building: Practice of Key Concepts and Core Techniques

25 minutes

Purpose: Mental health professionals will be empowered to help build cultural competence of school staff to assess their own practice, while collectively working towards more effective and equitable procedures for responding to AAM YOUTH “misbehaviors.”

Instructions:

- Introduce that this activity will help participants critically examine their school’s response to AAMY YOUTH “misbehavior,” including disciplinary, special education and mental health referrals
- Participants will be given time to read the article excerpt that provides tools for mental health professionals to help their schools develop more culturally competent and equitable responses
- Before participants review the excerpt that deals more with disciplinary and mental health referrals, instruct them to listen to the following from Michael Porter’s 1997 book entitled, “Kill Them Before They Grow: Misdiagnosis of African American Boys in American Classrooms.” Before reading the passage, introduce that the excerpt includes a strong critique of not only schools, but also social service and mental health agencies. After reading the passage, take some reactions, but don’t allow it to go on so long that there is not time for other parts of the workshop. Let them know they can also bring up this excerpt during their small group discussion and whole group report out.

“America’s educational system reveals so many truths about this society, especially in its treatment of African American boys. Whether our boys become productive, prosperous, noncriminalized men is a litmus test for public education. My experience of children labeled Behavioral Disordered proves to me that public education in American has failed the test. Measured against the condition of African American boys, public schools should be viewed as toxic.

This writing tries to explain how bright African American boys become casualties in public schools. African American boys are hosts upon which system-maintaining parasites feed. These boys are used as a source of income for...professionals who worship the very theories that damage African American boys. These theories are effectively utilized by social service agencies, mental health agencies and penal institutions.”

- Participants then read the article provided at the end of the module, getting into small groups to discuss the application of the strategies mentioned in their article to their sites
- A whole group discussion completes this activity

Process Questions:

- What parts of this article seemed relevant to you, your agency and sites that you serve?
- Is there disproportionality in the disciplinary referrals at your site? If so, how does this affect the mental health referral process?
- What strategies mentioned in the article would be helpful in creating more effective and equitable referral systems for discipline and services? What role can you play in catalyzing, participating in, and/or leading these processes? (For example, a training workshop for school staff).
- What barriers would you face in implementing your ideas and how would you, your agency and your site overcome them?

G. Self-Reflection on Where You're At and Next Steps to Build Practice **10 minutes**

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation **15 minutes**

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

Developing Your Space, Outreach, Referral & Assessment Procedures

Office/Therapy Room Set Up

- ✓ Arrange spaces in a friendly manner to AAM YOUTH, including posters representing historical and contemporary male heroes, space to move around, etc.
- ✓ Fill spaces with books, pictures, games, music, videos etc. engaging to AAM YOUTH
- ✓ Provide snacks for engagement and because sometimes AAM YOUTH may come hungry to school and could use this nourishment to build energy and concentration
- ✓ Use non-traditional furniture to decorate the office, including relaxing pieces like a sofa

Outreach

- ✓ When seeking parent consent, ground approaches in culturally competent work with African American families (see Module 9)
- ✓ Acknowledge reasons families may feel distrustful of mental health (see Module 3)
- ✓ Conduct community outreach so families see you outside school/normal work hours
- ✓ Inform administration and teachers of available services at staff orientations and meetings, and help educate them on effective practice with AAM YOUTH
- ✓ Increase visibility by being in halls, at lunch and recess, assemblies, other school events
- ✓ Offer and facilitate engaging activities, such as psycho education groups during lunch. If students don't want to miss gym, art, etc., find times that work for them, you and teachers
- ✓ Offer groups to parents of AAM YOUTH guided by their expressed needs
- ✓ Make multiple contacts with parents and youth via phone, e-mail, text, mail, in person etc., assessing what is their preferred method of communication and utilizing that one
- ✓ If there is a program serving AAM YOUTH on your campus, or other individuals/groups who have relationships with referred AAM YOUTH, partner with them in your outreach

Referral

- ✓ Work with teachers to communicate not only outward “behavioral problems” of AAM YOUTH but also underlying social-emotional issues
- ✓ Facilitate an examination of school disciplinary data/processes to identify and address possible disproportionalities affecting AAM YOUTH
- ✓ Develop and implement trainings, written materials, coaching and consultation strategies to build school competency to effectively and equitably respond to needs and behaviors

Assessment

- ✓ Utilize assessment tools that have culturally responsive language
- ✓ Ensure parents are an important part of the assessment process, every step of the way, including initial exploration and especially as its finalized to be signed by all parties
- ✓ Discuss and obtain input from parents and other trusted adults about past and pending diagnoses – make efforts to include fathers, even if non-custodial and not very present

Assessing Behavioral and Emotional Strengths in Black Children: A Measure Designed by and for Blacks

Excerpted From Michael Canute Lambert & George T. Rowan (2003)

Professionals who work with black children continue to voice concern regarding the sparseness of the research and theoretical literature on black children's functioning, particularly their behavioral and emotional adjustment. Despite our knowledge that strengths are an important foundation upon which intervention and prevention can be scaffolded, research and theory on black children's strengths are extremely limited. Assessing children's strengths for research and intervention requires reliable, valid measures; however, few such measures exist, and those specifically designed for and standardized on black children are noticeably absent. This article describes the development of the Behavior Assessment for Children of African Heritage (BACAH), a strengths-based instrument designed by and for blacks.

Historical Background

Understanding black children's behavioral and emotional strengths requires an appreciation of how blacks' history and contemporary social ecology shape their functioning. Prior to their forced migration to the Americas, black children and families were members of African cultures in which family and community were tightly bound together, and in which there was a strong emphasis on the survival and well-being of the entire community. These cultures tended to imbue a strong sense of duty, and to value achievement, wisdom, respect (especially for one's elders and peers), justice, and spirituality (Staples, 1999). This cultural foundation was assailed during the period of slavery and continues to be battered in contemporary society. Yet the central beliefs and values have endured, providing a source of strength that has sustained people of African descent through a difficult history and into the present.

Context of Strengths of Today's African-American Children

Existing literature on black children focuses primarily on deviance in high-risk contexts such as extreme poverty. Comparing black children's behavior and functioning to that of white children, researchers often employ psychosocial models that cast black children's difference as deficiency. These deficit models ignore the behavioral and emotional strengths black children have developed, and they also ignore the ways in which environmental and socio-demographic factors can mediate and/or moderate black children's functioning. For example, black children's performance on cognitive psychological measures decreases if they perceive that testers stereotype them. Differences in functioning can also be seen as alternative competencies, which, while adaptive in the black community, may inhibit functioning in the majority culture. In one study, for example, black children, their parents, and professionals who work with them reported resistance toward mainstream social systems/institutions and fearlessness in expressing opinions as strengths. In contrast, compliance, valued by white culture, was absent from their reports (Lambert, Markle, & Francois-Bellas, 2001).

Problems with Measurement

Most measures of children's behavior and functioning are developed to assess children from any ethnicity or culture, so as to permit cross-group comparisons and the widest research application. Measurement developers often include representative samples of youth from diverse socioethnic backgrounds when establishing norms for their measures; however, the representation of black

and other minority youth in such samples is usually insufficient to allow for a full exploration of how these measures function within these different populations. Thus, the content of measures tends to reflect a theoretical and empirical literature base developed primarily by white scholars for white middle-class children, and the measure may not capture the relevant facets of behavior or functioning among children of different cultural groups. This sort of difficulty around issues of content validity makes indiscriminate use of measures across diverse populations problematic (Haynes, Nelson, & Blaine, 1999).

Cultural validity is closely related to content validity, and is an assessment of how well a measure covers culturally relevant content, and whether such content reflects idiomatic expressions of the groups for which they were designed. Measures with cultural validity have items that are appropriately phrased in the “voice” of specific groups, and respondents’ interpretation of the items reflects the meanings intended by the developers of the measure. Language and content for most measures of children’s functioning emerges from the literature reviews or expert opinion. However, such literature is often unsophisticated in its appreciation of black culture, and “experts” are likely to be white, middle-class, and/or unfamiliar with black culture and the idioms of its expression. Discrepancies between intended test item meanings and respondents’ understanding may lead to misinterpretation of measurement items, measurement errors, and inappropriate diagnostic and treatment decisions (see Knight & Hill, 1998).

The Voice of Black Children and Adults Who Live or Work with Them

Addressing the need for culturally relevant strength and problem assessment procedures, we relied on the expertise of black children and the adults who closely interact with them. Using face-to-face contact and interactive television linkage, we conducted 20 focus group sessions with black parents, children, clinicians, and teachers, as well as with a few white professionals working directly with black children. Participants who had administered or completed psychological tests pointed out that such measures seemed to omit behavioral and emotional strengths, especially those that are deemed most important by many black children and families, such as spirituality, cooperation, respect for others, and sense of humor. Parents and children noted that they were sometimes unsure of the meaning of the items on the measures they completed and had little confidence that their responses matched the test authors’ intent.

Although our research focuses on strengths, participants also described problems not identified in widely-used measures of children’s behavior such as: being vulgar or disrespectful, wearing revealing clothing, being verbally assaultive, attributing too many problems to racism, and having no outlook or belief regarding a personal future. Participants noted that the rating scales of most measures only scored the presence and magnitude of competence and problems. They suggested that instruments should measure the effects of the strengths on the child, since, in certain contexts, strengths can produce negative effects for the child. For example, in some school environments peers ridicule students with excellent academic skills. Participants therefore noted the need for ratings regarding whether children’s strengths might produce some negative effects, as this information could be critical for intervention planning.

(To read the rest of the article and learn more about the tool these authors created, please see cite at conclusion of this module)

From Darensbourg, Perez & Blake's (2010) "Overrepresentation of African American Males in Exclusionary Discipline: The Role of School-Based Mental Health Professionals in Dismantling the School to Prison Pipeline"

Unique Contributions of School-based Mental Health Professionals

Data Based Decision Making. For school-based mental health professionals to intervene appropriately and effectively reduce disproportionate discipline, it is necessary to determine if unfavorable patterns in exclusionary discipline exist within a school. A thorough investigation of discipline data is necessary. Discipline data can be examined for: (a) the prevalence of discipline referrals among specific teachers, (b) the demographics (i.e. race, gender) of students referred, and (c) the reason for referral. This information, when taken comprehensively, provides an accurate representation of discipline patterns present within a school (Sugai, Sprague, Horner, & Walker, 2000). Examples of patterns to examine include the disciplinary infractions for which African American males are referred and how they differ from those of their European American peers, and the rates at which particular teachers refer students for discipline infractions.

Once the data have been collected and patterns examined, school-based mental health professionals can use the data to implement appropriate intervention strategies tailored to the discrepancies revealed through the analysis. This data based decision making can inform interventions in multiple ways. For example, if the data show a small percentage of teachers making most of the school referrals, then the school based mental health professional can consult with this specific group of teachers. This group consultation can focus on reducing discrepancy through behavior management strategies or cultural competency trainings. Likewise, if the data show that a particular teacher consistently refers African American males, the mental health professional, along with the target teacher, can jointly determine the reasons for the racial discrepancy in referrals. Strategies to reduce this overrepresentation through a comprehensive examination and appreciation of the differences in the student and the teacher's culture can be explored. In addition to using data to determine discipline patterns within a school, the continuous monitoring of this data is imperative to ensure that the implemented interventions are effective at reducing disproportionality (Lane, Wehby, Robertson, & Rogers, 2007; Lewis & Sugai, 1999).

Cultural competency training. If it is determined that African American males are overrepresented in office referrals, cultural competency trainings may help to reduce disproportionate discipline practices. Scholars suggest that teacher referral biases actually contribute to disproportionate discipline referrals as opposed to students' actual behavior (Skiba, Peterson, & Williams, 1997; Skiba, Michael, Nardo, & Peterson, 2002). Through their contact with a diverse population, teachers can reflect on their own beliefs about families, cultural traditions, expectations, and other qualities that distinguish themselves from their students. This can result in a cultural mismatch between students and teachers,

thereby creating an environment where students feel excluded, disengaged, and alienated from the educational process (Cartledge & Kourea, 2008).

Townsend (2000) suggests changes in cognition are needed to reduce exclusionary discipline attributed to cultural differences between teachers and students. Specifically, school professionals need to address their perceptions of African American males and what constitutes appropriate classroom behavior. Teachers may view African American males as individuals who do not fit into school norms (Cassella, 2003). Students who do not conform to a teacher's perceptions of educational norms are often labeled as being "dangerous" or "troublemakers". This view by teachers coupled with anxiety and/or fear can lead teachers and educational administrators to react more punitively toward African American males. The perception of "losing control" of a classroom rather than a student's behavior can lead teachers to make rash decisions leading to increased exclusionary discipline practices (Skiba & Petterson, 1999). Through teacher trainings, school-based mental health professionals can alter these cognitions. Specifically, we suggest that school-based mental health professionals provide direction for teachers to understand communication styles and decrease stereotypes about African American males.

Differences in communication styles between African American males and teachers contribute to a vast number of office referrals (Bireda, 2002; Tucker, 1999). For example, African American males may engage in "over-lapping speech" in which they may interrupt their teacher's statements or attempt to finish their teacher's sentences before the teacher has completed the statement (Cartledge & Kourea, 2008). African American students' use of over-lapping speech, which may be fueled by student enthusiasm or verbal impulsivity, could be perceived as disrespectful by teachers.

In addition, young African American males are often portrayed in the media as criminals who should be feared and avoided (Monroe, 2005). Consciously or unconsciously, teachers may react to African American males in the classroom in ways consistent with these stereotypes. Media stereotypes coupled with loud, intense communication and the use of gestures, common within African American culture (Bireda, Cartledge, & Middleson, 1996), can often be perceived as intimidating, thus requiring a firm defense (i.e. discipline referral). Information about the influence of stereotypes, differences in communication styles, and how teachers perceive African American males can be derived through: 1) small group or individual discussions with teachers; 2) direct observations in the classroom. School-based mental health professionals can intervene by asking teachers to (a) keep a private reflection journal to express thoughts that may be considered socially unacceptable and allow teachers to reflect on those thoughts regularly, (b) highlight the successes of African American children, community leaders, professionals, and teachers to their students, and (c) invite successful African American faculty to describe their interpersonal relationship styles with students and its effectiveness.

Additional strategies include helping the school community to acknowledge the accomplishment of African American students in all areas of life such as religious service, defending a student against a bully and athletic accomplishments. Assisting teachers in the development of a strengths-based approach to interacting with students

could also be a useful strategy. For example, teachers could be encouraged to make a list of the positive qualities of those students they see as most challenging or disruptive. Further, teachers can also acknowledge positive qualities in students on a regular basis (i.e. “I am so glad you asked that question”, “That’s an interesting way to think about this subject, thank you for sharing”, “I like your enthusiasm about this topic”). Furthermore, using audio recording, with student permission, to conduct candid town hall style meetings with students can be undertaken. During town halls, students can be asked about their perception of teacher biases or impartial behavior. They can also be asked to provide teachers with feedback about their concerns. This process could be used to increase cultural competency of teachers (Center for Disease Control, 2009).

Classroom management strategies. Another way for school-based mental health professionals to reduce the School to Prison Pipeline and disproportionate discipline practices within a school is to provide teachers with classroom management strategies. If discipline data reveals that teacher's use referrals with certain students more frequently than other teachers, school-based mental health professionals can provide strategies for the teacher to decrease excessive referrals. In such cases, school-based mental health professionals can intervene by offering staff development sessions that provide (a) teachers with guidance in determining the type of infractions that warrant office referrals and those that call for classroom intervention and (b) specific interventions that could be implemented to handle minor infractions within the classroom (Netzel & Eber, 2003). These interventions may include (a) providing teachers with an understanding of the variables affecting student behavior such as avoiding class work, getting attention, being bored, feeling academic frustration and (b) helping teachers feel confident in their ability to teach behavior in the same way that they teach academics (Netzel & Eber, 2003).

Additional interventions may include classroom management techniques such as seating that maximizes teacher access to students, a specific expectation of discipline, consequences that are implemented for all students, an examination of the different behaviors that are an annoyance to a specific teacher and those that truly interfere with learning, or the creation of an educational environment of predictable consequences. Teachers can develop a list of activities in which students should participate when their work has been completed to reduce idle time (Scheuermann & Hall, 2008; Sprick, 2006). They can also provide an activity or expected assignment for students to participate in when they enter or leave a classroom (Sprick, 2006). Supplying students with a written explanation including step-by-step instructions for transitioning between tasks and a reinforcement schedule for the appropriate transition may also be an effective classroom behavior management strategy that can be suggested to teachers (Sprick, 2006).

Nelson et al., (1996) indicate that teachers are more likely to feel confident when they are provided with specific guidelines for implementing classroom discipline practices. Therefore, it is conceivable that teachers who feel less confident to implement discipline in classrooms are more likely to refer students to the office to handle problems. To increase teacher efficacy in implementing discipline within the classroom, school based mental health professionals can meet with teachers and conduct individual consultations.

Consultation can be focused on an individual student or more broadly on troublesome behaviors that disrupt instruction (e.g., “I noticed you’re having trouble with defiance from this group of students,” “I noticed that Johnny was sitting outside today. That must be a difficult situation”). If schools have limited numbers of school based mental health professionals, pairing a teacher with strong classroom behavior management techniques with a teacher struggling in this area could provide additional support (Center for Disease Control, 2009). In addition, school based mental health professionals may provide a resource area that includes videos, journal articles, and books containing information on classroom management. This...information database may encourage teachers to seek the information instead of coming directly to the mental health professional. This database may also serve to decrease teachers’ feelings of embarrassment or inadequacy. Other strategies that may be helpful for teachers having difficulty with classroom management include: (a) the development of a team of teachers to provide guidance and effective strategies within their own classroom to other teachers struggling with discipline (Center for Disease Control, 2009), (b) praising and acknowledging teachers for their gains in a reduction of discipline referrals, and (c) regular staff development to address discipline issues affecting the school and teachers (Netzel & Eber, 2003).

Fostering school belonging. The majority of interventions and strategies discussed are designed for teachers to help decrease office referrals and seek alternative discipline practices. The purpose is to reduce disproportionate referrals of African American males. However, given that students who are often disciplined punitively at school feel ostracized, disconnected (Brown, 2007; Sekayi, 2001), it is important that these students reconnect with not only their teachers, but also their school community. This can be done by providing after-school sports, academic programming, or regular family reading nights. These school and community wide initiatives can help students and families feel more connected to school. Fostering students’ feelings of inclusiveness can help African American males see school as a place where they can be successful. Interventions that can be implemented with these students include reconceptualizing student leadership within classrooms (e.g. designating a student to be the liaison between students and the teacher), recognizing positive qualities of students (e.g. level of influence of peers), and placing students who are more likely to be referred for discipline in classroom to a school leadership position (Center for Disease Control, 2009).

Many times, African American males may struggle academically and they may not view school as a place where they can excel. By demonstrating alternative ways to seek positive attention and gain pride, African American males may reduce discipline infractions and increase their sense of school belonging. Some students may (thus) feel more valued in the classroom environment and school community. Other interventions that may increase feelings of school belonging include (a) acknowledging strengths in students (have teachers make a list), (b) recognizing accomplishments in areas outside of academics (Scheuermann & Hall, 2008), (c) developing a ‘brag board’ where students accomplishments can be displayed, (d) having teachers take an interest in students outside of academics such as asking about favorite sports teams, music group (Scheuermann & Hall, 2008), or (e) attending extracurricular activities, e.g., skateboarding, dancing, break dance competition (Scheuermann & Hall, 2008).

Module Six, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books, Articles and Journals

1. Darensbourg, A., Perez, E., & Blake, J.J. (2010). Overrepresentation of African American males in exclusionary discipline: The role of school-based mental health professionals in dismantling the school to prison pipeline. *Journal of African American Males in Education*, 1(3), pp. 196-211.
2. Karenga, M. (1993). *Introduction to Black Studies*. University of Sankore Press
3. Lambert, M.C. and Rowan, G.T. (2003). Assessing behavioral and emotional strengths in black children: A measure designed by and for blacks. *Focal Point*, 17(1), 17-20.
4. Porter, M. (1997). *Kill them before they grow: Misdiagnosis of African American boys in American classrooms*. Chicago: African American Images.

Additional Resources

Books

1. Psychology Of Blacks - 4th edition by Thomas A. Parham
2. Visions for Black Men- by Dr. Na'im Akbar
3. The Psychopathic Racial Personality and Other Essays- by Dr. Bobby Wright
4. Understanding Black Adolescent Male Violence: Its Remediation and Prevention- by Amos Wilson

Videos

1. Antoine Fisher

Module Seven: Clinical Practice – Diagnosis

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Be mindful of the importance of considering culture, gender, developmental stage, environmental stressors and structural barriers when diagnosing AAM YOUTH
- B. Avoid misdiagnosing AAM YOUTH based on a greater understanding of how symptoms may show themselves differently based on the factors listed above
- C. Be aware of the potential outcomes that can result for AAM YOUTH when clinicians avoid certain diagnoses in favor of others, keeping in mind not only labeling, stigma and tracking, but also the danger that he does not receive the best treatments for symptoms he is showing

2. What is the Issue?

- A. Eurocentric worldviews and theoretical approaches are used to diagnose African Americans. AAM YOUTH are under, over and misdiagnosed, depending on the mental health disorder - ADHD, conduct disorder, oppositional defiant disorder, P.T.S.D., depression, anxiety, etc.
- B. Mental health practitioners do not take into enough consideration social issues (i.e. racism, poverty, etc.), cultural, gender and developmental factors prior to diagnosis with AAM YOUTH
- C. Over, under and misdiagnosis is affecting the academic placement of AAM YOUTH, specifically removing them from mainstream classrooms and/or offering treatment strategies which ignore underlying trauma, depression, anxiety, etc., and societal/systemic issues

3. What is the Impact on Mental Health Practice?

- A. A disproportionate number of AAM YOUTH are diagnosed with ADHD, conduct disorder, oppositional defiant disorder without enough consideration of P.T.S.D., depression and anxiety, which may be at the root of behavioral symptoms
- B. Over, under and misdiagnosis of AAM YOUTH creates an association between the behaviors of African American males and pathology
- C. African Americans may develop a negative perspective of mental health field and of themselves, which can become part of internalized oppression process
- D. Diagnoses help determine the placement of AAM YOUTH, moving them away from preventive and empowerment based approaches and towards behavioral and punitive systems.

4. Recommended Strategies and Techniques

- A. Develop trusting relationships to gain more accurate assessment, exploring past experiences with social services, acknowledging trust breaches and systemic failures
- B. Ensure an understanding of family's history and culture before making diagnoses
- C. Identify social barriers affecting client and take into consideration when diagnosing
- D. Consider all the factors mentioned above before making mental health diagnoses

2 Hour Training Agenda

Materials and Equipment Needed: Drum, handouts, flip chart paper and markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: “The shooting of 17-year-old Trayvon Martin in February 2013 generated national outrage, headlines, protests, and demonstrations, particularly in the African-American community. The concern...was that he was shot because he was a black male and thus presumed to be dangerous. The literature is full of instances in which African Americans, particularly men, receive differing, often more-punitive and less-optimistic treatments. The disparities become especially apparent with diagnosis. African-American males are far more likely to receive a diagnosis of schizophrenia, often at the expense of mood disorders and posttraumatic stress disorder. As a result, the excessive antipsychotic usage and hospitalizations appear justified.” - Dr. William Lawson, M.D., Ph.D. (2013), “How Americans’ View of Black Men Affects Mental Health Care.” Viewpoints, Psychiatric News.

(Note with this Words of Wisdom, it relates to African American male adults, so a good process question specific to this quote is how it may apply to AAM Youth)

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

There’s an overwhelming population of African American males that are diagnosed with mental illnesses. In comparison to white populations and other ethnicities, African American males are disproportionately diagnosed with behavioral related mental health issues. As a result, African American males as a community are viewed and/ or labeled as deviant, removed from mainstream classrooms, prescribed psychotropic medication or removed from the home. Over diagnosing exists, in part, because social ills (i.e. racism, historic oppression of African Americans, poverty, etc.), cultural differences and social barriers are not typically considered when diagnosing African American males. - Jason Seals, Professor, Merritt College

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques **5 minutes**

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity **15 minutes**

Purpose: This activity will help participants identify the thoughts and feelings they bring to this workshop in regards to diagnosing AAM YOUTH.

Preparation: Give writing utensils and paper to all participants

Instructions:

- Divide the larger group into dyads
- In dyads, instruct the participants to jointly compile a list of pros and cons of diagnosis as well as identify steps to make a “good” diagnosis with AAM YOUTH
- Dyads will share out on the information they discussed with the larger group
- The facilitator will chart the responses on flip chart paper as they are discussed

Process Questions:

- What makes a “good” diagnosis with AAM YOUTH?
- What information is needed to make a “good” diagnosis with AAM YOUTH?
- Whose input is needed to make a “good” diagnosis with AAM YOUTH?
- What training or experience is needed to make a “good” diagnosis with AAM YOUTH?

E. Skill Building: Review of Key Concepts and Core Techniques **20 minutes**

Purpose: This activity will allow participants to build knowledge about issues related to diagnosis of AAM YOUTH and recommendations of how to effectively deal with these issues

Preparation: Distribute the handout located at the conclusion of this module.

Instructions:

- Ask participants to read the two handouts provided which describe issues related to mental health diagnosis with AAM YOUTH and ways to address these issues
- Provide the process questions written below on flip chart paper or through Power Point
- Pairs can begin their discussion as soon as both are finished reading the worksheet, but no more than 5 minutes after the activity begins
- Partners have 5 minutes to discuss, then as a whole group ask for “pearls of wisdom” from the pair share, taking one or two responses from the group for each question
- The facilitator then has 5 minutes to facilitate discussion and add their own thoughts around major issues raised within the report out

Process Questions

- What did you learn from the readings and how would you apply this learning to your work around diagnosis with AAM YOUTH?
- Was there anything that particularly struck home because it is an issue that is present within your practice, your agency, the site, or a related organization/system?
- Was anything you disagreed with or think deserves further examination before moving forward with a plan for diagnosing with greater cultural competence with this population?

F. Skill Building: Practice of Key Concepts and Core Techniques

35 minutes

Purpose: To practice taking some initial information gathered around an AAM YOUTH at your site, and then creating a preliminary diagnosis and plan for further assessment which takes into account concepts and techniques presented in the last activity, as well as effective practices already in use within the training participant group. This process will help participants to develop their ability to make culturally competent diagnoses with this population.

Preparation: Distribute copies of the case scenario to participants, which includes information gathered from student, parent, teacher, on campus suspension coordinator, and after-school site director. Flip chart paper and markers should be available for each small group in this activity.

Instructions:

- Distribute the case scenario handout and give instructions for the activity
- Participants should read the handout before moving to the small groups
- Once in small groups they should select a facilitator, who will have two roles – one as the school-based coordination of service team or “COST” team facilitator, then as the clinical supervisor leading a case conference. The former relates to information gathering within a multi-disciplinary team, and the latter is more a clinical discussion on preliminary diagnosis and further assessment needed

- There should also be a recorder, who charts the ideas of the group. Everyone else is a participant in the discussion – in the first role play, they can be other clinicians, an administrator, an after-school coordinator, or any others present at a typical COST team meeting. At the second, all should be clinicians, clinical supervisors, or managers
- Roles can switch from one part of the role play to the next
- Participants should get up to 5 minutes to read, then no more than 15 minutes for one or both role plays, with the remaining 10 minutes for whole group discussion using the process questions below.
- Once instructions are understood, divide participants into groups of 3-4 and put them to work, monitoring progress to make sure all aspects of the activity are complete.
- Note that if participants want to dig deeper into one of these role plays, instead of two, or wants more time for discussion, allow them to select the role play that will be most useful

Process Questions (first case scenario specific, then general to this issue):

- What were your preliminary diagnoses for this student and how did you arrive there?
- What additional information did you decide to collect as part of further assessment and in order to make differential diagnoses?
- Within the role play(s), what were insights/strategies/techniques you or others brought up that you find either particularly effective or that brought up pitfalls to avoid or at least consider within this process?
- How have you and your team handled it when AAM YOUTH show outward signs for conditions such as Conduct Disorder or ADHD, but you believe/know there are underlying issues that may lead to a PTSD, anxiety or depression diagnosis as well?
- If you find environmental/systemic factors to be significant with an AAM YOUTH you are assessing, how does it affect your diagnosing and treatment?
- Are there diagnoses you hesitate to give or tend to give? If so, why? How can we best handle such diagnosing decisions, including appropriate treatment to match symptoms?



Diagnosing can be damaging to AAMY AND without some assessment of what's going on and what can we do about it, it's hard to offer effective help. With no easy answers, critical thinking is the key. How do you keep this issue complex while still moving forward with your diagnosis?

G. Self-Reflection on Where You're At and Next Steps to Build Practice 10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation

15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

From “The Secret Epidemic: Exploring the Mental Health Crisis Affecting Adolescent African-American Males,” by Clare Xanthos, Ph.D. in *Community Voices: Healthcare for the Underserved*. Morehouse School of Medicine.

Diagnosable mental illness and related behavioral problems have risen dramatically in adolescent African American males in recent years. This is illustrated (by):

- During 1980-1995, the suicide rate for adolescent African-American males, ages 15-19 years increased from 5.6 to 13.8 per 100,000 of the population. While adolescent African-American males historically have had lower rates than adolescent European American males, suicide is now becoming equally or more prevalent among African Americans.
- Adolescent African-American males are significantly more likely to be diagnosed with conduct disorder than white males

These figures should not be surprising since adolescent African-American males in contemporary American society face major challenges to their psychological development and well-being. In addition to dealing with the physical, mental and emotional issues typically experienced during adolescence, adolescent African-American males are confronted with unique social and environmental stressors; they must frequently cope with racism and its associated stressors, including family stressors, educational stressors, and urban stressors.

Adolescence is a time of great change and transition, when youth experience physical, mental and emotional changes. These changes leave adolescents particularly vulnerable to mental health problems such as depression, suicidal thoughts, and anxiety disorders, especially if the adolescent has a family history of mental illness. At the same time it is essential to note that the challenges of adolescent development are multiplied because of historical and social factors arising from institutional and societal racism.

John Head, the author of *Standing In the Shadows: Understanding and Overcoming Depression in Black Men* (2004) argues that from the time they are young boys, black males are under pressure to adhere to a concept of masculinity that requires a silence about feelings, a withholding of emotion, an ability to bear burdens alone, and a refusal to appear weak.

Racism and poverty also may contribute to educational stressors among adolescent African-American males... For example, personal perceptions and prejudices of school educators and counselors can have a negative impact on the experiences of African-American boys within the education system. Indeed, it has been argued that the personal perceptions and prejudices of school educators and counselors, coupled with a lack of knowledge of the DSM-IV (Diagnostic and Statistical Manual of Mental Disorders) criteria for diagnosis may be resulting in the widespread misdiagnosis of adolescent African-American males.

With regard to misdiagnosis, it is important to note that because of the gender-specific manifestation of mental disorders, certain mental disorders tend to be under diagnosed in adolescent males generally. For example, depression is one of the most overlooked disorders in adolescent males because of differences in symptom expression; due to the link between depression and suicide, the under diagnosis of depression in adolescent males is an extremely serious problem. It is also important to note that for cultural and social reasons, African Americans are more likely than whites to exhibit symptoms of suicidality in terms of somatic complaints rather than the typical sadness or depression; as such, traditional suicidal symptoms may not be obvious at first. Given their dual role as adolescent males and African Americans, adolescent African-American males are at particular risk for misdiagnosis of serious depression and suicidality.

What can be done to improve the mental health of adolescent African American males?

- ✓ Educational advocates should help school educators to better understand the dynamics of male development from an African American perspective. They should also make the teaching-learning process more relevant to African-American males. In addition, educational advocates perhaps could examine the incidence of discipline in the classroom to ensure that African-American males are not receiving a disproportionate share of reprimands or negative feedback.
- ✓ When diagnosing African-American adolescent males, it is imperative to tailor diagnostic systems to correspond with the socio-cultural environment of this population. It is vital to acknowledge and understand that adolescence occurs in a wider socio-cultural environment and that adolescent African-American males are subject to a variety of social and environmental stressors. In particular, practitioners need to take extra care in evaluating potential suicidality among adolescent African-American males. Additionally, the impact of culture on different ways of expressing distress should be taken into consideration. Moreover, therapists, school counselors, and other professionals responsible for diagnosing African-American male students must examine themselves and their perceptions of African-American males in such a way as to eliminate and minimize any personal prejudices or biases that may adversely impact their assessment.
- ✓ When providing treatment to adolescent African-American males, it is very important for practitioners to tailor their treatment systems to correspond with the socio-cultural environment of adolescent African-American males. As such, practitioners should consider using therapy which is specifically tailored to clients who are people of color/members of oppressed groups; for example, cognitive therapy for members of oppressed groups.^{bm} Exploring culturally relevant content themes, especially those concerning issues of anger/rage, alienation, respect, and the journey from boyhood to manhood can improve the level of therapy.

Black Children Often Mislabeled as Hyperactive in the United States

By Katherine Stapp, Inter Press Service

NEW YORK, Apr 25, 2000 (IPS) - African American children, especially boys, are at increased risk for being diagnosed with a hyperactivity disorder and placed in special education, but lack the same access to treatment as their white counterparts.

Behavioral disorders in children, and how they are treated, have come under increased scrutiny since it was revealed in February that the number of American children taking psychotropic drugs to control hyperactivity has skyrocketed in the nineties.

The National Medical Association (NMA), a group of some 20,000 African American doctors, says hyperactivity disorders are being over-diagnosed in the black community, aggravating the concentration of minority children in special education classes.

Attention Deficit Hyperactivity Disorder (ADHD) is not new, but it is a rapidly growing phenomenon, according to doctors, teachers and researchers, and currently affects some 3.5 million American children.

By far the most popular drug to treat ADHD is methylphenidate, or Ritalin, whose use by children has spiked accordingly. Although Ritalin is a stimulant, it has a reverse effect on most hyperactive people, calming them and helping them to focus.

The exact causes of ADHD are still unknown, but its symptoms include extreme restlessness, an inability to concentrate and hyperactivity. While this kind of behaviour is hardly unusual in children, taken to the extreme, it can land a child in special education classes, where he is often stigmatized as disabled, "dumb" or "unmanageable".

"To our concern, black children are heavily over-represented in most systems as being at risk," says Rhonda Carlos Smith of the Washington DC-based Black Child Development Institute.

"Overcrowding creates a situation where teachers have a need to be in control much more and are not able to meet children's individual needs," she explains. "We have found that black children were disproportionately referred to early intervention programmes because of speech and language delays. That raised some red flags for us."

Dr. Janice Hutchinson, a child psychiatrist at the Psychiatric Institute of Washington, emphasized that "all identified as hyperactivity is not ADHD." Depression, stress or abuse, for example, will often manifest as inattentiveness, she says.

"It's clear to me as a black female that there's a lot of fear about black males," Dr. Hutchinson says. "It does them a great, great disservice."

There is both a gender gap and a race gap in American schools. According to federal statistics, more than two-thirds of all special education students are male. And although African Americans

make up about 12 percent of the US population, they comprise 28 percent of special education students.

The 1998 annual report of the federal Office of Special Education Programs noted that between 1980 and 1990, black children were placed in special education at more than twice the rate of whites. Hispanics fared even worse, with a 53 percent increase -- compared to six percent for whites.

"It's kind of horrifying," says Kathleen Boundy, an attorney and co-director of the Center for Law and Education in Boston. "For a long time, there has been a fear (in the black community) that Special Ed would become a dumping ground. There are issues of race and poverty interfacing."

Sharman Dennis, a member of the NMA and a former special education teacher in Washington DC, agrees. "There are a large number of children in special education programmes that may not need to be there," she says. "One problem is that they're not looking at the whole of the child. If you haven't had anything to eat since yesterday at lunchtime, you won't be able to focus."

Sheila Zukowsky, who evaluates 50 to 60 children a year for special education services in New York City -- most of them black or Hispanic --stressed that "the biggest predictor of success in school is socio-economic status, and a lot of black kids are from a lower socio-economic class."

"It's not rocket science," she says. "There are a lot of assumptions made about black kids. The same behavior in white kids wouldn't be interpreted the same way. Some teachers have a very low tolerance, so it's easier to refer."

"Special Ed classes are awful," Zukowsky says candidly. "Thousands of kids labeled learning disabled really aren't, they just don't have a good learning experience. In 99 percent of the cases, I don't think there's anything wrong with them ... and a drug is completely the wrong track to deal with it."

There has been a public backlash against Ritalin since the Journal of the American Medical Association reported in February that the number of young children taking stimulants like Ritalin had more than doubled in the early 1990s.

Most doctors and educators advise against dismissing drugs out of hand, and note that while there may be overmedication occurring, Ritalin is still one of the most effective treatments for ADHD.

But sadly, minority children are also at a disadvantage in terms of access to drugs like Ritalin. Although the racial dimensions of the problem have not been adequately studied, they can be inferred from data on access to mental health care.

A recent review of two national studies on the treatment of children with ADHD concluded that "minority youths, primarily African American, are less than half as likely to have been

prescribed psychotropic medications as white youths."

The review, published in February in the 'Journal of the American Academy of Child and Adolescent Psychiatry', found that an identical disparity existed even among patients with access to free health care through Medicaid.

And again, boys were two to three times as likely as girls to be diagnosed with ADHD and given Ritalin.

"In my clinical experience, the most common presentation is a single mother with a hyperactive boy," says Dr. Paul Organ, an Arizona-based specialist in adolescent psychiatry. "The school system tends to push these children into special education."

The problem clearly goes deeper than mere socio-economic status, according to Dr. Beth Hahn of the Agency for Health Care Policy and Research. Hahn found that black and Hispanic children were less likely to be prescribed medication than whites even after income, diagnosis and number of doctor visits were factored out.

The National Institute of Mental Health (NIMH), which just launched a 5-million-dollar study into psychotropic drug use among children, concedes that "there are significant differences in access to mental health services between children of different racial groups."

Experts from a variety of disciplines who were interviewed said solving the problems surrounding hyperactivity in minority children will require a collaborative effort by teachers, health care providers, parents and children.

Most stressed non-medical interventions, like better training for administrators and teachers, smaller class size and more help for parents.

"Learning to read at an early age is the single most effective intervention for ADHD," Dr. Organ says. While he welcomed the NIMH study into ADHD, he expressed concern that one component of the research was seeking an 'ADHD gene'.

"It is primarily an environmental problem," Dr. Organ says. "I am very, very concerned about a genetic basis for ADHD when it is such a subjective diagnosis. I fear that if we don't fight that trend, we are setting up future generations of black children to be labeled and diagnosed."

*Retrieved from

http://www.unesco.org/education/efa/know_sharing/grassroots_stories/usa.shtml

Case Scenario – Preliminary Diagnoses & Ongoing Assessment

Below is information you received within a referral a teacher made for mental health services at your site. Below that is some additional information you collected leading up to 1) the COST team meeting wherein referrals are discussed and therapists assigned, and 2) a clinical case presentation made to clinical colleagues and supervisors. After reading the information, follow the facilitator's instructions to engage in a role play within one or both of these settings.

Robert is a 12 year old African American 6th grade student. He was left back in 1st grade. His teacher reports Robert is distracted, fidgety, gets out of his seat without permission and interrupts consistently. When she tries to redirect him, he gets frustrated, and when she asks him to sit on the side or in another teacher's room, he gets defensive and defiant, refusing to move. This often ends in trips to the office. With this pattern, Robert has been in on-campus suspension frequently. Now the administration is considering next steps, including recommending a psychological evaluation for ADHD, and an SST meeting (student support team) to discuss supports/interventions, including eventual referral for a special education evaluation.

From **Robert** you have learned he doesn't have time for counseling. He needs to concentrate on his school work. He does not want to be taken out of gym to see you, or "Exploratory," an elective class which he says he likes because you get to talk about things that actually matter.

From **Robert's mother**, you have not learned much. She works two jobs and says she doesn't have time to come into the school to meet or talk. She asks if **Robert's stepfather** can come in and sign the papers, as he is home raising their newborn son. He has been a caring step-father for three years, she says, though Robert and he don't get along well at all.

From **Robert's teacher** and the **Assistant Principal** you have learned that Robert is not responsive to the new behavior management system the school has adopted. He is not concerned with rewards and he does not like when the teacher puts him on blast by naming his misbehaviors. They state Robert's cumulative folder reveals that he did well up through 3rd grade year and then began to struggle.

From the **on campus suspension (OSC) coordinator** you have learned that Robert appreciates "real talk" and responds well to assertive direction delivered with respect and a clear sense of caring. The OSC coordinator says you should try to talk to Robert's uncle – that's who Robert talks about most, and the after-school site director.

From the **After-School Site Director** you have learned that Robert is doing well on his "seasonal sports" football team and loves his coach, who is an African American male as well. She states that Dad is in prison but may get out soon. Robert also recently lost a close older cousin to gun violence. She has overheard Robert complain about the school, saying they want to lock me up, just like they did my daddy.

Module Seven, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books, Articles and Journals

1. Lawson, W. (2013). How Americans' view of Black men affects mental health care. *Psychiatric News, Viewpoints, October 2013*.
2. Stapp, K. (2000). Black children often mislabeled as hyperactive in the United States. *Inter Press Service*.
3. Xanthos, C. (2008) The secret epidemic: Exploring the mental health crisis affecting adolescent African-American males. *Community Voices: Healthcare for the Underserved*. Atlanta, GA: Morehouse School of Medicine.

Additional Resources

Books, Articles and Journals

1. Racial Differences in DSM Diagnosis Using Semi Structured Instrument: The Importance of Clinical Judgment in the Diagnosis of African Americans- by Harold W. Neighbors, Steven J. Trierweiler, Briggett C. Ford and Jordana R. Muroff
2. Race Matters: Disparities in African American Children with Attention Deficit Hyperactivity Disorder- by Charmayne Maddox and Keith Wilson
3. VanHook, C.R. (2012). *Racial disparity in the diagnosis of conduct disorder*. Georgia State University Library.

Module Eight: Clinical Practice: Individual, Group and Family Treatment

1. Objectives – Mental Health Professionals Will Be Able To

- A. Integrate non-traditional strategies into their mental health treatment with AAM YOUTH
- B. Integrate group work more effectively into treatment for AAM YOUTH
- C. Integrate family and multi-family work more effectively into treatment plans with AAM YOUTH

2. What Is the Issue & Its Impact on Mental Health Practice

- A. There is an over-reliance on traditional talk therapy as the primary modality for mental health treatment, which is typically not the only or most indicated treatment strategy for AAM YOUTH.
- B. Because of logistical and financial reasons, group work is not often utilized as a mental health intervention for AAM YOUTH, even though it has positive results and is much appreciated by youth.
- C. There is a lack of family involvement, particularly of non-custodial fathers, even though male involvement is a key component of effective treatment of AAM YOUTH clients.
- D. There is a lack of processing and empowering AAM YOUTH to address environmental and systemic challenges, even though these are often significant if not primary to the client's challenges

3. Recommended Strategies and Techniques

- A. Non-traditional techniques such as rap therapy or media-based dialogue are engaging, effective, and easily integrated into a clinician's toolbox of intervention strategies.
- B. A young men's group that utilizes historically based rites of passage practices while integrating a critical and active approach to responding to modern environmental/systemic stressors should supplement individual counseling and case management for AAM YOUTH.
- C. Based on the importance of the family in African American culture, clinicians should make extra efforts to integrate family work, multi-family work, and particularly male caretakers, as a supplement to their individual counseling and case management of AAM YOUTH.

2 Hour Training Agenda

Materials and Equipment Needed: Handouts, Power Point equipment, flip chart paper and markers

A. **Opening Rituals, 15 Minutes (cite BOTR)**

15 Minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom (*Taken from interviews with school-based therapists working with African American male youth*): It can be hard for them to open up. If it's their choice, they'll feel more comfortable. You shouldn't sugar coat and you shouldn't have pity. They'll talk to you as long as they understand you are not there to judge, that they'll have an opportunity to say what they want to say. If you cut them off, their behavior gets worse – sometimes the back and forth doesn't work. Boundary setting and limits are important, too – it's okay to say, 'these are the rules.'

Facilitating groups has worked well. We did a grief group that was a good outlet for them – we looked at local things in the news, what triggers them, the holidays...it was helpful for the young men to see others grieve in front of them.

The school events, like our health fair, are great because they are student driven. We can also involve others at the school, including men of color like the Health Advocate we have and the Restorative Justice Coordinator. It's less stigmatizing for the youth because everyone is involved and its fun. The clients are empowered to make their own choices, offer their own insights, raise awareness with peers and build their own confidence.

B. **Set Macro-Level Context**

5 minutes

Facilitator reads the following statement then asks participants to reflect:

“Young African-American males must be the ones who identify the factors contributing to the prevalence of homicide and intentional injury among their peers...as well as the ones who identify the needs and solutions. The experience of peer and social support networks must be respected and validated as they bring...knowledge of the immediate and reverberating effects of homicide and intentional injury. These networks are also fluent in the language and culture of

their communities and may serve as the “brokers” of information and agitators... The ability and effectiveness of public systems stakeholders to “serve the public” is measured by their ability and willingness to take...direction from the communities...they are serving. They must also...utilize their...expertise in ways that maximize the effectiveness of communities to...build on their assets (to) address their needs in manners that are timely, relevant and sensitive. It is through collaboration and cohesion as a community that the African-American youth of East Oakland can begin to overcome the prevalence of violence.” - *Kanwarpal Dhaliwal, Josiane Mengue, Savi Malik and Gina Williams, from “Homicide and Intentional Injury Among African American Male Youth in East Oakland.”*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques **5 minutes**

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity: **15 minutes**

Purpose: To gain comfort in bridging historical African values and modern forms of expression in order to integrate techniques that are culturally affirming, gender-responsive and youth development grounded into the healing process for AAM YOUTH.

Preparation: Reference handout on the seven principles of Ngu Sbaza. Have available TV/DVD or other audio visual system to screen a DVD. Have the movie *Coach Carter* queued up to play scene 8, from 39:17 – 43:24.

Instructions:

- Review the handout on Ngu Sbaza explaining the 7 principles of Kwanzaa. These are often used as a focus for Afrocentric Rites of a Passage programs.
- View the above scene from *Coach Carter*, and think about which of the 7 principles are reflected in the video clip
- Also, think about how the clip could be used within treatment as a media based dialogue technique: bridging principles demonstrated in the video to getting AAM YOUTH clients more connected with their culture as well as applying lessons learned from the video to situations he may be facing.

Process Questions

- Which ones of the 7 principles did you think of as you watched the video and how do you think the scene related to those principles?
- How might you use this video within your work?
- How might you use media (including video or music) within your work?



Bringing in media you enjoy can help build relationship AND encouraging AAM YOUTH to share music with you, including during sessions, can be an important part of the therapeutic process.

E. Skill Building: Review of Key Concepts and Core Techniques

15 minutes

Purpose: To develop methods of increasing male adult involvement in the treatment/healing process, while honoring the parenting of single-parent mothers/grandmothers, who are the primary caretakers of AAM YOUTH.

Preparation: Prompts on the board/flip chart, as well as handout on this topics of: 1) Male involvement and 2) Psycho-education and mutual support for parents through multi-family therapeutic group.

Instructions:

- Facilitator will lead two brief brainstorms, charting responses on the board
- The first relates to adult male involvement in the treatment/healing process, focused on fathers, other male adult caretakers and other male adults involved in the AAM YOUTH's life
- The second relates to a community organizing approach that can be used to engage caretakers of AAM YOUTH within a multi-family strengthening approach
- After the brainstorms, review the handout on male involvement and multi-family strengthening, with a discussion of applications to training participants' work to follow.

Process Questions

- How have you or could you secure greater male involvement in your work with AAM YOUTH, and why do you think this is so important?
- How have you or could you engage in multi-family work with AAM YOUTH and their parents/guardians/mentors, and why do you think this is so important?

F. Skill Building: Practice of Key Concepts and Core Techniques

40 minutes

Purpose: Participants will learn the benefits and some key components of a successful group for AMM YOUTH, then design a group to be implemented as a supplement to their individual and family work.

Preparation: For this activity, review a Power Point outlining the rationale and core components for a successful counseling group with AAM YOUTH.

Instructions:

- Engage in a brainstorm and then review the Power Point slides on rationale for group work with AAM YOUTH
- Engage in a brainstorm and then review Power Point of core components of a successful counseling group with AAM YOUTH
- Divide participants into groups of 3-4 and have them come up with an outline for a young men's group with AAM YOUTH at their sites, which integrates the recommended techniques included within the Power Point presentation and those of their peers.
- Ensure the group's record their discussion on flip chart paper and that they are prepared to report out to the larger group within a brief presentation.
- Small groups present to the larger group with time for questions for each group
- The large group closes this exercise with the following process questions

Power Point for Rationale:

- ❖ The move from collectivism to individualism pulls AAM YOUTH away from their culture
- ❖ Peer culture is extremely important for adolescents
- ❖ Stigma and discomfort is reduced moving from one-on-one to group
- ❖ Group work lends itself to less talk and more gender-responsive activity

Power Point for Group Work Components:

- ❖ Culturally based ritual and exploration of history of African Americans and African American Males, including within their city and county.
- ❖ Exploration of cultural, gender, environmental and systemic barriers to success and their effects on AAM YOUTH
- ❖ Development of "code switching" or "bicultural" approaches which facilitate success for AAM YOUTH within school, program, and work settings, while honoring youth's language and other forms of cultural expression

- ❖ Talk and non-talk methods of expression to process personal experiences and facilitate personal and community healing as they relate to the above challenges. These may include digital storytelling, therapeutic writing including through poetry/spoken word/rap, and art therapy, including graffiti art/community murals.
- ❖ Community service and social action that facilitate personal transformation, and contribute to social change towards more peace, justice and equity. For a boys group, these can be around issues confronting boys and young men of color.
- ❖ NOTE: For AAM YOUTH who do not have MediCal, having groups can give clinicians more “wobble room” around billable hours. If enough group members will result in reimbursement you can place some members without insurance without as adverse effects as taking on individual clients without insurance/reimbursement.
- ❖ NOTE: Even for individual clients, bringing in a peer to sessions may help him feel more comfortable based on their relationship and help him to open up based on trust for other person. This will build trust and relationship with you.

Process Questions:

- What are barriers to implementation of school based groups with AAM YOUTH?
- How can you overcome these challenges?
- What types of groups would be most helpful to the AAM YOUTH at your site?
- What is your action plan to implement this valuable treatment/healing practice?

G. Self-Reflection on Where You're At and Next Steps to Build Practice **10 minutes**

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation **15 minutes**

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

The Nguzo Saba (The Seven Principles) Dr. Maulana Karenga, Examples of Applications to Contemporary AAM YOUTH (<http://www.officialkwanzaawebsite.org/7principles.shtml>)



Kwanzaa was created to introduce and reinforce seven basic values of African culture which contribute to building and reinforcing family, community and culture among African American people as well as Africans throughout the world African community. These values are called the Nguzo Saba which in Swahili means the Seven Principles. Developed by Dr. Karenga, the Nguzo Saba stand at the heart of the origin and meaning of Kwanzaa, for it is these values which are not only the building blocks for community but also serve to reinforce and enhance them.

Theme 1 Umoja (oo-MO-jah) – Unity

Unity stresses the importance of togetherness for the family and the community, which is reflected in the African saying, "I am We," or "I am because We are."

Theme 2 Kujichagulia (koo-gee-cha-goo-LEE-yah) – Self-Determination

Self-Determination requires that we define our common interests and make decisions that are in the best interest of our family and community.

Theme 3 Ujima (oo-GEE-mah) – Working Together

Collective Work and Responsibility reminds us of our obligation to the past, present and future, and that we have a role to play in the community, society, and world.

Theme 4 Ujamaa (oo-JAH-mah) – Supporting Each Other

Cooperative economics emphasizes our collective economic strength and encourages us to meet common needs through mutual support.

Theme 5 Nia (NEE-yah) - Purpose

Purpose encourages us to look within ourselves and to set personal goals that are beneficial to the community.

Theme 6 Kuumba (koo-OOM-bah) - Creativity

Creativity makes use of our creative energies to build and maintain a strong and vibrant community.

Theme 7 Imani (ee-MAH-nee) – Faith

Faith focuses on honoring the best of our traditions, draws upon the best in ourselves, and helps us strive for a higher level of life for humankind, by affirming our self-worth and confidence in our ability to succeed and triumph in righteous struggle. (This write up is from <http://www.k12connections.iptv.org/pdfs/kwanzaa.pdf>)

Recommended Practices for Male Involvement Within Treatment and Healing Process with AAM YOUTH

1. As a prerequisite to treatment, ensure your space and staff is welcoming of adult males and recognizes their important role in raising AAM YOUTH. Within assessment, ask particularly about clients' feelings around fathers and father absence, if that is a relevant issue.
2. As another prerequisite, make sure all forms are inclusive of fathers, including non-custodial fathers and other male caretakers and mentors. Also include them in the assessment and treatment planning process.
3. Create/link male caretakers/mentors to male centered programs, groups, classes
4. Make male involvement inclusive of "social fathers" – "Social fatherhood" (Coley, 2001) encapsulates the role of the community in raising a child, including the biological father and others. The term includes men who assume some or all of the roles fathers are expected to perform, regardless of whether or not they are biological fathers. These social fathers provide a significant degree of nurturance, moral and ethical guidance, companionship, emotional support, and financial responsibility in the lives of children."
5. NOTE: You may also involve non-relative male adults, including school staff – like teachers, after-school group leader, coaches, security guards, etc. For meetings like SSTs, IEPs, etc., having a male who is important to AAM YOUTH client is important
6. Focus on action, especially at the beginning, as males tend to focus more on problem solving than processing feelings.
7. Facilitate father-child activities and leadership/decision making by male caretakers around activities, which may include bonding around sports activities.

From: Martinez, K., Rider, F., Cayce, N., Sawyer, J., & Williams, K. (2011).

Multi-Family Work Within Treatment/Healing Process with AAM YOUTH

While individual parents benefit from collateral contact, family counseling, and referrals for their own counseling, a multi-family approach can provide custodial parents of AAM YOUTH, who are most often mothers/grandmothers, with an opportunity to provide each other mutual support, to receive psycho-education and to practice those skills with AAM YOUTH children present as well. To achieve such a group:

1. Recruit core working group of parents of AAM YOUTH who commit to a leadership role
2. Plan a kick off meeting of such a "parent solidarity group"
3. Secure participation by parents of all AAM YOUTH on your caseload and invite others as well if the caseload is not large enough to support at least 4-5 families
4. Implement a planning meeting in which parents create the agenda for that school year
5. With the core working group's leadership, implement the year's program
6. Secure male involvement for the group, using the strategies outlined above

From: Brothers on the Rise parent solidarity group model, Edna Brewer Middle School, 2010-11.

Module Eight, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books, articles and reports

1. Karenga, M. (2008). *Kwanzaa: A celebration of family, community and culture*. Los Angeles: University of Sankore Press.
2. Martinez, K., Rider, F., Cayce, N., Sawyer, J., & Williams, K. (2011). *A guide for father involvement in systems of care*. Washington, DC: Technical Assistance Partnership for Child and Family Mental Health.
3. Xanthos, C. (2008). The secret epidemic: Exploring the mental health crisis affecting adolescent African-American males. *Community Voices: Healthcare for the Underserved*. Atlanta, GA: Morehouse School of Medicine.
4. Williams, L. Mental health challenges facing African American youth in urban communities. *Promoting Emotional Wellness and Spirituality Programs, Mental Health Association in New Jersey*.

Videos

1. Coach Carter, a Thomas Carter film

Additional Resources

Books

1. Sitomer, A. and Cirelli, M. (2004). *Hip-hip poetry and the classics for the classroom*. Beverly Hills: Milk Mug Publishing.

Videos

1. Equinox, a film by Bayaan Bakari

Module Nine: Working with Families of African American Male Youth

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Develop culturally responsive mental health practices for AAM YOUTH and families
- B. Provide a safe and nurturing therapeutic setting for African American families
- C. Be mindful of cultural dynamics that impact mental health services, avoiding practices that may disengage or upset families and embracing those likely to engage and build relationship.

2. What is the Issue?

- A. Mental health professionals may have limited knowledge of African American culture or African American family life
- B. Mental health professionals may lack tools, specifically theoretical perspective and strategies, to best support African American families
- C. African American families are often viewed through lenses and supported with theoretical approaches that consider the African American family experience as unhealthy or pathological

3. What is the Impact on Mental Health Practice?

- A. African Americans tend to question the authenticity of mental health professionals
- B. African American tend to feel judged or misunderstood by mental health professionals
- C. African Americans tend to view mental health services and systems as ineffective
- D. African American families tend to deny support from the mental health field

4. Recommended Strategies and Techniques

- A. Use non-talk therapy techniques, such as writing, drawing, music, drama, kinesthetic, etc.
- B. Allow the family to provide a narrative of their experience (this can be done through drawing, role play, dance or verbal expression)
- C. Have the family identify strengths of each family member and utilize the strengths to validate and celebrate the achievements and strides of the family (throughout therapy)
- D. Allow the family's voice to present and lead the direction of how support is delivered
- E. Identify extended family members to support with the treatment of AAM YOUTH and their families
- F. Create safety and build emotional intelligence to help families put language to experiences

2 Hour Training Agenda

Materials and Equipment Needed: Drum, boom box or laptop with speakers, CD or download of “Dear Mama” by Tupac, handouts, flip chart paper, markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: What I would say to mental health professionals trying to work with families of African American male youth is keep an open mind. The black community has a hard time talking to the mental health community. Some parents may think “my kid doesn’t need that.” You may have to do more than talk to the child and the parent. You should also talk to other people in the family, and if the father is not present, find another male figure the child trusts.

What made me participate was I saw that it was helping with his anger issues. Some boys won’t talk, and when I came to the family workshop with my son’s aunt and grandmother, we saw him remembering his uncle. He named it through the Drum Call Out. The program was a safe place for him to be himself, to talk about what he wanted to talk about – *Jackie Collins, parent of a former Brothers on the Rise African American middle school male youth participant*

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement, then asks participants to reflect:

According Dr. Ni’am Akbar, the family is the foundation for all healthy and constructive life, meaning that a family in a healthy state provides a fertile foundation for the development of the children and family. However, the African American family has been attacked by racism and the social conditions it has created. During slavery, African Americans were not allowed to legally marry and slave owners intentionally separated families to diminish family ties. After slavery many couples reunited and went to local court houses to make their unions legal. This increased legal marriages and brought about stability amongst African American families. However, the family would be affected by WWII, welfare and the crack epidemic, each affecting the culture of the African American family, creating dissonance between the African American male and female and in the case of welfare and crack contributing to single parent households. These social ills caused the African American family a great deal of harm. As a result many African

American families are wounded and are in a rebuilding mode - attempting to heal. – *Jason Seals, Professor, Merritt College*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques **5 minutes**

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising Activity **20 minutes**

This activity provides understanding of the African American family experience while providing a counter narrative.

Instructions:

- Have the participants identify and write down three words that captures their thoughts and/or experiences with African American families.
- Then instruct them to read the excerpt from *Speaking up for Single Mothers* by *Niara Sudarkasa* (located at end of module)
- After the reading, they should be instructed to write down three words, either same or different, that capture thoughts about single mothers that the reading inspired
- In dyads, discuss the process questions provided below

Process Questions:

- Share about the words you wrote down initially and after reading the article
- What are your initial thoughts and feelings from the reading?
- What insight did the reading provide and what is the importance of this piece?
- How can information from the reading support your work with AAM YOUTH?



As we honor mothers/female caretakers of AAMY YOUTH, we encourage involvement of fathers/male caretakers, custodial and non-custodial, and the exploration of how the father-son relationship affects clients. How have you achieved this within your work?

E. Skill Building: Review of Key Concepts and Core Techniques

20 minutes

Purpose: To name and understand the strengths of single mothers

Preparation: Provide the participants with writing utensils and sheet of paper.

Instructions:

- Play the song *Dear Mama*
- While the participants are listening to the song, instruct them to identify the strengths of the mother and family
- In dyads, discuss the process questions provided below

Process Questions:

- What do you think about the song?
- What strengths did you identify?
- What did you get from the worksheet?
- Think of a time you supported an AAM YOUTH and his family dealing with issues addressed in the song – using a strength-based approach, how did you support them?
- How can you use this exercise to further inform your work with AAM YOUTH?

F. Skill Building: Practice of Key Concepts and Core Techniques

25 minutes

Purpose: To provide mental health professionals practice supporting African American families.

Instructions:

- Review the case scenario provided at the end of the module.

Process Questions:

- See case scenario worksheet at end of module

G. Self-Reflection on Where You're At and Next Steps to Build Practice

10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation

15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

"Dear Mama" By Tupac

You are appreciated

When I was young me and my mama had beef
Seventeen years old kicked out on the streets
Though back at the time, I never thought I'd see her face
Ain't a woman alive that could take my mama's place
Suspended from school; and scared to go home, I was a fool
with the big boys, breakin all the rules
I shed tears with my baby sister
Over the years we was poorer than the other little kids
And even though we had different daddy's, the same drama
When things went wrong we'd blame mama
I reminice on the stress I caused, it was hell
Huggin on my mama from a jail cell
And who'd think in elementary?
Heeey! I see the penitentiary, one day
And runnin from the police, that's right
Mama catch me, put a whoopin to my backside
And even as a crack fiend, mama
You always was a black queen, mama
I finally understand
for a woman it ain't easy tryin to raise a man
You always was committed
A poor single mother on welfare, tell me how ya did it
There's no way I can pay you back
But the plan is to show you that I understand
You are appreciated

Lady...
Don't cha know we love ya? Sweet lady
Dear mama
Place no one above ya, sweet lady
You are appreciated
Don't cha know we love ya?

Now ain't nobody tell us it was fair
No love from my daddy cause the coward wasn't there
He passed away and I didn't cry, cause my anger
wouldn't let me feel for a stranger
They say I'm wrong and I'm heartless, but all along
I was lookin for a father he was gone
I hung around with the Thugs, and even though they sold drugs
They showed a young brother love
I moved out and started really hangin

I needed money of my own so I started slangin
I ain't guilty cause, even though I sell rocks
It feels good puttin money in your mailbox
I love payin rent when the rent's due
I hope ya got the diamond necklace that I sent to you
Cause when I was low you was there for me
And never left me alone because you cared for me
And I could see you comin home after work late
You're in the kitchen tryin to fix us a hot plate
Ya just workin with the scraps you was given
And mama made miracles every Thanksgivin
But now the road got rough, you're alone
You're tryin to raise two bad kids on your own
And there's no way I can pay you back
But my plan is to show you that I understand
You are appreciated *[Chorus]*

Pour out some liquor and I reminsce, cause through the drama
I can always depend on my mama
And when it seems that I'm hopeless
You say the words that can get me back in focus
When I was sick as a little kid
To keep me happy there's no limit to the things you did
And all my childhood memories
Are full of all the sweet things you did for me
And even though I act craaazy
I gotta thank the Lord that you made me
There are no words that can express how I feel
You never kept a secret, always stayed real
And I appreciate, how you raised me
And all the extra love that you gave me
I wish I could take the pain away
If you can make it through the night there's a brighter day
Everything will be alright if ya hold on
It's a struggle everyday, gotta roll on
And there's no way I can pay you back
But my plan is to show you that I understand
You are appreciated *[Chorus]*

Sweet lady
And dear mama

Dear mama
Lady *[3X]*

Speaking up for Single Mothers, by Niara Sudarkasa

Isn't about time that African Americans demanded a halt to the derogatory characterization of single mothers and female headed households that abound in the scholarly literature as well as in the popular press? How many of us owe our success to mothers who struggled to bring us up by themselves or with help of their mothers and other women? Would we characterize our families as "unstable" or "pathological" simply because they were headed by women? Have ever stopped to think that people who do are talking about our Mamas?

Historically, the adaptability and flexibility of African American families has been one of our community strengths. Households headed by women as well as those headed by married couples were accepted as a part of normal pattern of everyday life, even by those whose preference was for the two parent family. Without being sociologists, African Americans understood that many factors contributed to the relatively high incidences of female-headed households in the Black community. In many places, there was a shortage of Black males in relation to females because of greater number of women born in the population, the shorter natural life span of Black men, the migration of some Black men in search of work, and the incarceration and execution of large numbers of Black males during their prime reproductive years. Given these demographic realities and the strong traditional African value placed on having children, African American understood and accepted that some women had to bear children without husbands, if they were going to have children at all. The same demographics realities also contributed to the relatively high rates of marital separation and widowhood, hence, some women also had to rear children without husbands whether they wanted to or not.

Contrary to prevailing views outside of the Black community, households headed by women were not inherently unstable, nor were the children in them necessarily disadvantaged. Most single mothers worked for a living, owned or rented their homes, and made many sacrifices in order to give their children more education than they had had. When I was growing up, this often meant just getting their children through high school, but many women like my mother, put their children through college as well. Relatives residing in different households were usually closely linked together in extended family networks that helped to provide child care as well as financial assistance when needed. The children in some of these households may not have had fathers in the home, but they had brothers, uncles, grandfathers and other male relatives who served as role models and took an active part in their upbringing. And, In fact, the fathers themselves often helped to take care of their children even though they resided elsewhere.

It is my hypothesis that the phenomenal rise in the number of Black female headed households over the past two decades is more of a consequence of changing residential patterns than it is the result of an increase in the incidence of teenage pregnancies. The large number of isolated households headed by young single mothers stems in part from public welfare policies and public housing regulations which, over the years, discouraged or disallowed the multi-generational households that were characteristic of Black families of the past. The incidence of young mothers living alone with their children is also due to the generally smaller size of apartments available for rent, particularly in cities, and to the growing acceptance by African Americans of the Euro- American notion that the "need for privacy" take precedence over the need for family.

If we look at the residential patterns of Black women living in cities today, we might find a mother in her early forties living in an apartment with her dependent children, while two of her daughters in their late teens or early twenties are living in separate apartments with their children. Thirty years ago all three women and their children would have been under one roof, constituting one female headed household. The 1990 census takers would have enumerated three separated female headed households. The problems faced by many of these young women living alone with their children are monumental. Not only are they poor, but they lack the security and support of the multi-generational households and extended family networks that provided for generations of single mothers before them. One of the solutions we ought to consider as a matter of public policy, is to provide adequate housing and monetary assistance to allow young single mothers to remain in households with their mothers, parents or other adult relatives.

Even as we seek solutions to the problems facing teenage mothers, it is important to remember that these young women are still the minority of women who head households in African American communities today. There are still many mature Black women who are heading families by necessity or by choice. To be characterized that they do not conform to the nuclear family ideal of a married couple and their children is unfounded and irresponsible. Despite the fact the nuclear family is rapidly disappearing as the norm in mother ethnic groups and social classes in America, its proponents still proclaim it as the most stable form of family. Despite the increase in the incidence of divorce over the past few decades, many people still equate family stability with martial stability. Children living with single parents continue to have their households stigmatized as “broken homes,” even though continuity and stability may be provided by a core of adult “blood relatives” living in the home.

It is about time that we insist that a good family- a stable family- cannot be determined by looking at the gender of its head nor by counting the number of people at its helm. Stability is determined by the nature of the relationships within the family: by the values passed from one generation to the next; and by the continuity that is evident when one is looks at the composition and organization of the family over time. From this perspective, we see the need to understand and appreciate the stability in African American families headed by women as well as in families headed by married couples or by men.

Working Knowledge: African American Families, from Niara Sudarkasa

African American family culture consists of the following:

- Extended Family Unit
- The Seven 7 R's
- Strengths of the African American Family Unit
- Communal Nature

African American families usually govern themselves with The Seven R's:

1. Respect- to have a mutual appreciation for self and others.
2. Responsibility- to take on a task or burden.
3. Reason- to make meaning of a situation.
4. Restraint- to control urges and desires.
5. Reconciliation- to reestablish harmony
6. Reverence- to be spiritual or have a relationship with god.
7. Reciprocity- a mutual exchange.

Strengths of the African American Family:

1. Strong Kinship Bond- this can be seen in the high number of African American families that take relatives into their household.
2. Adaptability of Family Roles- flexibility of family roles exist in many African American families and is a source of strength and stability. For example, an older sibling might take up the role of a guardian (while the parents are working) cooking, cleaning or supervising their younger siblings.
3. Strong Work Orientation- African American families place a strong emphasis on work and ambition (strong desire to achieve)
4. High Achievement Orientation- African American families have a strong desire and will for achievement (some explain that this comes from oppression and financial struggles).
5. Religious or Spiritual- African American families tend to have strong religious/spiritual orientations (*African Americans have used religion/spirituality as a tool for survival and advancement throughout American history*)

Case Scenario: Supporting Families of AAM YOUTH

Purpose: To support mental health practitioners practice supporting African American families

Instructions: Review the case scenario and see further instructions and process questions below

Grandparents Jane and John are the guardians of a 14 year old male, Tye. They attained custody of him when his mother was incarcerated, 7 years ago. Prior to Tye's mother going to prison, Tye spent a lot of time with her. She was a hard working mother, providing for her son and rearing him as best as she could. When she lost her job things changed dramatically. Tye spent more time with other family members, mainly his grandparents. Initially he enjoyed spending time with his grandparents, but when his mother was incarcerated his attitude and behavior began to change. Tye exhibited anger, getting into several physical altercations at school. As a result he missed several days of school, possibly jeopardizing him moving to the next grade. John, the grandfather has spent a lot of one on one quality time with Tye attempting to get him to behave, but the his grandmother feels as though Tye is out of control. She's expressed a concern for his well-being for he doesn't always come home and he doesn't listen to either of them when he is upset.

The grandmother feels Tye should be more engaged at the church the family attends, but Tye is not interested in going. The grandfather knows Tye has great potential and says he will drop out of school "over my dead body!" He thinks Tye needs to visit his mother more in prison, but transportation is an issue as she is incarcerated hours away. Tye remains ambivalent, one moment saying he needs to straighten himself out and make her proud, the next saying "what the f*** does it matter, she ain't around to see it anyway."

- Using the "Working Knowledge" worksheet, how would you work to support Tye and his family?
- Get in small groups of 3-4 and use the following process questions to guide your discussion for 15 minutes. The facilitator will call the whole group back together and ask you to share what was most compelling from your discussion.
 - 1) Which of the 7 Rs do you see present in this family? How would you use this understanding to guide your practice?
 - 2) What strengths do you see present, listed and not listed from the worksheet, and how would you leverage these?
 - 3) Remembering the importance of being a) gender-responsive, b) culturally affirming and c) youth development grounded in your approach to working with AAM YOUTH, how would you support Tye, now integrating a strong family involvement component?

Module Nine, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books

1. Sudarkasa, N. (1996). *The Strength of Our Mothers: African & African American Women and Families: Essays and Speeches*. Trenton, NJ: Africa World Press Inc.

Audio

1. “Dear Mama” by Tupac

Additional Resources

Books

1. The Black Male Handbook, by Kevin Powell
2. Conspiracy to Destroy Black Women, By Michael Porter
3. Black Families, by Harriette Pipes McAdoo

Videos

1. Claudine 1974
2. Best of the Cosby Show Vol. 1 and 2

Module Ten: Clinical Supervision

1. Objectives – Mental Health Professionals Will Be Able To:

- A. Assist mental health practitioners with developing theoretical practices with AAM YOUTH that are culturally responsive
- B. Assist mental health practitioners to examine and discuss issues from theoretical approaches that support AAM YOUTH clients
- C. Support mental health practitioners to expand their worldview and theoretical approach in a way that maximally supports AAM YOUTH and their families

2. What is the Issue?

- A. AAM YOUTH are often viewed through lenses and supported with approaches that consider African American male behaviors and experience as unhealthy or pathological
- B. Supervisors lack alternate lenses and theoretical approaches to support mental health practitioners to process their experiences with AAM YOUTH
- C. Supervisors and mental health practitioners lack knowledge of non-traditional therapy techniques as well as experience utilizing them to support AAM YOUTH
- D. Many supervisors and mental health practitioners' theoretical orientation is Eurocentric, which lacks cultural relevance

3. What is the Impact on Mental Health Practice?

- A. A Eurocentric theoretical approach is the standard and primary lens through which mental health is seen, which may result in incomplete and ineffectual services
- B. The emotional needs of AAM YOUTH and trauma they experience aren't adequately addressed by Eurocentric theoretical approaches
- C. Without theoretical approaches that consider the entirety/diversity of the African American experience, AAM YOUTH are be more likely to be viewed/labeled pathological
- D. Mental health as practiced in the U.S. is not inclusive enough to AAM YOUTH

4. Recommended Strategies and Techniques

- A. Support clinicians to use non-talk therapy, such as writing, drawing, music, drama, kinesthetic, etc. – supervisors should learn and practice these techniques themselves
- B. Support clinicians to examine useful media (film, television, internet, etc.) and ways to use material with clients – supervisors should expose themselves to these media as well
- C. Support clinicians to examine and use literature written by African Americans, including AAM YOUTH - to learn of their varied experiences. Supervisors should also do this.
- D. Support clinicians to examine culturally responsive theoretical approaches, specifically those developed by people of color and particularly African Americans – to do so, supervisors should examine these approaches with peers, and practice with staff
- E. Create safe and nurturing environment for staff to discuss personal experience with clients i.e. prejudice, bias, transference, counter transference, lack of cultural knowledge, fears, etc. – to do so, supervisors should engage in this process themselves

2 Hour Training Agenda

Materials and Equipment Needed: Drum, handouts, flip chart paper, hard stock paper and markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: Intolerance is itself a form of violence and an obstacle to the growth of a true democratic spirit – *Mahatma Gandhi*

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement, then asks participants to reflect:

The mental health field in the U.S. is primarily Eurocentric. This includes the theories, practitioners and methods utilized to support individuals that have experienced trauma, emotional pain and loss. The field embodies Eurocentric culture, making it best suited to serve and meet the needs of European-Americans. Mental Health in the U.S. lacks diversity, so the field isn't as inclusive as it needs to be. This doesn't mean that individuals in the field aren't accepting of others. However the field isn't acknowledging cultural expertise of other groups. There is a wealth of such expertise that can be used to develop mental health practice to be more culturally responsive to needs of various client populations served. – *Jason Seals, Professor, Merritt College and Jon Gilgoff, Executive Director, Brothers on the Rise*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2, 3 and 4 from title page of this module. Then ask participants, “*Based on this agenda, what do you hope to get out of today’s workshop?*”

D. Awareness Raising

20 minutes

Purpose: This activity will provide the participants with a chance to reflect as supervisors or about the supervisors with whom they have worked

Preparation: Post large sheets of paper around the room with markers and label each with one of the following headings: What is your core theoretical orientation(s) and why do you ascribe to it?; What difficulties have you experienced as a supervisor supporting mental health practitioners serving AAM YOUTH/or being supervised around your work with AAM YOUTH?; What effective methods and strategies have you employed to best support mental health practitioners serving AAMY/what effective strategies has your supervisor employed to build your competence in serving AAM YOUTH?

Instructions:

- Divide the larger group into smaller groups (3 to 4 people per group)
- Assign each smaller group to a heading (one of the larger posters)
- In the smaller groups the participants will discuss, compile the group's thoughts and write them on the large sheet of paper
- Each smaller group will share the information they compiled with the larger group
- Identify a representative from each group to present the information captured

Process Questions:

- Are supervisors meeting the needs of those they supervise, to empower them to work effectively with AAM YOUTH?
- What type of support is needed for supervisors to more effectively achieve this goal?



To effectively clinically supervise, it is important to spend time beyond meetings at the schools and within the communities where AAM YOUTH live and learn. How do you achieve this inside and outside your work?

E. Skill Building: Introduction of Afrocentric Theoretical Approach

20 minutes

Purpose: To expose clinical supervisors to alternate theoretical approaches which are African Centered and can be used effectively with AAM YOUTH clients

Instructions

- Instruct participants to read the two articles at the end of this module and then discuss in dyads the following process questions

- After about 7 minutes of pair share in dyads, use the remaining time to address these questions as a whole group with participants sharing out on what was most compelling about their conversations.

Process Questions

- What are your thoughts about the reading?
- Should the reading be shared with mental health professionals and towards what purpose?
- What information did you learn that could support clinical supervision and how will you use it in your own work?

F. Skill Building: Practice of Key Concepts and Core Techniques

30 minutes

Purpose: To practice using African-centered approaches to address challenges mental health professionals might encounter serving AAM YOUTH, based on a clinician's lack of cultural competence around such issues

Preparation: Print out the scenarios listed below on hard stock paper and write the bolded instructions below on a white/chalk board, or as a Power Point slide.

Instructions:

- Instruct the participants that they will now be practicing using the knowledge and techniques discussed during earlier parts of the session, and within other modules covered within the learning community
- Have participants get into groups of three and give each group a topic. Note that if the group feels the scenario isn't "realistic" or should be adapted to be more relevant/useful, they can a) pick another card, or b) discuss with the facilitator a revised scenario that feels better for the group and still relevant to the module and learning goals.
- In each group, one participant will role-play the supervisor, one the clinician and one will observe.
- Give 3-4 minutes for the role play, then a minute for the observer to give feedback on what was tried and what they might have done differently. Then have members of each small group SWITCH ROLES and go through the process again. Repeat again so all have a chance to play each role within the activity.

Possible Topics – pick the ones most relevant to your group, so you have time for observers’ feedback and whole group discussion.

1. An African American male client smoking marijuana with young adult brother, in part to cope with witnessing murder one of their best friends – clinician’s first thoughts are possible CPS referral and drug treatment program. Clinician reflects on client’s father being locked up on a drug charge and that she’d like to “break the cycle.”
2. An African American male client doesn't want to participate in individual therapy, but does stop by to see the mental health practitioner to avoid class or get a pass if he is late – clinician would like to engage school principal and/or probation officer to get it mandated
3. An African American male client is engaging in risky sexual behavior – clinician comments he’s probably watching too many rap videos
4. An African American male client is being bullied at school but refuses to seek support because he doesn't want to be labeled as a snitch – clinician thinks this is one of clients irrational fears and wonders whether it should be part of assessment/diagnosis
5. African American male client comes to school, doesn't attend his school day classes but is active in after-school media/arts program – mother would like to pull son from after-school as punishment for cutting class and clinician wants to support her, citing importance of mothers within African American families
6. An African American male client witnesses his grandmother being physically abused by her live-in boyfriend – the mother says if the welfare worker finds out this boyfriend was living there, her benefits would be cut off and she would get kicked out and they’d all be homeless. The clinician does not want to lose the trust of her client or his grandmother.
7. African American male client assaults a student after being sent out of class for being disruptive – the other student had called him a “pussy” for not reacting when another boy laughed at him. The clinician was really upset to hear such a sexist term used so casually but doesn’t understand why her client reacted so strongly. During the last session when she questioned him about this, the client walked saying, “You can’t help me.”
8. African American male client is being harassed on his way home from school, one time getting seriously beat up. Client recently had to move from grandmother’s house, because she had serious health issues. Client has been on edge emotionally, can’t sit still in class, and had a number of outbursts during passing period in the halls. Clinician feels he may be hyperactive and could benefit from a behavior modification program.
9. An African American male client is nervous because there have been gun shots in his neighborhood. He has not been able to sleep well or concentrate in class. In a process recording, clinician notes her surprise that he did not share feelings with his friends. She told the client since they are going through similar issues it would helpful to talk with them. The client became shut down, which the clinician attributed to his anxiety.

Process Questions:

- What was the situation your group dealt with and what culturally competent strategies were utilized based on the race, gender, urban youth culture, and youth development?
- What was most effective and what did not work out as well?
- Who has faced similar situations within your practice and how did you respond? What worked well, what didn't and what did you learn from the experience?
- How will you use learning from this activity to inform your clinical supervision?

G. Self-Reflection on Where You're At and Next Steps to Build Practice 10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation 15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

African-Centered Psychology Approach: The Integration Of Cultural Competency And Evidence-Based Practice By Staci Atkins, LCSW, Cultural Competence Committee

For the past 100 years, the field of psychology has studied individuals from a strictly Euro-centric point of reference. As a result, minority populations have consistently been pathologized. It is important to be aware of the various culturally competent practices at our disposal so that we may continue to instill Hope, Wellness and Recovery in the lives of our clients.

One of the most pertinent barriers to providing mental health services to the African American community is engagement. One treatment approach that has demonstrated effectiveness in the engagement, as well as addressing the mental health issues of African Americans adults, is the African-Centered Psychology Approach.

“African-centered psychology is concerned with defining African psychological experiences from an African perspective, a perspective that reflects an African orientation to the meaning of life, the world and relationships with others and one’s self” (Parham, 2002).

Before a working relationship is established, it is important for the therapist to *create an ambiance* that allows an African American client to locate a “personal comfort zone.” This can be created through artwork, colors, smells, etc., a therapist uses to decorate their office. These details tell the client you have some information and identify in some way with their culture.

The use of *music* and *ritual* is also an engagement strategy used in the African Centered Psychology Approach, as it facilitates a connection between therapist and client engaging in the ritual together. Music has long since been a part of African American tradition, brought to the Americas from African slaves. It has influenced most, if not all, music we listen to today. Rituals can be either simple or complex, but must be decided collaboratively and be comfortable for both client and clinician. Examples of rituals can include but are not limited to: a handshake, reading passages from a book during session or pouring libations “to invite the spiritual presence of the creator and ancestors, or elders of the family, into therapeutic space” (Parham, 2002).

Black Psychology relies on traditional ideology from article, Monitor American Psychological Association, June 1993, by Bridget Murray

The black psychology movement began in 1968 when psychologists like Henry Tomes, PhD became disappointed by APA’s lack of interest in black issues. In response, he, Na’im Akbar, PhD, and others banded together to form the Association of Black Psychologists. Black psychology focuses on the historic and cultural roots of black people and rejects the use of European concepts to explore them, said Halford Fairchild, PhD.

Black psychology is a study of liberation and freedom from oppression for African-Americans, said Fairchild. It espouses cooperation instead of one-upmanship and promotes the idea of strength through community gain, rather than strength through individual gain.

In contract, Eurocentric psychology focuses on the “failure” of black men and how they deviate from the white behavioral code, said Fairchild. This “deficit” psychology, as he calls it, suggests

that black families are falling apart, and that blacks are immersed in criminality, learned helplessness and a culture of poverty. Black psychology rejects victim-blaming models and lauds the strengths of African culture, such as soulfulness, spiritualism and an oral tradition of storytelling through voice and gesture and verbal exchange between audiences and speakers.

“Eurocentric psychology divorces itself from values and biases, but in black psychology we evaluate and articulate them,” said Fairchild. For instance, black psychotherapy examines external factors – such as racism and sexism – that contribute to an individual’s ailments.

“Black psychotherapists try to remedy the damage of racism by encouraging patients to confront the ideology of white supremacy in popular culture,” said Fairchild.

By realizing the racial...(full quote unavailable)...rebuild their self-concepts.”

Black psychology seeks to imbue African people with a sense of themselves in terms of past and present accomplishments, said Fairchild. This includes contributions made to language, math, astronomy, horticulture and psychology in ancient times as well as cultural strengths, such as “Africanisms” which Lisa Whitten, PhD, psychology professor at State University of New York, College at Old Westbury, teaches about in her courses. Africanisms are cultural survival tools used by African people throughout the world. They include language, dance, religious beliefs and the importance of grandmother and extended family.

From 2002 “Psychological Treatment of Ethnic Minorities” Report

How does culture effect the manifestation of behavior disorders?

- ✓ Being in a culture/society that has historically been oppressive, hostile and negating to persons of African descent, the following outcomes can be identified.
- ✓ Depression and anxiety are often expressed though anger and irritability.
- ✓ Mental health issues underlie chemical dependency and often reflect attempts at self-medication

Indigenous or Culture-Specific Healing

- ✓ One becomes unhealthy when an imbalance exists between one's soul, spirit, body, and environment. The role of the mental health professional or healer is to identify the target of therapeutic intervention and restore balance to the holistic system.
- ✓ The spiritualization of everyday life and use of rituals can reinstate harmony to any aspects of the universe that may have been disrupted.
- ✓ Focus on individual in community, family, or collective—heal whole system.

Knowledge, appreciation and understanding in the following areas are required

- ✓ Cultural values, beliefs and world view
- ✓ Nuances of verbal and non-verbal language patterns, coding, and communication styles
- ✓ Dynamics of the conceptual frameworks and languages of persons of African descent

Module Ten, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Books, Articles and Journals

1. Council of National Psychological Associations for the Advancement of Ethnic Minority Interests (2003). *Psychological treatment of ethnic minorities*. Washington, D.C.: Association of Black Psychologists.
2. Murray, Bridget. (1993). Black psychology relies on traditional ideology. *APA Monitor*, pp. 33-34.
3. Atkins, S. *African-centered psychology approach: The integration of cultural competency and evidence-based practice*. Los Angeles County: Department of Mental Health, Children's Medical Services.

Additional Resources

Books

1. Psychology Of Blacks - 4th edition by Thomas A. Parham
2. Visions for Black Men- by Dr. Na'im Akbar
3. The Psychopathic Racial Personality and Other Essays- by Dr. Bobby Wright
4. Understanding Black Adolescent Male Violence: Its Remediation and Prevention- by Amos Wilson

Module Eleven: Working Within a Community School

1. Objectives – Mental Health Professionals Will Be Able To

- A. Work more effectively with school staff, including teachers and school administration, around the education and social-emotional wellness of AAM YOUTH
- B. Empower AAM YOUTH to achieve academic school success
- C. Support behavioral improvements and appropriate responses from the school when disciplinary issues arise with AAM YOUTH

2. What Is the Issue & Its Impact on Mental Health Practice

- A. Offering school-based mental health services requires clinicians to understand school policies and procedures, and collaborate effectively with community school partners. This is especially important when AAM YOUTH are achieving at lower rates academically, being disciplined disproportionately, and may be misunderstood and not maximally supported.
- B. While academic achievement is not the primary objective of mental health services, being school based requires therapists to assist youth in raising grades and test scores.
- C. Behavioral issues at schools can get in the way of an AAM YOUTH's school success and his school-based mental health treatment. Clinicians are uniquely positioned to positively influence the school's response to ensure it is an effective and equitable one.

3. Recommended Strategies and Techniques

- A. Mental health providers should be well versed in recommended strategies to support AAM YOUTH within community schools, and work collaboratively and advocate for their implementation
- B. Providers should support AAM YOUTH to effectively complete academic assignments and to build investment in their education and their schools
- C. Providers should work to build cultural competence with teachers and school administration, particularly around classroom management and school responses to student discipline issues

2 Hour Training Agenda

Materials and Equipment Needed: Drum, handouts and markers

A. Opening Rituals

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: "The function of education...is to teach one to think intensively and to think critically. But education which stops with efficiency may prove the greatest menace to society." – *Dr. Martin Luther King, Jr.*



Doing classroom observations and school work with AAM YOUTH is very helpful. You will support academic achievement and gain insight around challenges, such as hesitancy asking for help, giving up, or shutting down. How do you integrate academic support into your mental health work with AAM YOUTH?

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement then asks participants to reflect:

"African American males are at increased risk for experiencing disciplinary practices that exclude them from the school environment. It is believed that African American males' overrepresentation in the receipt of these practices contributes to their involvement in the criminal justice system as they approach adolescence and enter adulthood. The connection of exclusionary discipline with incarceration rates is termed the School to Prison Pipeline. School-based mental health professionals possess a unique set of skills that may assist schools in decreasing African American males' exposure to exclusionary discipline practices and consequently reducing their risk for adverse outcomes." – *Alicia Darensbourg, Erica Perez, & Jamila Blake. From 2010 Journal of African American Males in Education article entitled, "Overrepresentation of African American Males in Exclusionary Discipline: The Role of School-Based Mental Health Professionals in Dismantling the School to Prison Pipeline."*

Facilitator asks, "Listening to this statement, what were your thoughts or feelings?"

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2 and 3 from title page of this module. Then ask participants, “Based on this agenda, what do you hope to get out of today’s workshop?”

D. Awareness Raising Activity:

15 minutes

Purpose: For each participant to assess their site(s) in relation to recommended strategies for facilitating school success for AAM YOUTH

Preparation: Use the chart located at the end of the module, asking participants to fill out using instructions

Instructions:

- Review the list of recommended strategies and rate your school on a scale of 1-5 for each one.
- For the one(s) that your school scored poorly, take notes as to how you can move the school towards implementation, greater implementation and/or more effective implementation
- Bring this scale to your school meetings (COST, Professional Development, etc.) and go through this exercise with your teams (report out to learning community)

Process Questions

- What are the strengths of your site(s) as it relates to these recommended strategies?
- For #8, how do you use time with students to support academic achievement?
- Pick one with lower scores and explain how you can move the school to make improvements?
- What are some barriers to implementation and how in your role can you or your allies help overcome them?

E. Skill Building: Review of Key Concepts and Core Techniques

15 minutes

Purpose: To review classroom behavior management techniques that may be used to support teachers through individual or group observation, coaching and consultation as well as whole staff training.

Preparation: Hand out the worksheet outlining the recommendation strategies for classroom management with AAM YOUTH, and the student-teacher scenario.

Instructions:

- Participants are instructed to pair up with someone sitting close to them and agree to be either the therapist or the teacher for the role play exercise.
- Participants should then read the worksheet quietly and look up at their partner when they are done.
- Pairs engage in a short coaching role play with one person playing the therapist and the other playing the teacher.

Process Questions

- How did the role play go, including strategies the therapist used to engage the teacher that seemed effective and those that didn't work out as well?
- Which of the recommended classroom management strategies resonated with you as the therapist and teacher?
- What else works for teachers in classroom management with AAM YOUTH and how have you supported them to utilize these strategies in your work?

F. Skill Building: Practice of Key Concepts and Core Techniques

40 minutes

Purpose: Participants will use the eco-map to chart out a comprehensive community school action plan to support the success of AAM YOUTH at their sites

Preparation: For this activity, use the attached eco-map worksheet which outlines different parts of the community school and disparities facing AAM YOUTH in each corresponding area.

Instructions:

- The eco-map is a tool typically used for individual clients, which we will now use to design a community school action plan to address disparities facing AAM YOUTH
- You will work in small groups of up to four, preferably with members of your site based team
- First fill out your individual worksheets then use flip chart paper to chart out a group response, with a facilitator, recorder and then presenter
- Participants are given time to complete their small group projects, then present their work to the large group
- The facilitator charts the answers on the dry erase board compiling the answers of each group into one master eco-map

Process Questions:

- Which parts of the eco-map are going well already across groups and which areas seem to be in the most need of improvement?
- Of those areas in need of most improvement, what can you do to catalyze, support or lead progress?
- Particularly within the mental health area, what are some next steps for you that you can immediately take action on? How about in the mid-term? Long-term?



Mental health services are not just about therapy. What other activities or events do you help coordinate which are engaging and empowering?

G. Self-Reflection on Where You're At and Next Steps to Build Practice **10 minutes**

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation **15 minutes**

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

School Site Assessment: Facilitating Success for AAM YOUTH Clients

#	STRATEGIES WHICH SUPPORT AAM YOUTH SCHOOL SUCCESS	RATE YOUR SITE(S) 1 TO 5	WAYS YOU CAN WORK TO IMPROVE RATING
1	Data is collected on AAM YOUTH, including discipline referrals, with targeted responses to address disparities		
2	The school minimizes AAM YOUTH office trips and campus suspensions, including through restorative practices		
3	Teachers receive training on culturally competent instruction and behavior management for AAM YOUTH		
4	Teachers who often send AAM YOUTH out of class are supported to develop alternative practices		
5	The school fosters a sense of belonging for AAM YOUTH – they feel a valued part of the community		
6	School staff knows what mental health services are available for AAM YOUTH and how to proactively access them		
7	The interdisciplinary mental health referral, COST team and SST processes are culturally competent for AAM YOUTH		
8	Mental health staff utilize time with students to support academic achievement		
9	AAM YOUTH receive mentorship from African American men during the school day or after-school hours		
10	Besides therapy, psycho-education and other initiatives support AAM YOUTH wellness		

Empathize, Engage, Empower! – Hands on Practice

Case Scenario: James is a 6th grade African American male middle school student. He has endless energy and great difficulty staying still, following directions, or keeping quiet during lessons and classroom assignments. His teacher, Ms. Norris, is an experienced teacher known for her “no nonsense” approach. When she tries to redirect James by standing over him until he stops, he continues talking and laughing with friends. She repeats her instructions in a louder voice, at which point James interrupts to state his case or sometimes finishes her sentences. This infuriates her, and her escalation then angers James who becomes agitated. She eventually sends him to “the buddy room” where another teacher, Mr. Simmons calms James and gets him focused on his work. You have been asked by an assistant principal to assist Ms. Norris and are meeting her during her lunch to discuss.

Recommended Strategies for Educating AAM YOUTH

1. Use routines that provide structure and build cultural pride
2. Create clear expectations, consequences and rewards that are created and maintained collectively and consistently
3. Give clear instructions but break it into digestible pieces
4. Support a distracted student with seating that minimizes distractions
5. Reframe interruptions to “overlapping speech” from “disrespectful” to “impulsive.” The student may have a different communication style that doesn’t work well at school, but that is difficult for him to quickly change.
6. Make learning engaging: use visual aids, kinesthetic learning, project based learning and goal oriented activities – all proven effective with male youth
7. Set students up for success and use leadership opportunities to offer positive mastery, competence and a sense of control over their environments
8. Role model conflict resolution: don’t sweat small stuff and address it calmly if necessary
9. Avoid power struggles, don’t escalate conflict by raising your voice or using a disrespectful tone
10. Give time for males to do what they need to do – let it be “their choice” since often they’ll need to feel like they had control over the situation to make a good decision.
11. The “acting out” may be related to various factors: avoiding class work, getting attention, being bored, feeling academic frustration, etc. A functional behavioral analysis will help create a functional behavioral plan in which the student’s needs are met.
12. Understanding challenges AAM YOUTH may face builds empathy. For example “anger management” issues may have problems at home, abuse, abandonment, ridicule from peers, negative judgment of their character, and discrimination as root causes
13. Building a relationship with AAM YOUTH can be helpful – have lunch with a student, go to an extracurricular event they are involved with (like an after-school showcase, oratorical competition, ball game, etc.), or ask about their hobbies, interests, weekend, etc.
14. Teachers can teach behavior as they do academics – they should make time for this

**Community School Eco Map For Mental Health Professionals
To Address Disparities Facing African American Middle School Males**



Instructions: Next to part of this eco-map write out notes that represent current or potential practices that each part of the support system for AAM YOUTH could or should utilize to move towards a best practice approach in that area.

First do the exercise individually, then with a small group of up to four from your site. Then create an eco-map on flip chart paper which summarizes the group's ideas.

Assign a facilitator, one who will record the group's ideas within an eco-map drawing, and someone who will report out to the larger group on the top idea from each circle in the eco-map.

Module Eleven, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

1. Staff Development for Educators: Tips for Teaching Boys (2006)
2. Darensbourg, A., Perez, E., & Blake, J.J. (2010). Overrepresentation of African American males in exclusionary discipline: The role of school-based mental health professionals in dismantling the school to prison pipeline. *Journal of African American Males in Education*, 1(3), pp. 196-211.
3. Connecticut Association of School Based Health Centers (2011). *Engage Adolescent African American and Latino Males in Mental Health Services*. Issue Brief.
http://www.cthealth.org/wp-content/uploads/2011/04/IssueBrief_web2-Final.pdf
4. Oakland Unified School District. Community Schools Strategic Site Plans,
<http://www.thrivingstudents.org/38>.
5. Urban Strategies (2012). "A deeper look at African American males in OUSD."
<http://www.urbanstrategies.org/aamai/>

Additional Resources

Books

1. Johnson, W.E., Ed. (2010). *Social work with African American males: Health, mental health, and policy*. New York: Oxford University Press

Videos

1. Coach Carter (2005), a Thomas Carter film
2. The Boys of Baraka (2005), by Heidi Ewing and Rachel Grady

Module Twelve: Management and Administration

1. Objectives – Mental Health Professionals Will Be Able To

- A. Build a culturally diverse and competent workforce
- B. Role model culturally competent practices within their management practices with site coordinators, clinical and support staff
- C. Access internal and external resources to provide on-going professional development in order to institutionalize culturally competent practice with African American male youth
- D. Build cultural competence of contract and evaluation processes for BHCS and partner mental health agencies

2. What Are the Primary Issues & Their Impact on Mental Health Practice?

- A. There is a dearth of men of color who are school-based mental health providers, so most AAM YOUTH are served by women and predominantly Caucasian women. Research shows this may create a cultural disconnect between client and provider, with adverse effects on engagement and retention, as well as the treatment process and outcomes.
- B. While the focus of culturally competent practice is on clinical practice, clinically focused change must start from the top levels of leadership and be supported by management and administrative practices that embody desired clinical practice approaches, as well as macro level policies and procedures that facilitate deep and sustainable systemic change.
- C. Professional development workshops on cultural competence must be embedded into on-going learning activities of mental health professionals to achieve desired impact. Without allocating time and resources, gains will be limited. Management and administration staff must create spaces for multi-day workshops, learning communities, discussion groups and other on-going capacity building activities.

3. Recommended Strategies and Techniques

- A. The administration of BHCS and its contracted provider agencies should develop and implement a workforce diversification plan to hire, retain and promote African American males into school-based mental health careers, and then gain contracted providers' commitment to the recommended goals, strategies and outcomes. This may include volunteers (though paid staff is much preferable), and an effort to bring non-clinical staff in as part of the clinical team as case managers, coaches, mentors, behavior specialists, youth development practitioners, etc. who may not have an advanced degree but can add great value.
- B. ACBHCS administration should develop, implement and ensure implementation of culturally competent policies and procedures with its network of contracted providers.
- C. ACBHCS administration should develop and implement on-going professional development opportunities around cultural competence with African American male youth, including agency wide learning communities and task forces led by school-based mental health provider staff.

2 Hour Training Agenda

Materials and Equipment Needed: Drum, handouts and markers

A. Opening Rituals, 15 Minutes (cite BOTR)

15 minutes

- i. Welcome, Intros and Announcements
- ii. Call to Order and Drum Call Out
- iii. Review/Create Group Agreement & Review Previous Module(s) Application
- iv. Words of Wisdom: “It takes a deep commitment to change, and an even deeper commitment to grow,” *Ralph Ellison (as quoted in the Alameda County Behavioral Health Care Services 2011 African American Utilization Report)*

B. Set Macro-Level Context

5 minutes

Facilitator reads the following statement, then asks participants to reflect:

“A growing body of evidence suggests that clients are more likely to engage in and benefit from services provided by professionals who are from similar racial and ethnic backgrounds (Gray & Stoddard, 1997; Saha, Kamaromy, & Bindman, 1999; Saha, Kamaromy, Koepsell, & Bindman, 1999; Garcia, Paternite, Romano, & Kravitz, 2003). This is not only a result of a common cultural experience that facilitates trust and communication, but it also relates to America’s history of discrimination, segregation, and medical experimentation among vulnerable minority populations (cite here). Given these experiences, distrust, apathy, and reluctance to engage the health care system is prevalent within minority communities (Health Resources and Services Administration [HRSA], 2006; Washington, 2006). These issues, along with well-documented financial challenges among the working class (a substantial proportion of whom are minority), has created a divide where many health issues are not met in minority communities (Smedley, Stith, Nelson, & Institute of Medicine, 2002).” – *From Susan Pfefferle & Tyronda Gibson’s 2010 report, “Minority Recruitment for the 21st Century: An environmental Scan,” produced by Abt Associates, Inc.*

Facilitator asks, “Listening to this statement, what were your thoughts or feelings?”

Note: No responses to other comments allowed, just personal responses to the prompt. This will foster self-expression and allow for varying perspectives to be heard within a limited time frame.

C. Review Learning Objectives, Key Concepts and Core Techniques

5 minutes

Review numbers 1, 2 and 3 from title page of this module. Then ask participants, “Based on this agenda, what do you hope to get out of today’s workshop?”

D. Awareness Raising Activity

15 minutes

Purpose: To recognize that there is a disproportionate focus on clinically based cultural competence, without enough attention given to developing administrative culturally competent practices.

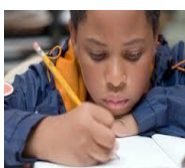
Preparation: Write up “cultural competence – mental health – African American male youth” on the board with a circle around it and lines emerging from the outside of the circle.

Instructions:

- Tell participants this exercise is a “word web.”
- Participants engage in a word association brainstorm with the three terms on the board, saying whatever words come to their mind, which the facilitator records.
- If participants want to clarify what the prompts mean, or require more specifics, the facilitator states “we are not looking for anything particular, just what you think of first.”
- After about 3 minutes, the facilitator stops taking responses
- Note, after the process questions, leave another couple of minutes for a second round of the word web, which should elicit more administrative-specific responses that will set the framework for the rest of the workshop

Process Questions

- What are the themes that emerged from our word web?
- Do the responses have more to do with direct clinical practice or with the practice of administration?
- If responses are more oriented towards clinical practice, why do you think that is?
- If we did the exercise over and specified **administrative cultural competence**, what answers would come out that didn’t make it up on the original web?



While group work aligns with cultural values and adolescent development, groups can be challenging at middle schools with MediCal reimbursements favoring individual therapy. How can managers/administrators affect policy and procedure change to ensure more groups are offered to AAM YOUTH?

E. Skill Building: Review of Key Concepts and Core Techniques

20 minutes

Purpose: To review administrative measures for cultural competence and have participants rate their school based services with this criteria.

Preparation: Have a Power Point of the report card as well as a handout version available (the Power Point just has two columns, and the handout has all three).

Instructions:

- Participants are instructed to look over the report card as the facilitator explains each section.
- Participants are given time to fill out the work sheets individually, filling in all of column two and filling in only two rows from column three – one in which they scored (very) high and one in which they scored (very) low
- Participants engage in sharing their responses with a partner (or a pair share), focusing on the area(s) in which they filled out rows from the third column
- The partners listen to each other. Then they engage in discussion on how to build on high scoring areas and develop low scoring areas
- After some discussion in small groups, there is a whole group discussion using process questions below

Process Questions

- In which areas did the groups score high and in which areas low? Take a quick poll of the groups by naming the section and asking groups to raise hands if it was high, then if it was low, to see where the collective strengths and weaknesses are.
- With the collective strengths and weaknesses recognized, start with the strengths and take a couple of ways the group achieves this.
- For the weakest areas, is this a recognized area for improvement within their schools and agencies?
- For those areas in need of further improvement, the next exercise will be helpful



As mental health professionals working in schools, and particularly managers and administrators, we ask a lot of our staff and clients. When we look critically at our own work, we “walk the talk” as change agents.

F. Skill Building: Practice of Key Concepts and Core Techniques

35 minutes

Purpose: To give participants a chance to develop a framework for on-going progress in building cultural competence with AAM YOUTH at the various levels covered in this manual – clinical,

supervision, management and administration. For example, using the “Challenge,” “Current Strategies” and “Action Plan – Next Steps” columns listed below, the group may identify making time for professional development around this issue as a challenge with the current strategy being incorporation into orientation and occasional in-service workshops. The action plan may be to recruit a 2nd cohort for a learning community and have current participants to receive training for trainers so that they can lead a mini-learning community at their school sites.

Preparation: The facilitator should go into this learning community session knowing the top challenges remaining for this agency/team through advance communication. Small groups will be assigned by the facilitator, using pre-communication with the agency liaison, to address the challenges identified by the group. These may be supplemented by issues identified earlier in this session using the report card. To provide the group an example of how to plan next steps, present via Power Point or flip chart paper with “**Model for Recruiting and Hiring African American Male Staff**” pre-written up (see below).

Instructions:

- To achieve sustainable cultural competence with AAM YOUTH, administration must prioritize this issue and make time for management, line and support staff to engage in related learning activities
- To ensure on-going attention, participants will now review an example of how to prioritize one key component of administrative cultural competence, then create an action plan around an issue upon which you scored low in the last activity
- Review the model below, then put the small groups to work, asking them to assign a facilitator, a recorder, and two people to report out
- The facilitator should be the one most likely to lead a learning community, discussion group, task force, etc. in the future – to practice for the real thing
- After the instruction and small group work, each one reports out with brief question and answer
- After all groups present, use process questions

Model for Recruit and Hire African American Male Staff:

<u>Challenge</u>	<u>Current Strategies (Inadequate)</u>	<u>Action Plan - Next Steps</u>
Low level of at African American ideally Male Staff	- On-line recruitment - Partnerships with grad schools	- Develop outreach program middle school sites, and as part of k-12 pipeline -Create scholarships for African American males to pursue education in mental health

More Action Plan – Next Steps for this challenge:

- ✓ Establish mentoring program for African American male staff
- ✓ Participate in Mental Health Workforce Collaborative and other similar associations
- ✓ Establishment of workforce diversification task force with focus on more men of color
- ✓ Targeted recruitment: List job postings and recruit through groups like ethnic studies departments, male focused initiatives and professional groups
- ✓ Consult with field experts for outreach, to identify applicants

Process Questions:

- What next steps are you most excited to implement at your agencies and sites?
- What will be the challenges to implementation and how will you overcome them?
- What next steps did you hear from other groups that inspired new ideas for you?
- What mechanisms do you have or will you put in place to ensure that the plan you came up with today will be put into action and will be monitored for efficacy?

G. Self-Reflection on Where You're At and Next Steps to Build Practice 10 minutes

Purpose: To reflect on learning and apply it to your practice as an individual and within the program, site, agency and system where you work.

Instructions: Have participants fill out worksheet (see page 141)

H. Closing Rituals Including Feedback and Evaluation 15 minutes

- i. Review Self-Reflection as Learning & Review Resources
- ii. Man-ups/Own-ups
- iii. Verbal Feedback for Facilitators
- iv. Celebrations of Self
- v. Appreciations of Others
- vi. Written Evaluation (see page 142)

**Administrative Cultural Competence (CC) Report Card for School-Based
Mental Health Services with African American Male Youth in Alameda County***

Human Resources	Rate Your School-Based Services on a Scale of 1-5	If 4-5, List a Strength. If 1-2, List a Weakness. If 3, List One or the Other
Recruit and hire African American male staff		
Recruit and hire staff that brings CC with AAM YOUTH		
Develop CC of line staff		
Develop CC of administrative staff		
CC is included within employee evaluations at all levels		
Policies and Procedures		
CC is included within agency's plans and policies		
Agency CC is regularly monitored, including its cc plan		
Inclusion of CC in management information systems		
Periodic review of provider networks (if BHCS, its contracted providers; if agency, its various school sites)		

* (adapted from Administration and Policy in Mental Health, Vol. 28, No. 2, November 2000, PERFORMANCE MEASURES OF CULTURAL COMPETENCY IN MENTAL HEALTH ORGANIZATIONS Carole Siegel, Ethel Davis-Chambers, Gary Haugland, Rheta Bank, Carmen Aponte, and Harriet McCombs)

Module Twelve, Cited & Additional Resources

Cited Resources, Others Used to Inform This Module

Article

1. Pfefferle, S.G. & Gibson, T.S. (2010). *Minority recruitment for the 21st century: An environmental scan*. Cambridge, MA: Abt Associates, Inc.

Additional Resources

Articles (These articles were used to create the tools offered in this module)

1. Dee, T.S., (2004). The race connection: Are teachers more effective with students who share their ethnicity?" *Education Next*, 4, (2), 52-59.
2. Siegel, C., Davis-Chambers, E., Haugland, G., bank, R., Aponte, C. & McCombs, H. (2000). Performance measures of cultural competency in mental health organizations. *Administration and Policy in Mental Health*, 28, (2), 91-106.

Weblinks

1. For a discussion of practice based evidence as an alternative to evidence based practice (EBP), and how to ensure cultural competence around EBP
http://www.nami.org/Template.cfm?Section=Fact_Sheets1&Template=/ContentManagement/ContentDisplay.cfm&ContentID=63974
2. For an example of a Cultural and Linguistic Competence Community of Practice,
<http://www.tapartnership.org/COP/CLC/publications.php?id=topic4>

Organizations

1. Greater Bay Area Mental Health and Education Workforce Collaborative,
<http://www.mentalhealthworkforce.org/county-programs>
2. African American Male Achievement Initiative, Oakland Unified School District,
<http://www.thrivingstudents.org/5>
3. Brothers on the Rise, training and technical assistance, www.botr.org

Appendices

Empathize, Engage, Empower! Self-Assessment & Action Planning

Name: _____

Date: _____

Module Number: ____

1. As it relates to today's topic and objectives, the strengths I bring are:

2. The challenges I have had related to these issues are:

3. What I can use from today's learning to improve my work with AAM YOUTH is:

4. What my program/site/agency can do to improve its work with this population is:

EVALUATION – Empathize, Engage, Empower!

Module # ____ or Final Evaluation ____

Please rate the following	Excellent	Very Good	Good	Fair	Poor
1. Clarity of information presented					
2. Improving and/or developing your job related skills					
3. Usefulness of handouts					
4. Location of training					
5. Length of training					
6. Quality of Presenters					
7. Overall Training/Series/Learning Community					

Strengths and most useful material of the training: _____

Weaknesses and least useful material of training: _____

Please reflect and write down how you might apply what you learned today in your work:

What other training topics would like you to receive around this topic and for this program:

Additional Comments: _____

Your Name/Title/Employer/Contact Info (Optional): _____
