

Episode 44 - Dr. Lani Jones: Rebuilding Strength Among Black Women: An Evidence-Based, Culturally Congruent Group Intervention

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. I'm your host Adjoa Robinson. And I'd like to take a moment to tell you about a new feature of living proof. In addition to listening subscribing to and sharing podcasts you can now rate and write a review of each episode of living proof to rate or write a review of a podcast just go to our Web site at www.socialwork.buffalo.edu forward slash podcast and click on that create your own review button. We look forward to hearing from you. Hi and happy spring. I'm your host Peter Sobota. In this episode Dr. Lani Jones describes her latest research and what she believes are the implications for intervention with black women who are experiencing mental health and substance abuse problems. Dr. Lani Jones is Associate Professor of Social Work at the university at Albany's SUNY campus given the unique cultural historical and psychosocial challenges that are inherent in the lives of black women. Dr. Jones states that it is crucial that those attempting to intervene with this group utilize client centered and strength based perspectives in assisting with depressive symptoms addressing the barriers black women experience to accessing services. Dr. Jones touches on cultural competence and speaks for practice and research perspective about the dangers of overreliance on the manual used.

[00:01:54] One size fits all approach and argues that black women need to be asked not only what is important to them in terms of a desired change but what's important to them. As black women Dr. Jones describes a framework in which competencies are empowered related to increasing the women's belief in the successful change managing their perceived stress levels and coping and active ways in their lives. Dr. Jones spoke with Adjoa Robinson by telephone this is Adjoa Robinson host of UB School Social Work podcast series Living Proof and my guest today is Dr. Lani Jones. Thanks for joining us today. Dr. Jones. Yes thank you. So your work pertains to African-American women who are substitutes abusing or at risk of depression. Tell me what you see as the magnitude of the problem when you speak of man that you think of many factors one is in relation to a lot of literature talks about service utilization and service accessibility. And then you have to take in consideration cultural factors that come into play beyond accessibility but relevance to the black women who come into treatment for depression. And then you have to look at a lot of the historical nature of the issue where you see some of the biggest factors that prevent African-American women from getting treatment. One of the largest factors at this point in time would be medical or insurance access. It's probably one of the largest obstacle. And once you're able to control for ability to pay then the second would be the need for matchin or cultural understanding amongst clinicians and the consumers. Now you've done some work around that in terms of designing interventions that would be more culturally appropriate.

[00:03:58] Can you tell our listeners about that the intervention was not developed over a very short period of time and it was something that I had sat on for years and probably about 15 16 years ago when I was doing practice in a community setting and the Boston community. And it started by interests or women expressing their needs who were a part of early intervention program for the need of some outlet beyond the medical attention they were getting for their child or what their child was receiving in terms of services that were covered at that time under Prevention Services group women parents I invited all parents regardless of race. And we began to talk about some of the issues that were relevant to these women. Many of the women where we're I guess would be classified as low income. Many did not have the same high school education. Several were single parents who were living in relationships that were not healthy. So I began at that stage. And what

evolved from them getting together and just kind of allowing them to talk freely and to lean on each other and guard the issues that they were facing in regards to their children and just survival in general. And I picked up quickly that there was a group of the women primarily ethnic minority Latina African-American women did not you know feel free to share expressed certain ideals or bullies. So following that I began to develop a program specifically to meet the needs of that population which was astonishing. I mean they were very active. They want to be active participant in helping to design the group and getting other women from that health community to come out and participate.

[00:05:50] And soon later I began to run duplicate the same program whether it was on a college campus or in a shelter based treatment program. In short the program not only sought to enhance one's psychosocial social competence mean specifically here was to increase their locus of control and specifically focusing on externality their belief in the fact that they could change their life outcomes and go help them to bring back some of that inspiration around believing that they were in control of their lives. And secondly I looked at the piece of Active coping you know how they cope and were they coping in an active way that was healthy. And then I had another component in there and I thought it was important given a lot of their kind of complaints about what was going on in life. I started to also look at this notion of perceived stress. How did they perceive their levels of stress and what were the things that were going to help them to decrease these things. I developed the vision based on those pieces and soon began to look at techniques and tools that would enhance that process. And I found that a lot of book clubs were involved in it and really were geared toward. I would say at that time more middle class women. And so I found the use of Lidster that was authored about black women to be a powerful tool in the work with this one no there really wasn't a difference whether it was on a college campus or in a shelter based program. Women could identify obviously using literature in this process.

[00:07:37] I had to find a sometimes I would go and I'd say you know what are you guys interested in. And I would first have to gain kind of the reading level and even gain an interest level and then these women no matter what were able to kind of identify in reading material for instance the harm and the solutions I use is called Sisters or them by Bell. And even though it's really written in academic terms a lot of these women could over look back and many times would come and say well you know doctors don't lie. You know what does this mean. And there was also an educational component there that I had not readily had counted for was very powerful. That's kind of how it evolved then what the whole notion was that just the fact that these women coming together in terms of support and being able to work through some of their daily stresses in their lives and ultimately begin to affect how they saw their future life outcomes and goals and then they were able to learn from each other and learn and gain from the material a sense of healthy coping. That's fascinating. Can you sort of contextualize these women for us. They were coming to see you in their practice what were some of the issues that they were struggling with in terms of their lives that may have led to their depressive symptoms at times. Because it became what I would say so much more tional a passion for myself. I often did not always run these groups just clarify that as in terms of a practice notion but early on it was connected to practice.

[00:09:16] I mean a lot of these women were coming initially around domestic violence issues red issue struggling around self care as well as care for their children that were kind of causing these symptoms of depression. And later I began to work with women who are in more clinical settings where they did have some named mental health diagnosis as well as substance abuse Kelty's then mainly it was centered. I've done a lot of work in women with drug abuse histories. This group was most affected with them because they often would go into their treatment programs where mental health was not a key component and they would clearly be depressed. But unfortunately in this day and age things are so much separated out that they did not have the opportunity to work with a lot of these depression symptoms that came up in a lot of things centered around issues of trauma

childhood trauma or adult trauma issues around poverty that they have to live with at a young age and then resulted in other activities to try to survive. And then before they knew it they ended up in the drug abuse situation. To characterize it it's pretty large and huge and sometimes you know a lot of the things women depression centered around race related issues falling isolated or alienated because they were on a college campus and didn't feel supported or didn't know where to reach out or within the work environment. Before you start a group say you specifically designed for these women. You mention that you noticed that they were hanging back not contributing in the traditional or not sharing in the traditional groups. Why do you think that was the case.

[00:11:07] What I later found a lot of it had to do with either the fear of being judged based on their experiences or just feeling as if they couldn't identify that that was not their cultural experience. And I can identify therefore I have nothing to say. And also the feeling that others would not understand where they were coming from. So you were running these groups and then at some point you decided to test them in a research context. So can you tell us about the research you did on that work. So very similar I stayed pretty basic and I began looking at this notion of psychosocial competence and prosy stress. And so a lot of my earlier work just tested whether or not the intervention would be able to change the outcome to being now at the base outcomes. The other not so obviously it was much easier to change those that were not personality based outcomes later evolved into and again working with a more clinical population around issues of depression. While they may be receiving some type of supportive service counseling or actual therapeutic services this whole piece around depression still had not been diagnosed. They could be in treatment for Weder or whatever reason they were not displaying the symptoms or measures or different things were not being picked up till later begin thinking about depressive symptoms and adding in that measure to see where whether or not there was change from a start of a group program to the end of the group program. And luckily I was able to work with some outstanding agencies who were interested in what I was doing.

[00:12:52] So they were willing to allow me to have an experimental design in my work and a control group scenario where there were women who participated in the group program at the time and women who did not but were slated to participate. Once that study piece was over and they could opt in or out whether or not they would want to participate. And so what the interventions consist of. Well there were several sessions. Well first I should say that it draws on a number of sources whether it as I say that theoretical literature or published descriptions of treatment approach issues with this population didn't just go out there and develop something that had nothing to do with this population. And also when you think about from a theoretical perspective it's based upon very much so a cognitive base approach for depressive symptom alleviation. I'm sorry to interrupt you. It's just interesting because I know that there is a or at least there has been a perception that African-Americans are not amenable to that kind of an intervention. Yeah. If you go to some of Gina Miranda's work and specifically when it comes to group work and a few others there has been shown with in general for African-Americans and other black Americans that cognitive behavioral approaches have been useful. But the key piece is that staying on that topic is that I don't think you can use a cognitive approach to stand alone in the work with them. It goes back to using the whole black feminist perspective as a lens for viewing these women as well as using that whole conceptualization of psychosocial competence. These both become lenses and using the whole notion of cognitive work with these women was just one tool or one area of change for them.

[00:14:48] And so I was looking through those lenses. What I see what does psychosocial competence and black feminist perspective tell us about working with African-American women and tells you to slow down in good for each of these women. Or as I was doing as a group to get a picture of all of the pieces that these women bring to the process. Meaning when we stress when we talk about how we take this cultural piece we take that into context it's more than name. It's more than saying OK these women are black and maybe religion is important. It goes far beyond that. It's

almost asking them as this person as being a black woman in society. What's important for you in terms of us naming what we've read and learned in the literature about what's important but starting backwards. There was a time where I had to go backwards and say what's important for you and what's not just what's important for you in terms of change but also tell me what's important for you. It's one thing to change when you're sitting in your kitchen and you're having a conversation with friends or family but it's another what's important and what's culturally important what's important in terms of who you are and your identity. When you go into a counseling situation go into a group situation what becomes important so that Lanza allows you to adjust each and every time a topic or issue or difficulty arises whether it's around the individual for a group of people in that group. So I can't get stuck on how I'm going to do something each week with these women even though it's.

[00:16:39] It gives the flexibility to shift and change and that's one of the criticisms of many life interventions most people take it for as it as you go when you read you engage in these activities and you leave but you have to be able to with this population stop ask questions and say something to consider and then go back. It takes a lot of work and we have to have to be willing and committed to putting in a lot of work with this population because of the issues we talked about earlier are the huge impact the factors that come with this person and the treatment the historical the fears around treatment not working anyway because I am and the fact that most treatments historically have not been can grow. And then we can go on them for them for just common information that's known historically about whether it's medical treatment or any type of psychological or social support for this group. The lens is just about taking this group of people taking the individuals who are who they are and having the flexibility to shift and often sometimes having to allow them to guide what happens next and not relying on the manual to give me what I need. Relying on the group. We talk about this notion of mutual aid but so it's actually putting it to use. It seems like being up high on a tightrope I have to shift. I have these ideas in my mind but I have to shift what might happen here. Do you ever get that off balance feeling. I ask that the off balance. But you know it's interesting. As a practitioner the balance then comes for me want that group members.

[00:18:34] Well so-and-so I understand where you're coming from and it quickly balances me and it reminds me of where we need to be in terms of social work in terms of treating groups who bring a diversity of needs to your practice or was in the treatment group. It's work it's constant work. I'm constantly having to find that balance. But you have to be committed to that balance. It's not something you walk into and just hope that is going to work out and that you're going to Bill and everything's going to be fine. Now I'm constantly finding balance even within the research. There's a constant battle there's always a balance to explain because often when you're moving outside the box you have to rely on other things that support it and some things you cannot support that. So you can't be afraid to say you know there's really nothing to explain this behavior by this notion. But this is what's being seen consistently in and out. Therefore maybe it means the development of new tools in terms of measuring. But there's always going to be a fight to explain some things within working within that box because the group is obviously always shifting and I'm not sure when you know this particular population black women will get to a point where you can just say Well well we'll try this and it will work or fit into that box with say what has been prescribed in terms of substance abuse treatment these different programs and it just works. I'm not sure when that's going to come should it necessarily. Is that something we should be expecting. Should it necessarily come. My belief is no.

[00:20:20] But is a thought that it should come beyond my thinking. Yes. Because if it doesn't come and this is one of those external threats then it's possible that many women will still go on diagnosed and untreated. It is still if you don't fit into the bomb you don't receive the service you don't get it. Whether it's because you're walking away and afraid to say this doesn't work for me or

that what the man is saying and that's what the treatment is built on. It's a tough question. It's one of those paradoxes where it's actually very scary because it's almost as if if you can't fit in this box you don't belong. We'll just continue ignoring revaluing or you know not having the answers or not speaking up as providers as well. My advice would be to first of all to be flexible be flexible in your approaches to working of various groups. Secondly I would say take time especially as it pertains to black women to better understand the cultural themes that have often come up for this population. And that's not saying that all blacks have experienced the same instances historically or currently but rather it's kind of like sitting down to read a good book. But rather get an understanding of the diversity of women of black women in particular that exist out there to understand the themes around Yes they're important to religion but understand the diversity that exists among women to understand themes kind of family pressures that come into play understanding themes of the importance of around childrearing to better understand ways of understanding depression within the population.

[00:22:19] There's been a new construction for many ethnic minorities in general and understand that new construction whether it's around language and language is something much more difficult. But whether it's around language or expression of symptoms and then the other is I was writing a vignette the other day and I was writing it based on some of my previous practices. Especially if you're doing in House and House meaning that you have clients who are coming to you. And I was right about I remembered a situation where the first thing a young woman came into the office I was working at the time and she was able to identify with a cultural piece of art that I had on my wall and sent this simple pieces and how that came like the starting point given all the things she had dealt with the starting point for our work. So what's next for you. What's next for me so much but I would say to do more training on the work that I've done. Joining others sharing with others to be because we know the numbers of black women ending up in drug abuse treatment to try to come up with a very flexible curriculum for that population that can be integrated into current substance abuse treatment. To go back because as I said it's a learning process. I've gone back already and then some qualitative work to better understand perceptions and what has worked and what hasn't worked and the services I've delivered it delivered as well as services that they're receiving in the mental health and substance abuse arena. If folks are interested in the work that you're doing is there a way that they get a hold of them and you all. Yes.

[00:24:08] One of the great things in me in my work I've gone to great lengths to identify and to be specific in terms of outlining what's done in the in the manual. Otherwise I'm working on more say publishing a manual but they can contact me. I'm at the University at Albany School of Social Welfare. My email address is L. Jones at Albany dot edu and you're welcome to post that on the web so that people have access to that information. But I'm always willing to share and not go beyond just you know I don't like to just hand over a manual but I'm willing to give my time to say this is what helps to make it effect. Is there anything I haven't asked you. No I don't believe. I think you covered a range of topics and you know there was something I was going to leave as well as that is that one has to become committed to justice and social justice as you stated advocacy is one piece. But I believe that for this population in particular you have to be you should be committed to social justice and you should understand really what justice means and incorporate that into practice because that just is what drives you is what helps you thrive when nothing else works. It's that motivator it's set push to help others who we've often and we don't know we have helped to demean or to devalue their position in society. So it's kind of tossing out all of the old behaviors and habits and knowledge and saying you know I'm committed to helping someone whether they're poor or they're black or they're a teenager.

[00:26:02] But it's that commitment to social justice that will derive I think I believe excellent curriculum change for these populations. All right. Well it's fun and great talking to you. Yes. And again for being willing to do this. Yes take care. By. You've been listening to Dr. Lani Jones

describe her research related to a culturally specific intervention aimed at strengthening the psychosocial competence amongst black women who are experiencing mental health and substance abuse problems. See you next time I'm living proof. Hi I'm Nancy Smyth professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do we invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.