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Circle of Care and Hope:

An Adaptation and Empowerment Mental Health Healing Model for Blacks

Judy Edvaline Vansiea

Submitted in partial fulfillment of

the requirement for the degree of

Doctor of Nursing Practice in Transcultural Nursing Leadership

AUGSBURG COLLEGE
MINNEAPOLIS, MINNESOTA

April 24, 2015

AUGSBURG COLLEGE

Augsburg College
Department of Nursing
Doctor of Nursing Practice Program
Scholarly Project Approval Form

This is to certify that **Judy E. Vansiea** has successfully presented her scholarly doctoral project entitled "**Circle of Care and Hope: An Adaptation and Empowerment Mental Health Healing Model for Blacks**" and fulfilled the requirements for the Doctor of Nursing Practice degree.

Date of presentation: April 24, 2015.

Committee member signatures:

Major Advisor: Cheryl Leeming Date April 24, 2015

Faculty Member: Joyce M. Miller Date April 24, 2015

Faculty Member: Joyce B. Perkins Date April 24, 2015

Presentations submitted and accepted

Adaptation and Empowerment Mental Health Model for Blacks

December 1-3, 2014

Poster presentation at the Minority Health & Health Disparities Grantees' Conference, National Harbor, Maryland.

Circle of Care and Hope: An Empowerment Mental Health Model for Blacks

Mach 12-14, 2015

Poster presentation at the Xavier University's Eight Health Disparities Conference
New Orleans, Louisiana.

Articles submitted

Circle of Care and Hope: An Adaptation and Empowerment Mental Health Healing Model for *Blacks*.

Submitted to The Journal of National Black Nurses Association on March 21, 2015

The Benefits of Integrating Christian Faith in Treating African Americans with Mental Illness and Addiction.

The Journal of Christian Nursing (submission pending)

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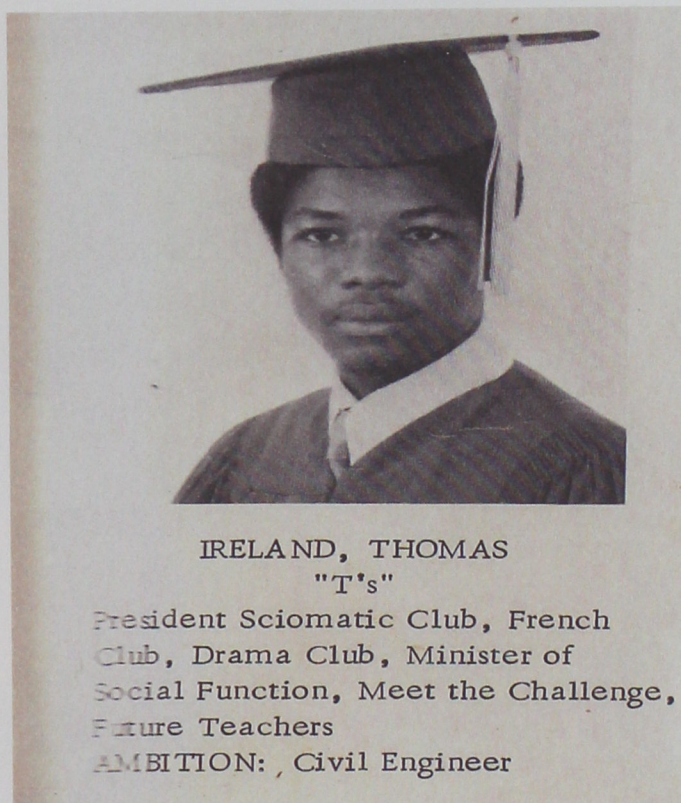
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The Journal of Christian Nursing (submission pending)

Dedication

Dedicated to my late father, Thomas Kwame Ireland, Jr.



Acknowledgement

I would first like to thank the Heavenly Father for blessing me and allowing me to graduate with my Doctor of Nursing Practice (DNP) Degree. Also, I am grateful to God for my parents Judy E. Stryker and Thomas K. Ireland, Jr. They are the vessels that God chose to bring me into this world in order for me to make a difference to society. In addition, my thanks and appreciations go to my maternal grandparents, Mr. Jehu & Rev. Amelia Stryker, for assisting my mother in raising me to become the Christian woman that I am today. I did not get here alone and I owe many people--- my godmothers, uncles (Albert Ireland and Daniel Mensah), aunts (Felicia Tolbert-Ireland) and cousins--- gratitude for guiding and mentoring me on my journey, both as a child and as an adult. In addition, the Veteran Affairs, and more specifically Mrs. Becky Kientzle, offered significant financial and vocational counseling. My journey truly represents the importance of community and the principle that *it takes a village* to be successful.

I cannot end without showing respect and appreciation to the entire DNP Faculty members and staff. Specifically, much appreciation to my adviser, Dr. Cheryl Leuning, the Department Chair, Dr. Joyce Miller and faculty member, Dr. Joyce Perkins. I believe that many people facilitate our learning, but these three faculty members were truly nurturing, kind and very approachable as well and many blessings and honor go to them. I want to thank Zachary Sundry, an undergraduate Augsburg student who worked with me to design my beautiful Circle of Care Model picture. Words cannot express my sincere thanks and appreciate too, to Mr. William Wittenbreer in the Augsburg library, to my editor Andrew Gross and Diane Windingland who worked with me on my oral presentation of my DNP project.

In closing, I would like to thank my loving, kind and very supportive husband, Rev. Dr. Samuel E. Vansiea, who was there for me with a caring shoulder for me to lean on when I was frustrated or stressed in juggling work, health issues, family life and church. I have been truly blessed with the most wonderful kids too, Arvena and Thomas, who have also supported me throughout this program when I was juggling schedules.

Abstract

Circle of Care and Hope: An Adaptation and Empowerment Mental Health Healing Model for Blacks

PURPOSE - To engage and empower Black people with a “Circle of Care and Hope” that helps them to overcome their unequal access to effective mental health treatment. **PROJECT DESCRIPTION** – Black people in the United States have experienced unequal access to effective mental health care treatment due to centuries of oppression by the dominant Caucasian culture in the United States. This history has caused many Black people to distrust the purely Western and Caucasian-dominated model of mental health treatment. In response to this problem the author has adapted and integrated three healing modalities: multiple Western, theoretically-based therapies; culturally appropriate practices for Blacks; and practices based on a Biblical worldview. The multiple Western, theoretically-based therapies include Self-Efficacy Theory, Cognitive Behavioral Therapy, Motivational Interviewing, 12-Step chemical dependency treatments, Maslow’s Hierarchy of Needs, and Leninger’s Theory of Culture Care Diversity and Universality. Culturally appropriate practices in Black communities include building trust, focusing on strengths instead of weaknesses, accounting for a community-based approach, and incorporating uniquely Black spirituality into caring interventions. The healing approaches based on a Biblical worldview include the laying on of hands, anointing with oil, drinking of holy water, prayers, uplifting scripture readings, inspirational hymns, meditation and church fellowship. The synthesis of these three modalities form the author’s “Circle of

Care and Hope” model, a holistic, interventionist treatment approach. The model engages members of the Black community by first acknowledging their distrust, fear and cultural/communication differences. The model empowers Blacks with mental health resilience because of the inclusion of culturally appropriate and biblically based practices. The model also focuses on strengths versus weaknesses of Blacks. As a result, the model decreases stigma, labeling and distrust. It also increases awareness of mental health issues, treatment, and service utilization within the Black community. All of this promotes and sustains the healing journey in recovery.

CONCLUSIONS - The author’s “Circle of Care and Hope” ultimately increases mental health recovery and decreases the unequal mental health treatment access for Blacks. This approach will eventually improve the prognosis with culturally congruent, patient-centered and goal-related treatments.

Key words: addiction, African American, biblical worldview, culturally appropriate, Black, empowerment, holistic, integration, intervention, mental health, mental illness.

CIRCLE OF CARE AND HOPE:

AN ADAPTATION AND EMPOWERMENT MENTAL HEALTH HEALING MODEL FOR BLACKS

Judy E. Vansiea, MS, MA, APRN-PMHNP

Submitted in partial fulfillment of the
requirement for the degree of
Doctor of Nursing Practice

AUGSBURG COLLEGE,
MINNEAPOLIS, MINNESOTA
April 24, 2015

OBJECTIVES



- Discuss the Circle of Care and Hope Model
- Highlight learning points of the DNP journey

PURPOSE OF THE PROJECT



To engage and empower Black people with a “Circle of Care and Hope” that overcomes their unequal access to effective mental health treatment

THE NEED



- History of oppression (SAMHSA, 2010)
- Ongoing racism (NAMI, 2009, para. 2)
- Stigma & shame (Conner, et al, 2010)
- Distrust & pessimism (Kranke, 2012)

THE REALITY



While 13% of the US population identifies as African American, “only 2 percent of psychiatrists, 2 percent of psychologists and 4 percent of social workers in the United States are African American.” (National Alliance on Mental Illness, 2009, para. 2.)

NEED FOR MENTAL HEALTH MODEL FOR BLACKS



- Supports community based strengths
- Provides positive ethnic identity, i.e., identifying with a person who share the same ethnic identity
- Provides culturally appropriateness
- Honors spirituality of persons served

- The U.S. Surgeon General: Department of Health and Human Services, 2001

THE MODEL:



- Biblically based
- Culturally appropriate
- Multi-theoretically based

THE MODEL:



Principle # 1: Practices based on a biblical worldview

- Laying on of hands & anointing
- Prayers
- Uplifting Scripture readings
- Christian meditation and music
- Church fellowship

THE MODEL:



Principle # 2: Culturally appropriate approaches

- Building trust
- Strengths vs. weaknesses
- Community-based mentality
- Uniquely Black spirituality

THE MODEL:



Principle # 3: Multi, theoretically-based applications

- Self-Efficacy Theory
- Cognitive behavioral therapy
- Motivational interviewing
- 12-Step for Chemical Dependency
- Maslow's Hierarchy of Needs
- Leininger's Universality Theory

CULTURE CARE DIVERSITY AND UNIVERSALITY THEORY



- Fosters trust building
- Focuses on strengths
- Honors spirituality
- Embraces community-based mental health

Judy E. Vansiea's Circle of Care and Hope:



Three Principle Integrative Approach
to Mental Health Healing and Treatment

THE OUTCOMES:

- Re-establishes trust
- Accesses best treatments
- Breaks down stigma & shame
- Enables “keeping the faith”
- Increases awareness
- Empowers Blacks
- Creates resiliency



ADDITIONAL LEARNINGS THAT ENHANCED CIRCLE OF CARE AND HOPE MODEL

METAPHOR: "I AM CLIMBING UP ON THE ROUGH SIDE OF THE MOUNTAIN"



- Addresses the motivation behind the DNP capstone
- Acknowledges the need for culturally specific mental illness and addiction treatment
- Gives respect and appreciation to my ancestors

5 WAYS OF KNOWING



- Aesthetic knowledge
- Emancipatory knowledge
- Ethical knowledge
- Personal knowledge
- Empirical knowledge

RULES OF THUMB



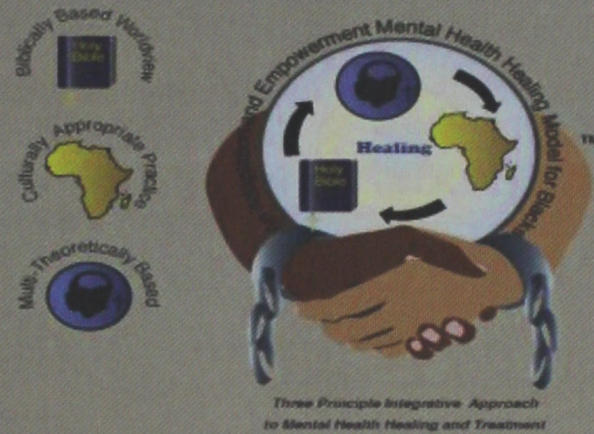
1. Treat people with respect
2. Be non-judgmental
3. Avoid being a "fix-it upper"
4. Be empathetic
5. Be a good listener
6. Focus on strengths

NEXT STEPS



- Apply for a grant to implement the model
- Publish a book on the Circle of Care and Hope Model

**Judy E. Vansiea's
Circle of Care and Hope:**



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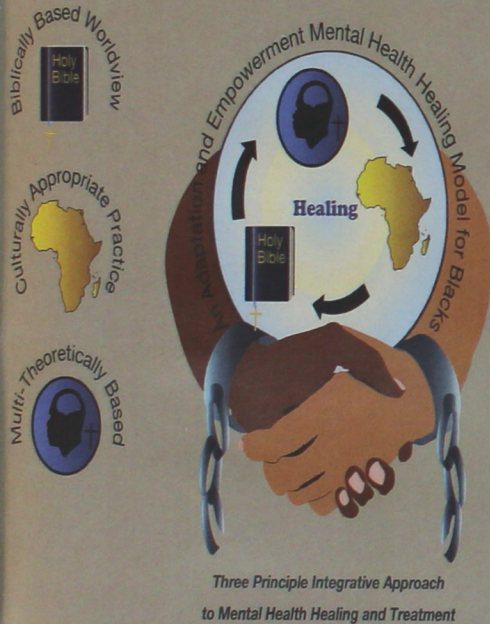
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A Circle of Care and Hope: An Adaptation and Empowerment Mental Health Healing Model for Blacks

Judy E. Vansiea, MS, MA, PMHNP, APRN

D.N.P. Student; Augsburg College, Doctor of Nursing Practice in Transcultural Nursing Leadership, Minneapolis, MN

Judy E. Vansiea's Circle of Care and Hope:



References

Background Information: A Literature Review

The Need - Blacks disproportionately face barriers to mental health care and treatment, including cultural taboos, stigma, fear, and shame.

- SAMHSA's GAINS Center for Behavioral Health and Justice Transformation (2010) attributes the underserving of Blacks to a history in which "generations of discrimination, racism, race-based segregation and ... poverty" are compounded with exposure to ongoing "microaggressions."
- Rampant depression among African American elders was related to their perceptions of barriers when they contemplated seeking mental health services. Many used alternative coping strategies in treatment (Connor, et al, 2010).
- Pessimistic views toward treatment because of negative experiences (Kranke, et al, 2012).

What can be Done - Culturally specific care that is safe and accountable is the most sustainable way to provide community-based mental health care within Black communities.

- The U.S. Surgeon General stated that community strength, positive ethnic/cultural identity, and spirituality are critical to mental health and services (US Department of Health and Human Services, 2001).
- "Understanding individuals' beliefs about illness is important because their ideas ultimately shape beliefs about treatment and help seeking" Ward & Besson (2012).
- "Programs in African American communities sponsored by respected institutions, such as churches and local community groups, can increase awareness of mental health issues and resources and decrease the related stigma" (NAMI, 2009, para. 16).
- "Reading the Bible, prayer, and going to church are ingrained in the culture and are often used to cope with health conditions" (Ward & Besson, 2012).

Project Goal

To engage and empower Black people with a "Circle of Care and Hope" that overcomes their unequal access to effective mental health treatment.

Designing the Circle of Care and Hope Model

Inspiration for the model - A personal mental health journey.

Purpose of the model - To engage and empower Black people with a "Circle of Care and Hope" that overcomes their unequal access to effective mental health treatment.

Description of the model - The *Circle of Care and Hope* is based on advanced transcultural nursing practice and is a holistic, culturally congruent, mental health model specifically designed for Black communities. The model integrates and adapts:

- 1) The most effective and relevant theoretically-based therapy treatments and interventions.
- 2) Practices that are culturally appropriate to the Black community experience.
- 3) Activities associated with a biblical worldview.

Benefits for persons served - The *Circle of Care and Hope* empowers persons to gain resilience when facing mental illness and addiction by:

- Engaging Blacks with healing approaches that are relevant to their lives, through their improved awareness of the importance of mental health treatment and service utilization, as well as through the decrease of stigma and labeling associated with mental illness and addiction.
- Enabling Blacks to strengthen their faith in God through a renewal of their spiritual life and walk.
- Empowering Blacks with improved prognosis, increased recovery through culturally congruent, patient-centered and goal-related treatments.

Advanced Transcultural Nursing Practice Implications

First: Draw upon and integrate 3 Principles:

- **Multi-theoretically based treatments** include: Self-Efficacy Therapy, cognitive-behavioral therapy, motivational interviewing, 12-Step methods, Maslow's Hierarchy of Need, and Madeline Lenering's Theory in Culture Care Diversity and Universality.
- **Culturally appropriate practices** as envisioned by Madeline Lenering's Sunrise Enabler include: trust building, a focus on strengths, honoring uniquely Black spirituality, and community-based mental health that embraces the support of extended family, neighbors, and church.
- **Biblically based worldview approaches** include the laying on of hands, anointing with oil and drinking of holy water, prayers (i.e. "serenity") and meditations, faith-centered music, church fellowship and uplifting Scripture readings like: Matthew 11:28, Jeremiah 29:11 and Psalm 147:3.

Second: Improve educational efforts to better reach African Americans in a way that:

- Acknowledges barriers to Blacks of mistrust, fear of treatment, racism and discrimination, as well as differences in communication and the need of many Blacks to work through complex emotions during any treatment attempts.
- Breaks down stigma, taboo and shame.
- Improves trust between mental health practitioners and patients.
- Emphasizes the benefits Blacks receive from this integrated approach.
- Replaces negative coping mechanisms with positive, culturally congruent ones.

Third: Advocate more effectively for financial help for the basic physical needs that must be met prior to meeting psychological needs

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