Introduction to Critical Thinking & Cultural Affirmation (CTCA)

MISSION The Critical Thinking & Cultural Affirmation (CTCA) methodology facilitates the capacity of Black males and females to reduce or prevent high-risk, self and community destructive behaviors, practices and impulses. CTCA builds the competence of participants to think critically, reason and discern race-based self-concept dilemmas, self-defeating mythologies, un-constructive peer pressures and negative societal influences, to value their community, themselves and family, and to commit themselves to constructive and risk-reducing behavior as a way of life and being.

VISION We envision a world in which the humanity, self and community respect, culture, health and wellbeing of Black people are successfully restored, where disempowerment, fragmentation, health disparity, conflict and poverty no longer disproportionately disfigures the lives of children, males, females and families of African descent locally, nationally and world-wide.

STRATEGY CTCA empowers diverse people of African descent (females, males, youth, adults, parents; heterosexual, same-gender-loving (SGL) and bisexual; religious, spiritual and agnostic) and the institutions that serve them to develop their capacity to be health educators, leaders or social change advocates in Black communities. Through increasing health, history and cultural literacy, critical thinking and reasoning capacity CTCA can guide, transform or enhance the ability of participants to increase constructive behavior and decrease destructive behaviors. CTCA promotes positive behavioral change, personal and community responsibility towards improving the overall state of African American health, unity, productivity and wellbeing. CTCA is an outgrowth of the service provider concepts derived by Cleo Manago at the African American, Advocacy, Support-Services and Survival Institutes (or the AmASSI Health and Cultural Centers) based in Los Angeles, California.

Why Critical Thinking and Cultural Affirmation (CTCA)

The noted Critical Thinking and Cultural Affirmation (CTCA) model is a culturally informed preventive health strategy that addresses positive mental, sexual and community health, encouraging self-actualization, responsibility and critical thinking. At the foundation of CTCA is a curriculum that illuminates and celebrates elements of Black life, community and culture, while examining both functional and dysfunctional elements of African American traditions and culture. The CTCA approach to positive self-actualization, wellness and mental health incorporates a combination of the three racial socialization strategies described by Stevenson and his colleagues (1994): 1) Protective racial socialization, which emphasizes viewing society as hostile and worthy of distrust, encouraging participants to discern supportive or detrimental intentions; 2) Proactive racial socialization, which encourages individuals to succeed as a function of internal talent, skills and cultural heritage, paying less (conscious or abstract) attention to external oppression; 3) Adaptive racial socialization, which recognizes racial imbalances or mistreatment in society, deconstructs its elements, then keeps it at bay long enough to create a space for creative self-expression, reflection and self-management. The CTCA model believes that any of these strategies by themselves will be inadequate to equip African Americans with the tools necessary for successful negotiation of preventive health practices - elements from all three strategies must be interwoven in a culturally relevant, holistic health paradigm.

The CTCA approach begins with an open acknowledgment of a form of internalized oppression among African Americans that has developed from years of experiencing institutional and personal-mediated

racism from "mainstream" institutions (such as the media, educational, criminal justice and medical establishments), people and policies in America (Jones, 1999). Many among African Americans have internalized a belief system that focuses on methods of survival, low self-concept, poor communication and quality of life compromising behaviors. It is from this process that the cycle of adverse health behaviors and poor health outcomes emerge, and it is within this context that the CTCA strategy focuses its efforts. Again, the goals of CTCA strategies are to increase critical thinking and capacity in the context of honoring Black life and cultural; and one's, sexual, mental and physical health, and taking responsibility for these. African American experiences of isolation and disorientation about self-worth and value are where preventable health risk typically exists. Self-worth can be in constant negotiation, based on internalized negative ideas about one's sexuality, beauty, self-concept, gender, and race. A key component of the

CTCA model is to develop "wellness consciousness." In this program, we teach participants the following:
1. Realities such as race, sexuality, masculinity, belief and gender roles are socially reinforced, and we then provide them with the tools to effectively evaluate this "reality."
2. How to critically think and develop informed perspectives on inherited beliefs, and unlearn self-defeating or limiting myths.
3. The influence of "mainstream" (White) biases and popular culture ideas on Black self-concept and possibility.
4. The importance of African Americans valuing themselves and being more responsible to themselves, community and potential partners.
This education is done to enhance critical thinking capacity and to reawaken clients to the possibility of reconstructing their realities with more information and in ways that affirm them rather than subjugate them. Other issues addressed include deconstructing the construction of manhood, black media imaging, criminalization, depression and its relationship to addiction and HIV transmission.
Cleo Manago - AmASSI CEO, CTCA Principal Investigator and Preventive Health Strategist


CTCA: An Evidence-Based Intervention

The Critical Thinking and Cultural Affirmation (CTCA) model, developed by AmASSI CEO Cleo Manago, uses a Cognitive-Behavioral approach to prevention and risk reduction. Using Social Cognitive Theory (SCT) as its foundation, CTCA is a culturally based approach that addresses the impact of societal challenges (i.e. race-based self-concept dilemmas, peer pressure, negative social influences, being disenfranchised, etc.) on African Americans and addresses traditional barriers to substance abuse, HIV, hepatitis, violence and obesity risk reduction.

This intervention draws upon evidence-based approaches to create a model that targets African Americans at risk. While relevant as a universal intervention, the CTCA is identified as a selective intervention because it specifically targets African Americans who are at a disproportionately higher than average risk for substance abuse, HIV and hepatitis infection. The SCT described in this section provides the theoretical foundation for the CTCA model and integrates the substance abuse, HIV and hepatitis prevention interventions.

Social Cognitive Theory

Social Cognitive Theory (SCT) focuses on how people acquire and maintain behavioral patterns, while providing a basis for intervention strategies. Bandura (1986)[ii] advanced a view of human functioning that highlights the central role of cognitive, vicarious, self-regulatory, and self-reflective processes in human

adaptation and change. From this perspective, human functioning is viewed as the product of a dynamic interplay of personal, behavioral and environmental influences. The core assumptions of the theory are that personal factors in the form of cognition, affect, and biological events, behavior and environmental influences create interactions that result in a triadic reciprocality[iii]. The environment can affect a person's behavior. There are social and physical environments. Social environments include family members, friends and colleagues. Physical environment include items such as the location of a setting, the size of a room, the lighting in the room, etc. Parraga (1990)[iv] stated that the environment and situation provide the framework for understanding behavior. The situation refers to the cognitive or mental representations of the environment that may affect a person's behavior. In SCT, behavior, personal factors and environmental factors interact to determine how people acquire and maintain certain behavioral patterns. This concept is illustrated in the figure below.
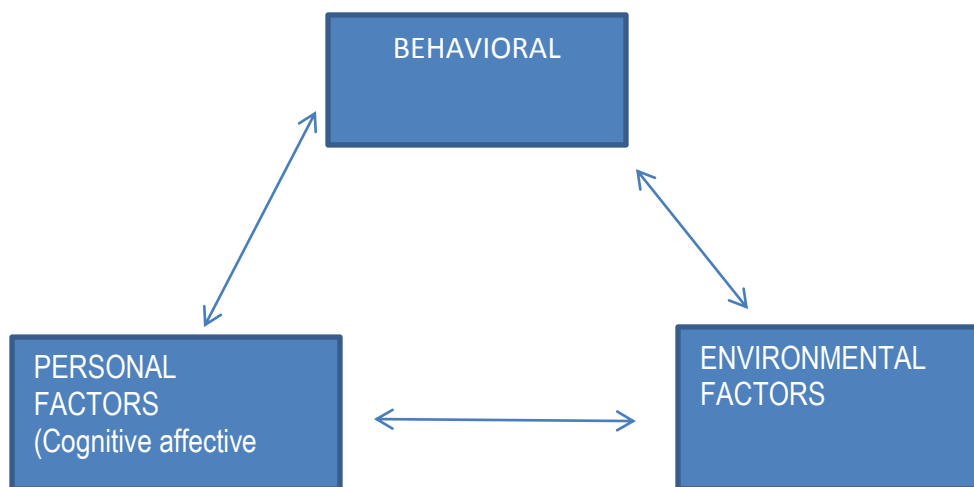
Social Cognitive Theory Conceptual Model[1]

SCT is rooted in the view of human agency where individuals are proactively engaged in their own development and can make things happen by their actions. According to Bandura (1986, p. 25) key to the sense of agency is the fact that, among personal factors, individuals possess self-beliefs that enable them to exercise a measure of control over their thoughts, feelings, and actions and that "what people think, believe and feel affects how they behave."

SCT has been used to study a wide range of health problems from medical therapy compliance, to alcohol abuse. Several SCT techniques are used in interventions including modeling, skill training (reasoning), psycho motor and social skills (refusal skills), self-monitoring (a contract with one's self), and contracting (contracting with others) (University of South Florida, 2006). SCT provides a framework for designing, implementing and evaluating programs.

Critical Thinking and Cultural Affirmation Model for Substance Abuse, HIV and Hepatitis Prevention in African American Communities

Purpose Goals and Objectives

The Critical Thinking and Cultural Affirmation (CTCA) model is a combination of cultural affirmation, critical thinking and empowerment through increased self-efficacy. The approach targets individuals who are at risk for substance abuse, HIV and/or hepatitis (especially Hepatitis C).

The objectives of the program are to:

- Improve clients' self-concept, factual knowledge about positive aspects of culture(s), substance abuse, HIV and hepatitis risk reduction behavior, and reasoning/decision-making abilities under interpersonal stress
- Increase self-efficacy of program clients regarding their perceived ability to have a positive impact on their risk reducing behavioral options
- Raise the level of awareness of the general public about substance abuse, HIV and hepatitis risk in African American communities and to encourage persons to reduce risk behaviors

[1] Source: Pajares (2002). Overview of social cognitive theory and self-efficacy. 4.21.06. From http://www.emory.edu/EDUCATION/mfp/eff.html.

- Increase client retention and commitment to participate in substance abuse, HIV and hepatitis prevention program activities
- Increase client knowledge of substance abuse, HIV and hepatitis prevention and increase reported successful use of coping and risk reduction strategies.

The model emphasizes wellness as a way of preventing substance abuse, HIV and hepatitis transmission among diverse African Americans. Using a variety of approaches; cultural awareness and affirmation form the foundation on which other program services are provided. Incorporating activities such as peer leadership development, interaction and education[social marketing, informed referrals, healthy living planning (case management) the CTCA model has historically been effective in providing culturally competent substance abuse, HIV prevention and care services.

The effectiveness of the CTCA model has been tested by AmASSI as a method for HIV risk reduction among Black males at sexual risk. Investigators conducted an initial study to identify barriers to HIV/AIDS risk reduction activity and practice. They found no significant difference in awareness. It appeared from the investigation that African American men who had sex with men (in particular) were not less informed about HIV/AIDS.

However, these men remained disproportionately affected by the epidemic. The findings led investigators to conclude that there were differences between cultural/ethnic/gender communities in terms of the specific value of "information" as a tool for disease prevention. What the investigators noted was that many African Americans do not trust traditional health providers or social service programs and are reluctant to go to clinics that are known to treat HIV for fear of being stigmatized. For agencies addressing mental health as well as HIV risk reduction, the problem of stigma is multiplied. Therefore programs and services must be designed to increase Black Health literacy and reduce stigma by emphasizing wellness.

AmASSI investigators also found that HIV prevention services that were delivered from a cultural perspective were practically non-existent. Traditional prevention programs do not address cultural factors in their approaches. A study conducted by Odoms-Young[v] (2005) showed that effective prevention programs for African Americans are successful if they incorporate concepts such as self-concept, self-esteem and self-directed negotiation and management skills. She adds that prevention approaches must incorporate mental health/behavioral concerns, cultural awareness and health and wellness into the delivery mode.

Validations of the CTCA model have been conducted by AmASSI staff, with the assistance of external research and evaluation consultants. Findings from the studies showed a success rate (change in self-concept and decrease in reported risk behaviors) of 80%.

Through the CTCA model mental health services are provided and are key to helping clients accomplish effective behavioral change toward reducing interpersonal, psychological and emotional barriers to primary and secondary HIV prevention, substance abuse as well as family crisis, domestic and gang violence prevention and intervention.

CTCA uses strategies to reach and engage African American clients and connect them to services by: 1) recruiting community and social network leaders who reflect the demographic and risk characteristics of the target group. These leaders will be trained to conduct street and community outreach and prevention education; 2) offering substance abuse, HIV/AIDS and hepatitis education, counseling, healthy living planning, referrals and support services in a non-institutional setting; and 3) offering incentives to encourage participants to access services and to refer members of their social network to the project.

Because AmASSI is positioned in the African American community as a fitness and cultural center, it circumvents cultural and attitudinal barriers towards traditional substance abuse, HIV prevention or other social services. Getting HIV positive African Americans to engage in programs to address substance abuse, HIV or hepatitis health can be challenging. Through its research, AmASSI has found that recruiting community and social network leaders is an effective way to identify and target participants. Recruitment of community and social network leaders will be conducted through a variety of venues including but not limited to churches, barber shops, hair salons and nail salons, entertainment venues (clubs, movie theaters), or malls. A core group of community and social network leaders will be trained to identify and recruit program participants.

The core elements of the CTCA model include:
- Providing wellness (mental health literacy, prevention and risk reduction) services using peer and professional staff who are culturally sensitive and competent
- Recruiting a core group of African American social network leaders to provide education, counseling and support to program participants
- Providing peer driven social marketing campaigns to reduce stigma and increase access to substance abuse, HIV and hepatitis prevention services in African American communities
- Providing a non-medical, accessible and comfortable facility for participants
- Providing culturally competent health promotion
- Conducting community-based outreach into social networks, organizations and related venues by trained teams
- Convening peer-led, weekly or bi-weekly discussion groups
- Encouraging participants to become CTCA leaders and refer their network associates, friends and relatives to the project to promote new leadership and improved health practices among at-risk African Americans and their families

The intervention strategies include weekly individual counseling and education sessions, health and wellness workshops, peer support, social marketing, membership/rewards program and wellness planning and healthy living planning. In addition, participants will be linked to community substance abuse treatment programs, and health services for hepatitis screening and immunization. The approach used by staff in the

CTCA model is Cognitive Behavioral Therapy (CBT). CBT emphasizes the important role of thinking. It helps to alleviate emotional distress, and to address a myriad of psychosocial behavioral issues. The approach is effective because it can be conducted with individuals, families or groups and can address problems including anxiety, depression, anger, guilt, low-self-esteem, adjustment difficulties, sleep disturbance and post-traumatic stress. (RSM Psychology Center, 2006). In addition tri-weekly group intensives that focus on: 1) the history of accomplishment, cooperation and success among Africans and African Americans; 2) developing media and environmental literacy by deconstructing the influence of media and mainstream institutions on black self-concept and culture; 3) the benefits of critical thinking and self-respect; 4) education about substance abuse, HIV and hepatitis risk reduction; and 5) physical activity (optional).

[i] Bandura, A. (1977). Social learning theory. Orville, Ohio: Prentice Hall
[ii] Bandura, A. (1986). Social foundations of thought and action: A social cognitive. Englewood Cliffs, NJ: Prentice Hall
[iii] Pajares, F. (1997). Current directions in self-efficacy research. In M. Maehr & P. R. Pintrics (Eds.). Advances in Motivation and Achievement (10) 1-49. Greenwich, CT: JAI Press
[iv] Parraga, I.M. (1990). Determinants of food consumption. *Journal of American Dietetic Association*. 90:661-663.
[v] Odoms-Young, AM "Culturally Appropriate Approaches for Addressing Obesity in African Americans: The Importance of Community-based Models and Paradigms