



## A HEALING PARADIGM

ENVISION | MANIFEST | EXPERIENCE

### Preservation of Cultural Healing Practices

Advances in the behavioral sciences have ushered in a new era calling for evidenced-based treatments (EBT) designed to improve client care among Western-trained therapists. As a result, some therapists embrace these interventions while regulating other healing modalities as questionable and possibly unethical. However, many scholars note the widespread use of indigenous healing systems as a form of psychotherapy (Moodley & West, 2005; Gielen, Fish, & Draguns, 2004). In fact, these treatment modalities remain in use by communities long removed from the original knowledge sources, as evidenced among African-American, Latino, and Asian-American communities (Boyd-Franklin, 2006; Moodley & West, 2005; Ojelade, McCray, Ashby, & Myers, 2011). Wampold argues that EBT are not necessarily the most efficacious factor with regard to treatment success, rather the relationship has the largest effect size when meta-analytic data are reviewed (2000). Reviewing scholarly evidence and culturally competent practices suggests a need to consider the above mentioned factors when identifying appropriate healing modalities for Western-defined mental health problems. Thus, this project is designed to assist communities in the conscientious preservation of cultural healing modalities based on indigenous deep thought.

#### Objectives

1. Identify and document cultural healing modalities utilized by participants within a community.
2. Identify methods of local methods of training and accountability among healers.
3. Provide guidelines for Western-trained therapists to evaluate the safety and utility of cultural healing practices.
4. Provide guideline for Western-trained therapist to incorporate cultural healing practice in their clinical work.

#### Why is the Preservation of Cultural Healing Practices Important?

Culture shapes the ways in which individuals within a society express, diagnose, and treat mental illness. Thus, culturally established emotional and behavioral norms are utilized to label an individual as sick as opposed to healthy. Although these norm violations can parallel Western conceptualizations outlined in the Diagnostic and Statistical Manual of Mental Disorders (DSM-5), people may interpret these concerns as having origins among unseen forces. As a result, cultural interventions can be designed to mitigate the underlying problem, thus, alleviating the outward manifestation of the symptoms.

Throughout the world, people are four times more likely to seek out indigenous methods to address a Western defined mental health problem than to seek counseling. This is particularly true among people of African, Latin, and Asian ancestry who experience mental health problems, but have low treatment utilization rates. Researchers examining barriers to treatment note that stigma, cultural mistrust, experiences of racism, and culturally incongruent interventions contribute to lower utilization and



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adherence rates within the United States. As a result, people of color rely on other healing modalities that include informal resources such as indigenous healers (Ojelade, 2014 – excerpt from the author’s published work). Therefore, it benefits a community to understand their cultural healing practices, outlining the training needed and accountability for these healers. This information can then be utilized to educate Western-trained psychologists on appropriate methods for integration within a clinical intervention for a client for the community. This provides the opportunity for the therapist to provide a culturally appropriate therapeutic intervention that honors the agency of the client.

### METHODOLOGY

Considering adult learning theory and the methods in which people process information, Dr. Ojelade proposes a multi-tiered approach that addresses all learning styles.

#### 1. Pre-Arrival Call

Dr. Ojelade recommends a pre-event conference call with key stakeholders to better understand the needs of the community, the scope of the project, and any additional proposed activities.

#### 2. Pre-Reading – Stakeholders are encouraged to read the following materials prior to Dr. Ojelade’s Arrival.

1. Boyd-Franklin, N. (2003). *Black families in therapy: Understanding the african american experience*. New York: Guilford Press.
2. Moodley, R. & West, W. (Eds.). (2005). *Integrating indigenous healing practices into counseling and psychotherapy*. Thousand Oaks, CA: Sage.
3. Ojelade, I., McCray, K., Ashby, J. S., & Meyers, J. (2011). Use of ifa as a means of addressing mental health concerns among african-american clients. *Journal of Counseling & Development*, 89, 406-412.
4. Ojelade, I., McCray, K., Meyers, J., & Ashby, J. S. (2014). Use of Indigenous African healing practices as a mental health intervention. *Journal of Black Psychology*, 40, 491-519.
5. Ojelade, I. (2014). Spiritual healing. In A. Scull. *Cultural Sociology of Mental Illness: An A-to-Z Guide*. Thousand Oaks, CA: Sage.
6. Sussman, L. (2004). The role of culture in definitions, interpretations, and management of illness. In Gielen, J., Fish, M. & Draguns, J. (Eds.). *Handbook of culture, therapy, and healing*. Philadelphia, Pennsylvania: Lawrence Erlbaum Publishing.
7. Wampold, B. (2000). *The great psychotherapy debate: Models, methods, and findings (counseling and psychotherapy: investigating practice from scientific, historical, and cultural perspectives)*. New York: Routledge.

#### 3. Upon Arrival

Facilitation of the compilation of the data for this project occurs in a 4-stage (5-stage for larger projects) process that includes establishing rapport, gaining permission from elders, hearing community needs, meetings with healers, service providers and the community.



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### Expenses

#### FINANCIAL ARRANGEMENTS

A Healing Paradigm (on behalf of Ifetayo Ojelade, PhD) and the local community stakeholders enter into a contract. There must be at least one identified stakeholder/community organization that is responsible for the terms of the contract.

Dr. Ojelade and her staffs' fee for facilitating the project are waived. In return, the identified stakeholder provides a letter noting the donation of facilitation services at current market rates ( provided by A Healing Paradigm at the commencement of the project). The identified stakeholder/community organization is responsible for all production (copies, materials, etc.) and travel related (air, ground, lodging, meals) expenses for Dr. Ojelade and her staff (where applicable).

#### TRAVEL

The identified stakeholder/community organization will provide a reservation to be arranged in the name of Dr. Ifetayo Ojelade in business class, via a non-stop flight on Delta Airlines (if available), with confirmation & ticket sent to Ifetayo@AHealingParadigm.com, at the time the event is booked. Note that a date is not confirmed until a paid airline ticket and lodging reservation are received and confirmed by the A Healing Paradigm office. Payment for lodging accommodations and wireless internet for all nights must be paid in advance by the identified stakeholder/community organization at a minimum of a four star hotel. Confirmation of the hotel payment should be sent to the above referenced email at the time of the booking in order to secure the date.

#### TRAVEL SPECIFICATIONS:

- Round trip plane ticket for Dr. Ifetayo Ojelade on Delta Airlines from Atlanta, GA to the desired destination. Tickets should be booked non-stop and business class when available. Projects requiring additional staff will be negotiated at the commencement of the contract.
- Transportation to and from the airport to hotel, if no shuttle is provided by hotel.
- Non-smoking, internet included hotel accommodations for the duration of her stay.

#### MEAL SPECIFICATIONS:

- Dr. Ojelade generally will consume meals that include local cuisine. However, please note that she is allergic to bananas and mangos. In addition, she does not consume pork, beef, or fast foods (for example McDonalds, KFC – Kentucky Fried Chicken). Her preference when traveling is generally for a vegetarian diet. However, she is willing to consume seafood, chicken, or turkey (in the order of preference).

### Tiered Process

**The process is conducted in four stages**

#### Trip One - Listening

The first visit is an introduction and listening session. Dr. Ojelade spends time with local residents, asking



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permission of elders and community leaders to begin the work. She hears the community needs and attends local community events and healing activities (as appropriate).

- A single conference call with key stakeholders prior to arrival.
- Meetings with key stakeholders including local residents, service providers, healers, elders, and leadership within the community.

### **Trip 2 – Doing**

The second visit is designed for Dr. Ojelade to work with local healers and service providers (Western-trained therapists) to identify the specific cultural healing modalities, training practices for healers, and accountability guidelines.

- Meetings with key stakeholders including local residents, service providers, healers, elders, and leadership within the community.
- Focused meetings with healers to identify how they diagnosis and treat Western-defined mental health problems.
- Focused meetings with healers to identify training and accountability practices. Depending upon the scope of the project, the session may be during a third trip, expanding the overall project to five trips.

### **Trip 3 – Reporting**

This trip is designed to present initial findings and receive feedback from key stakeholders including local residents, service providers, healers, elders, and leadership within the community.

- Presentation of findings via multiple community gatherings with key stakeholders that include local residents, service providers, healers, elders, and leadership within the community.

### **Trip 4 – Project Delivery**

The completed project is presented to community stakeholders.