

Grady Nia Project
 Kaslow, N. J., et al. (2010)
 Davis et al. (2009)

<p>Description of intervention</p>	<p>The Grady Nia Project is a culturally competent intervention for African American women who had experienced abuse and demonstrated suicidality. The Project examines the influence of intrapersonal, social and situational, and social-environmental factors on behavior while incorporating elements of Black feminism/womanism, feminist theory, and Afrocentric theory (African proverbs, heroines, and culturally relevant coping strategies). Grady Nia sessions include assessments for IPV risk and suicide, interactive discussions on the week’s topic, and group activities. Adjunctive services such as community resources, referrals to social services, and necessary goods like food and clothes are also made available.</p>
<p>What was the intervention designed to do?</p>	<p>The ultimate goal of the program is to provide women with a new purpose, a commitment to living, and a means to lead more violence free lives. The Project also seeks to reduce psychological symptomatology such as suicidal ideation, depressive symptoms, posttraumatic stress symptoms, and general psychological distress.</p>
<p>Underlying conceptual or theoretical model(s)</p>	<p>The Grady Nia Project is guided by the theory of triadic influence (TTI; Flay & Petraitis, 1994) which describes three streams of influence on human behavior: (1) intrapersonal, (2) social and situational, and (3) cultural and environmental. The TTI has been integrated with a risk and protective factors framework (Bell, 2006; Mann, Hosman, Schaalma, & deVries, 2004). This integrated model was transformed into field principles valued in designing and conducting research with low-income African American individuals (Breland-Noble, Bell, & Nicolas, 2006). These principles include: (a) rebuilding the village via building community collaborations to support troubled individuals and families, (b) providing access to health care, (c) increasing connectedness, (d) enhancing social skills, (e) bolstering self-esteem, and (f) reducing the residual effects of trauma. In Grady Nia, both the TTI and developed field principles are integrated into treatment sessions.</p>
<p>Rationale for developing the intervention</p>	<p>Through focus groups completed before the start of the intervention, Grady Nia was built from a ground up approach therefore creating an intervention that spoke directly to the women being served rather than relying on an intervention that was “culturally generalizable” or “culturally adapted”. It was hoped that the Afrocentric and culturally relevant nature of Grady Nia would speak directly to the experiences and needs of African American women and also address some of the barriers to treatment engagement.</p>

	<p>This included:</p> <ol style="list-style-type: none"> 1. Offering culturally meaningful coping strategies to better address issues of this group of women 2. Offering a more attractive empowering message than most clinical interventions: to find purpose and hope for oneself and one's community <p>In addition, existing interventions were not always responsive to the needs of this group of women, including needs related to literacy and homelessness. Nia also does not require women to be out the abusive relationship, nor does the Project make that the primary goal. Instead, the intervention is designed with the unique goal of helping women lead more violence free lives.</p>
Who is the intervention designed to help?	African American women who have experienced IPV and have attempted suicide
What are the eligibility criteria for the intervention study?	<ul style="list-style-type: none"> • Self-identify as African-American • Both IPV and a suicide attempt in the past year • Women not included if they were unable to complete the pretreatment interview because of cognitive impairment, acute psychosis, or delirium
Rationale for specific inclusion/exclusion criteria	Having both an experience of IPV and a recent suicide attempt makes them unique as a sample for this type of intervention.
Study Design	<ul style="list-style-type: none"> • Randomized control trial comparing Grady Nia to treatment as usual (TAU) • Assessments took place at baseline, postintervention, and at 6- and 12-month follow-ups.
Outcome Variables and Measures	<ul style="list-style-type: none"> • Levels of IPV (Index of Spouse Abuse) • Suicidal ideation (Beck Scale for Suicidal Ideation) • Depressive symptoms (Beck Depression Inventory–II) • Posttraumatic stress symptoms (Davidson Trauma Scale) • General psychological distress (Global Severity Index of the Brief Symptom Inventory)
Level of Scientific Rigor	<p>Randomized: Yes Appropriate outcome measures: Yes Active Control Group: Yes Effect size: Not reported</p>

<p>What adaptations were made specifically for IPV survivors?</p>	<ul style="list-style-type: none"> • Safety is prioritized and committed to early in the intervention • Goal of working towards a violence-free family life • Develop a safety plan for IPV and suicide risk • Strategies for the safest way to leave an abusive partner • Work to reduce risk factors while enhancing protective factors on three levels: <ul style="list-style-type: none"> ○ Intrapersonal level → enhance self-esteem; address histories of trauma (can be continued in additional weekly group sessions provided by Nia); develop preferred coping capacities ○ Social situational level → target relationship problems, identify social support networks (at interpersonal and community levels) ○ Cultural/environmental level → address needs; access community resources; religious involvement where applicable • The situation changes for each woman; women determine what they want to focus on but the researchers also try to highlight areas that may also need to be addressed
<p>Considerations and/or adaptations related to culture and identity</p>	<p>The purpose of Grady Nia was not to make the intervention fit other racial groups. The purpose was to make Nia as relevant and applicable to the racial and SES group served. However, it became apparent from sessions that Nia could not appropriately handle all issues that arose due to the time-sensitive nature of the program. Therefore, within the larger Nia program, there are 20 other groups that are held every week that address other issues (e.g. multiple trauma experiences; past experiences of childhood abuse). Women were encouraged to participate in those other provided groups for their specific reported problems. This also applied to women with a range of sexual orientations, gender expressions and gender identities, as there was an LGBTQ group available as well.</p>
<p>Considerations and/or adaptations related to experiencing multiple types of trauma (individual and collective)</p>	<p>As stated above, within the larger Nia program, there are 20 other groups that are held every week that address other issues including experiencing multiple types of trauma.</p>
<p>What is the mode of delivery?</p>	<p>In-person; group format</p>
<p>What were the key findings?</p>	<ul style="list-style-type: none"> • Women receiving the culturally informed Nia intervention showed more rapid reductions in depressive symptoms and general distress initially, and the between-group difference in depressive symptoms persisted at follow-up

	<ul style="list-style-type: none"> • Nia intervention was not associated with greater reductions in suicidal ideation or symptoms of PTSD • Following intervention, compared with women randomized to TAU, women in Nia exhibited less severe suicidal ideation when exposed to physical and nonphysical IPV
Author's reflection on study results/findings	<p>It was interesting and also very significant that although overall reductions in suicidality were not greater in the Nia group, women who had received the intervention experienced less suicidality associated with later exposure to IPV. So while the project may not have led to a greater decrease in suicidality overall, it did lead to a decrease in suicidality in response to trauma experiences.</p> <p>If the Nia intervention were to be updated, the authors would include more mindfulness-based work and more self-compassion training. The intervention would also be improved by including a greater focus on community reintegration as well as being made longer to address other reported issues of participants (e.g. substance abuse)</p>
Implementation challenges and strategies for addressing those challenges	<p>From the results of the intervention, it was clear that Nia does not address all of women's needs. This led to the creation of various weekly groups that participants are encouraged to enroll in to address those additional needs. It also became apparent that the intervention may not have been as successful with women who experiencing substance abuse, which led to the subsequent development of specific substance abuse groups. Nia has also been very successful in helping women stabilize and heal from IPV-related trauma but has not done as well as in assisting women's reintegration into the community.</p>
What, if any, professional qualifications are required to deliver the intervention?	<p>Intervention requires a clinician to disseminate (professional at the masters, PhD, or post-doc level). Each group is co-led by one senior clinician (usually a post-doctoral candidate) and one graduate student in attendance; at least one of the group leaders needs to be African American.</p>
What intervention-specific training is required to use this model?	<ul style="list-style-type: none"> • 8-12 hours of Nia training prior to intervention with weekly supervision over course of the intervention • Diversity training was also included
In what settings has the intervention been delivered?	<p>Nia is completed in the hospital (Grady Health System).</p>
Ongoing research regarding this intervention	<p>Author's own ongoing research:</p> <ul style="list-style-type: none"> • The team has recently received a small grant to begin a program for community reintegration after intervention completion. The

	<p>program is built on an ACT model where participants establish their values and have a guide around reintegration.</p> <p>Research by other investigators:</p> <ul style="list-style-type: none"> • Many clinicians have used the Grady Nia model across the U.S. Dissemination has been very successful for clinicians across the country.
<p>Author's recommendations and reflections</p>	<p>It's really about forming a connection with the women. They have histories of childhood, adult, and community trauma, which makes it very difficult for them to trust other people. It is not enough to provide skills and strategies; a lot of it is about forming a connection, being compassionate and available, and helping them with accessing resources. If you want to teach someone a coping skill but they have no place to practice it, they won't practice the skill so you have to go beyond only providing skills. Diversity training is also provided for our interventionists but a major part of their ability to do this well comes from their ability to form connections with people and to adhere to the intervention while balancing with the non-specific aspects of therapy (relationship building, empathy, listening skills).</p> <p>When you do work with IPV survivors, it is really about the relationship as well as the intervention. There are many existing interventions that can be extremely helpful in empowering women and helping them heal from their traumas. All those interventions are delivered by people who are compassionate and sensitive and attuned to the needs of the women they work with. It is the combination of the two, the intervention and the care, that makes any intervention work.</p>
<p>Citations – article of intervention</p>	<p>Kaslow, N. J., Leiner, A. S., Reviere, S., Jackson, E., Bethea, K., Bhaju, J., ... Thompson, M. P. (2010). Suicidal, abused African American women's response to a culturally informed intervention. <i>Journal of Consulting & Clinical Psychology, 78</i>(4), 449-458. DOI: 10.1037/a0019692</p> <p>Davis, S. P., Arnette, N. C., Bethea, K. S., Graves, K. N., Rhodes, M. N., Harp, S. E., et al. (2009). The Grady Nia Project: A culturally competent intervention for low-income, abused, and suicidal African American women. <i>Professional Psychology - Research & Practice, 40</i>(2), 141-147. DOI: 10.1037/a0014566</p>
<p>Author contact information</p>	<p>Nadine J. Kaslow Department of Psychiatry and Behavioral Sciences Emory University School of Medicine, Grady Health System 80 Jesse Hill Jr. Drive Atlanta, GA 30303 E-mail: nkaslow@emory.edu</p>