



# **PATHWAYS TO HEALING:**

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## **TRAUMA RECOVERY PROJECT REPORT**

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UNIVERSITY OF MINNESOTA  
**Driven to Discover<sup>SM</sup>**

Written by Beth Dierker | February 2017

# Introduction

This report endeavors to tell the story of the Trauma Recovery Project, a process initiated by the University of Minnesota's North Minneapolis-based Urban Research and Outreach-Engagement Center (UROC) in 2013. UROC links the University in vital partnership with urban communities to advance learning, improve quality of life, and discover breakthrough solutions to critical problems. The TRP--described as “an inclusive, participatory and strengths-focused process<sup>1</sup>”-- is one way that UROC has pursued its mission to build thriving, innovative, and respectful collaborations.

**Given that childhood trauma is a persistent issue and numerous sources of knowledge about trauma and healing remain disconnected, the TRP set out to reduce the impact of trauma on the lives of children in North Minneapolis and the urban core by:**

- 1) surfacing knowledge by convening several knowledge and experience-based work groups
- 2) fostering collaboration across those groups, and
- 3) creating a community-based pathway to trauma recovery.

The following are intended outcomes and intentions that developed over time to guide the Trauma Recovery Project:

- Producing knowledge
- Building trust
- Generating community-wide practices and strategies
- Fostering readiness to partner on research
- Creating shared learning spaces
- Holding dangerous conversations
- Forming connections
- Promoting self-awareness and self-care
- Building on existing community resources and assets
- Unintended outcomes

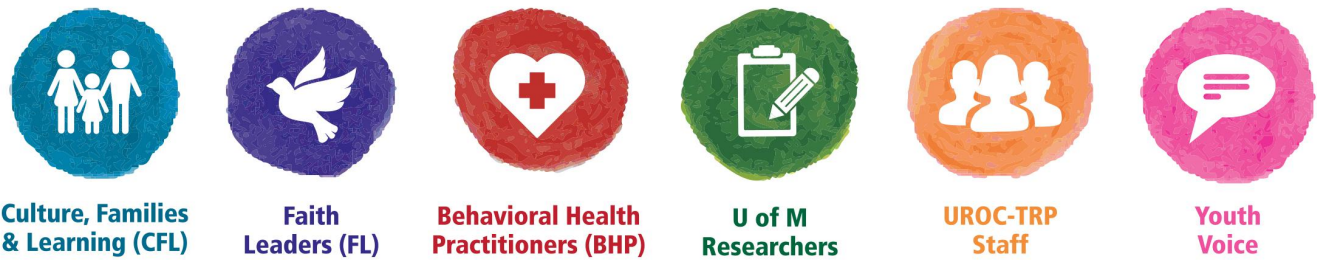
The process was structured by the following work groups that formed to discuss trauma and to create strategies for healing and recovery: the Culture, Families, and Learning (CFL) group made up of Northside residents; Behavioral Health Practitioners (BHP); Faith Leaders (FL); University of Minnesota Researchers; and a UROC-TRP work group made up of UROC staff supporting the TRP.

In addition, efforts to bring youths' voices into the TRP process included two Youth Participatory Action Research projects and a community visioning process. These groups and activities were rooted in participants' knowledge and experiences related to trauma and healing. Often, the strategies developed and pursued were those that both addressed collectively identified needs and aligned with the capabilities, resources, and networks of the people involved.

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<sup>1</sup> UROC-TRP Bush Foundation Community Innovation Grant application draft, November 2014.

## TRAUMA RECOVERY PROJECT WORKGROUPS



The goals of this report are to document work groups' contributions, to tell the TRP's story, and to offer a springboard for the continuation of healing strategies that began in the TRP. With funding from the Bush Foundation, UROC hired an external consultant with expertise in community-based research and evaluation to write this report. There are always a wide variety of perspectives, beliefs, and narratives about any event or experience. It is important to be clear about the perspective and framework covered here. This report draws on a variety of sources,<sup>2</sup> but is written primarily from the perspective of the TRP as experienced and viewed by the UROC staff. Only limited firsthand conversations with work group members were feasible and not all activities taken up by TRP participants were documented and included in this report. All sections of this report were reviewed and approved by a work group leader. But, it is not the author's or UROC's intention to speak for other participants about their particular experiences. Part of UROC's intention is to show a necessarily imperfect process and to demonstrate its commitment to "continually reflect on where we are, to shift and adjust when needed, but, keeping the goals and strengths in mind, to persist".<sup>3</sup>

The TRP was a complex and organic process with many partners and phases. Thus, the first section of this report outlines the key phases of the project, grounded primarily in the UROC-TRP work group's evolving understanding of and vision for the TRP. The second section delves into the learning and activities of each work group. The third section revisits the TRP's intended outcomes and intentions. The fourth section discusses key recommendations for the future.

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<sup>2</sup> A review of TRP work groups' meeting notes, reports, trainings, convenings, and resources that were shared with UROC was conducted. Individual interviews with each UROC-TRP work group member and the leaders of the two Youth Participatory Action Research projects were conducted. Conversations with one representative each of the Behavioral Health Practitioners and a Faith Leaders also informed this report. Data from a 2016 Ripple Effect Mapping exercise--which included all work groups--were also included. Quotes included in this report were drawn from meeting or facilitation notes unless otherwise indicated.

<sup>3</sup> Heidi Barajas, personal communication, January 2, 2017.

## Section I: The Evolution of the TRP

This section lays out the vision for the TRP's formation, the role that UROC held, and the shape the TRP took over time as work groups defined and pursued their work together. Importantly, the TRP was envisioned as *process* rather than a new, stand-alone program or project. The goal was to surface knowledge in the various work groups and, drawing on the experience, expertise, and networks of those work group members, to build upon existing structures to create sustainable strategies to address trauma and promote healing.

### Are we ready for this?: “Dangerous conversations”

The decision to launch the TRP took shape over months in 2012 and 2013 as UROC leadership considered revisiting the issue of childhood trauma. Prior attempts to address childhood trauma in North Minneapolis took place through the University Northside Partnership (2006-2008). These efforts taken by the University were unsuccessful due largely to a lack of trust between the University and the Northside community. UROC's involvement in the issue was first touched on in June of 2011 after a tornado tore through North Minneapolis. The tornado left thousands of residents without power, homes damaged or destroyed, and cleanup and rebuilding required. Shortly after the tornado, Kwanzaa Community Church Pastor and UROC partner, Alika Galloway posed a poignant question to UROC's Heidi Barajas: “How are the children?”. UROC supported Kwanzaa Community Church to organize a one-day conference at UROC to address this question. Galloway's question highlighted the unique needs, strengths, and vulnerabilities of children during traumatic events like the tornado but also reminded Barajas of trauma that continued to affect children and families on the Northside.

With this tender history, resurgent sense of urgency, and the persistence of the issue in mind, the decision to revisit the topic was a careful and collaborative one. In deciding whether to move forward, UROC Executive Director Heidi Barajas relied on the opinions and perspectives of several respected Northside community elders and leaders who concurred that the timing was right. At the same time, a local community leader and friend of UROC's Lauren Martin, Sherman Patterson, brought up the idea of inviting the Tutu sisters--recognized peace and reconciliation leaders, daughters of South African Archbishop Desmond Tutu, and friends of Patterson--to the Twin Cities. These two conversations with community members and colleagues eventually intersected and it was decided that the Tutu sisters, speaking about trauma and healing in a South African context, could be an effective way to begin a local conversation about trauma and healing.

UROC staff and community partners invited hundreds of people to the Tutu sisters' addresses at Shiloh Temple and Coffman Memorial Union in April of 2013. The two events drew 250 and 200 people, respectively. Invitations were sent to members of diverse ethnicities, faith communities, professional roles, and institutional affiliations. At the time, envisioned work groups included faith leaders, community practitioners, researchers, parents and children, and educators. The project was called “Trauma, Faith, and Healing.”



Among Naomi and Thandeka Tutu's points that later guided TRP members are the following:

- 1) The importance of honoring others' trauma and recognizing that "not everybody's trauma is the same" (Thandeka Tutu-Gxashe).
- 2) The fact that part of engaging in the work of trauma recovery included having "dangerous conversations" where "comfort [is] challenged" and through which anger, hurt, and insult make one "want to walk away" (Naomi Tutu). Urging people to stay in these conversations, Tutu said these conversations are

*some of the most rewarding events, processes that you can ever be involved in; that they are the place where you are going to meet people who will change your life, who will change your view about them, but, maybe even more importantly, change what you know about yourself.*

This push and pull, the urge to walk away from or otherwise quell discomfort, dissonance, and uncertainty surfaced in the TRP. Fortunately, all of those who joined the TRP stayed, a success in its own right that warrants further understanding.

## **"Building the Airplane as We Were Flying It"**

This notion of "building the airplane as we were flying it"<sup>4</sup> was used to describe UROC's convening role in the TRP. The UROC-TRP work group based its actions and decisions on what they observed and heard from each of the work groups (two to three UROC staff members liaised with each work group, which provided flexibility and continuity). Several of the work groups, in turn, were guided by the frameworks and language being created by the UROC-TRP work group. It was hoped that this feedback loop would support an organic process, help the work groups shape and pursue their goals, and promote sustainability.

In the summer and fall of 2013, the faith leaders, community practitioners, and researchers work groups were taking shape and UROC staff continued reaching out to educators and organizations working with youth and families in hopes of bringing these additional perspectives to the TRP. To support ownership, credibility, and shared responsibility, UROC asked key individuals to lead the work groups. Responding to the leadership call were Megan Gunnar and Cathy Jordan (Researchers); Pastor Alike Galloway and Bishop Howell (Faith Leaders); Stella Whitney-West and Dr. Diedre Golden (Behavioral Health Practitioners); and Elder Atum

**What  
brought you  
here today?**

**What role  
do you see  
faith / spirituality  
playing in healing  
of trauma?**

**What should  
we do next?**

**Who else should  
be at the table?**

<sup>4</sup> James DeSota, personal communication, April 14, 2016.

**FIG. 1: QUESTIONS ASKED  
OF WORK GROUPS**

Azzahir (Culture, Families, and Learning). Invitees to the budding work groups joined early meetings, getting a sense for the work and their ability to commit to it. Some stayed on and began building relationships while simultaneously navigating leadership roles and holding wide-ranging conversations about trauma and healing. With the aim of helping the groups find a starting point and shared ground upon which to move forward, the UROC-TRP work group framed early meetings with the questions in figure 1 on page 5.

Inclusivity was a key goal in convening the groups. UROC's Wokie Freeman recalled, "One of the things we really stressed with the groups, was really widening the table, even though we were asking certain community partners to convene the groups, we were asking them to allow us to invite others to be part of the convening team."<sup>5</sup> This "widening [of] the table" aimed to include a range of perspectives and approaches in the wisdom surfaced about trauma. As a practical matter, it was hoped that larger groups would further distribute the work involved in eventually carrying out work groups' plans.

The UROC-TRP group was intentional about not telling work groups what to do but supporting their processes of working together to surface knowledge and strategies. As UROC's Makeda Zulu-Gillespie described, "UROC's role has continued to be support, kind of the spine of the project, but not the muscle...not creating which direction to go but nurturing the route expressed by the work groups."<sup>6</sup> Such an organic, uncertain process was challenging for some groups, especially as their membership was still in flux. Wokie Freeman recalled groups asking "So, what are the deliverables? What is the end goal? What's the date?" to which Freeman recalled not having all the answers and telling work groups, "we defer to your expertise in what it is that you do. We'll help you bring the groups together...but we want you to drive what it really looks like."<sup>7</sup> One of UROC-TRP work group's early efforts to guide the TRP process and create a common thread among groups was a Map for Group Process created by UROC's Sara Axtell. The map walked participants through discussions surfacing their own knowledge, experiences, and assumptions about trauma and healing. It also asked groups to consider ground rules for sharing knowledge and perspectives with others, encouraged respectful listening, and urged thoughtful consideration of alignment and conflict among knowledges and perspectives.

By the fall of 2013, work groups began to inquire about how families and children would be involved in the TRP. At the suggestion of a potential partner, UROC reached out to Elder Atum Azzahir of the South Minneapolis-based Cultural Wellness Center about potential involvement with the TRP. Atum--who had served as a moderator for the Tutu sisters' visit months earlier--expressed interest in engaging people of African descent in conversations about trauma and healing. With the goal of bringing families' perspectives to the core of the TRP, UROC partnered with Atum. This new work group, called Culture, Families, and Learning, would surface families' wisdom about sources of trauma, its impact, and how to heal from the pain. UROC provided \$10,000 to seed their work in the Northside. The initial vision was that each of the work groups

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<sup>5</sup> Wokie Freeman, personal communication, April 7, 2016.

<sup>6</sup> Makeda Zulu-Gillespie, personal communication, April 25, 2016.

<sup>7</sup> Wokie Freeman, personal communication, April 7, 2016.

would listen to knowledge surfaced from families and work together to address sources of trauma and pursue healing. The goal was that families experiences would center the project. As UROC leadership and Elder Atum discussed next steps, the UROC-TRP group kept other work groups up-to-date about the aforementioned vision, as represented in Figure 2. After multiple attempted or stalled conversations with educators and education administrators, the UROC-TRP team decided to temporarily table the formation of an educators work group and focus on supporting the existing groups. Efforts to bring on youth perspectives continued and, later, took the form of Youth Participatory Action Research projects and a community visioning process that would include youth and families.

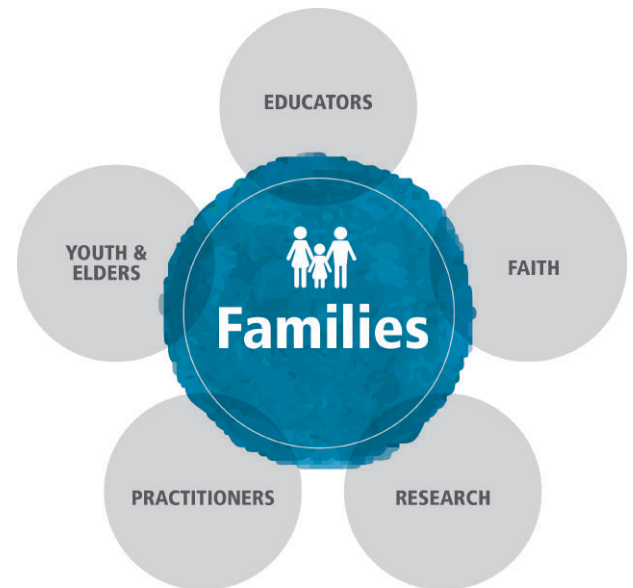


FIG. 2: FAMILIES AT THE CENTER

## Work Groups Gain Momentum, Focus

As of early 2014, four work groups (Behavioral Health Practitioners; Culture, Families, and Learning; Faith Leaders; and Researchers) had formed. Spring 2014 was a flurry of convenings, trainings, and gatherings as the work groups began surfacing wisdom about trauma and experimenting with sharing their learning and strategies for healing more broadly. UROC supported these unfolding activities, often by promoting events, providing space and food for the gatherings, and by printing materials. In several cases, the UROC staff who participated in each work group updated members on other work groups' activities, provided logistical support, and reminded groups of decisions made and action steps needed.

During this time, planning began for all work groups to come together to share about their learning and activities and to explore opportunities for collaboration. In addition, UROC's Lauren Martin began putting language around the TRP activities and processes in order to seek grant funding that would help realize the plans and activities work groups were developing. Altogether, the period of "widening the table" and generating ideas was drawing together toward points of tangible focus--trainings, convenings, overall frameworks and concepts to be communicated more broadly, and visions for cross-work group conversations.

## Decentering

In June of 2014, the Culture, Families, and Learning work group invited members of other TRP work groups to its Truth Telling and Community Healing Circle. Work group members gathered to hear from Elder Atum Azzahir and the team of Northside residents she had led for several months. According to the invitation, the event would "explore ideas of healing and inaugurate a movement that puts truth telling—speaking candidly from the heart about pain and loss that creates a channel for healing—at the center of the TRP conversation." While this language

resonated with the “families at the center” vision described above, the sharing at the event communicated distrust of institutions complicit in historical and contemporary trauma, including the institutions other work groups represented. Along with these raw expressions of pain and distrust, the CFL work group members articulated a vision for their healing work together and a drive to carry it out with or without the other work groups.

A ripple of confusion and uncertainty rolled through many of the work groups as they reflected upon what they heard at the event and what it meant for their own next steps. In debrief conversations, several work groups expressed respect and admiration for the Culture, Families, and Learning vision and approach and contemplated whether their own goals aligned with CFL’s. Most of the work groups continued to pursue the work they had begun. While bids for collaboration continued, CFL urged other work group members to carry out and share back their own self-study--the approach at the core of the CFL’s truth telling circles. Self-study and self-reflection were among many of the processes and practices that the UROC-TRP work group had envisioned as part of the TRP process. Groups processed Atum’s recommendations in light of their work. These conversations and decisions differed across work groups, but a gradual, collective shifting away from the “families at the center” framework as it had previously been envisioned took place in the months that followed.

## **Fostering Connections, Pursuing Funding**

In October 2014, the UROC-TRP work group decided to proceed with gathering the work group leadership to begin to make connections, share updates, and explore possibilities for collaboration. UROC hosted a dinner for the leaders of the Behavioral Health Practitioners, Culture, Families, and Healing, Researchers, and Faith Leaders work groups. Leaders introduced themselves, talked about what drew them to the TRP, and shared some of the learning that had surfaced, activities they had taken up, and next steps they envisioned. The Faith Leaders highlighted their learning that “we need to start the process of healing with ourselves and this will create a ripple effect...[and] telling my story can help others come forward with their story.” The Researchers shared that they had begun to see the “need to examine ourselves and the culture of research and practices of academia” and to explore questions like “How does research cause trauma?”. The Behavioral Health Practitioners said their convenings had focused on self-study as a means of shaping their practice, the need for self-care, and the importance of therapists supporting one another. The work group said it was grappling both with the diversity of professionals attending their meetings and with the question of “how do you recognize, support, and uphold that there is healing that can occur in a community and individuals that is not from therapeutic medical model, but from a process of bringing people together and having the dialogue?”. The Culture, Families, and Learning work group described sharing deeply held pain that was “still raw” and holding one another accountable to not feel sorry for oneself but to figure out “where we go from here.” They described a guidebook they were creating and also pointed out that the words “trauma” and “practitioners” were difficult for them and not words they embraced as a group. As the meeting closed, BHP and FL leaders expressed interest in collaborating with families. While Elder Atum reiterated her reservations, she expressed openness



to future conversations. Overall, the tone of this first meeting among the leaders was reserved and pointed toward the potential of smaller, more casual conversations.

The UROC-TRP's process of applying for the Bush Community Innovation Grant inspired a new vision for collaboration. The work group proposed incorporating professional development and skill-building trainings related to participatory processes and trauma recovery for all TRP members. Whereas large-group conversations had not been effective, these professional development opportunities would bring members together to learn alongside one another, providing opportunities for casual conversations to take place more organically. In line with learnings from the TRP process, the grant proposal framed trauma as impacting many aspects of community life, necessitating additional knowledge and engagement more broadly from the community. In partnership with Kwanzaa Community Church, the North Star Project was envisioned -- a community visioning process that would connect with residents and families to surface knowledge about what a healthy Northside community could look like.

## **Grant Clarifies Partnerships, Launches New Spaces for Connection**

Receiving the Bush Foundation Community Innovation Grant in March 2015 provided seed money for each of the work groups to use for their events and the resources they were creating. The work groups held several gatherings and trainings during the summer and fall of 2015. In addition, the TRP's Americorps VISTA, Hannah Nedrud, created a partnership form that asked work groups to articulate their goals and activities for the coming year, their budget for the seed money, and their preferred methods of decision-making and sharing information with UROC. The document provided much-needed clarity for the UROC-TRP group. The partnership form (see Appendix) was rooted in best practices for community-university partnership development.

In the fall of 2015, the UROC-TRP work group moved forward with offering professional development opportunities to support groups and enable connections among them. The first event, the Art of Hosting, wove together content, participation, and practice of hosting participatory processes. Twenty-five people attended the training. Also, working with Kwanzaa Community Church's Alike Galloway, UROC's Lauren Martin helped design the facilitation materials for the North Star Project. "How do we achieve wellness" and "How can all our children thrive?" were among the key questions that community members would discuss in the visioning activity.

## **Coming Together in Crisis**

On November 16th, 2015, a police officer shot and killed Jamar Clark, a 22-year-old African American male resident of North Minneapolis. Following the incident were several weeks of occupation of the Minneapolis 4th Police precinct located next to UROC. The trauma of the shooting and the tensions that built around policing and race in Minneapolis and across the country weighed heavily on TRP members, highlighting the urgent need for self-care and healing.

One TRP member said the shooting and occupation “created a situation we needed to respond to due to the nature of our work.” Another described “compound trauma that is relentless.”<sup>8</sup>

There were several spontaneous responses to the tragedy among TRP members. A Behavioral Health Practitioner provided mental health services to UROC staff and another was asked to do a session with a boy who had witnessed the shooting. A pastor in the Faith Leaders group talked with church members about the grief, pain, and fear they experienced. A TRP member served as a mentor and advisor to Black Lives Matter and the NAACP. Together, the CFL and BHP work groups created a “triage space” near the occupation site for protesters to rest, talk, or get a massage. Thinking about the multifaceted response to the crisis, one participant asserted, “that is something that could not have happened without this project.”<sup>9</sup>

The professional development opportunity that had been scheduled prior to the community crisis-- Strategies of Trauma Awareness and Resilience (STAR) Lite<sup>10</sup>--was held as planned on Dec. 4th, just a day after the encampment outside the 4th precinct was cleared by police. The positive response to the training (nearly 50 people attended) and the fact that community and work group members were still reeling from the shooting provided an impetus for the group to come together. Heidi Barajas decided to activate the TRP by holding a gathering at UROC on December 17 to process the shooting and occupation and talk about the TRP’s response. UROC’s Americorps VISTA, Yvonne Mudoh, recalled of the meeting “the energy was just kind of sadness, pain, we need to come together, and how to help the community...it was a really good environment... people came in with like a good headspace wanting to...put aside their differences and kind of work together.”<sup>11</sup> The discussions helped draw connections among the multidimensional needs for trauma recovery in the community and shaped the content of several work groups’ subsequent gatherings and initiatives.

## Many Pathways to Healing

In the spring and summer of 2016, work groups deepened their efforts to utilize the tools at their disposal to address trauma. The grant funds, in combination with additional work group clarity about their roles and goals, professional development opportunities, and the immediacy of the Jamar Clark shooting drove the work forward. Trainings on navigating intercultural conflict styles<sup>12</sup> and practical techniques for self-care<sup>13</sup> were well attended. Furthermore, an overall TRP evaluation method called Ripple-Effect Mapping (REM) brought work group members together in March of 2016 to share key highlights, connections, learning, and challenges they experienced

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<sup>8</sup> Ripple Effect Mapping participants, March 2016

<sup>9</sup> Ripple Effect Mapping participant, March 2016

<sup>10</sup> An experiential education training that integrated Neuropsychology, Trauma Healing & Resilience, Restorative Justice, Nonviolent Conflict Transformation, and Spirituality to support TRP members in trauma-informed and resilience-oriented practice.

<sup>11</sup> Yvonne Mudoh, personal communication, April 14, 2016.

<sup>12</sup> PINK – Pursuing Intercultural Needs and Knowledge was held February 18<sup>th</sup> with 34 participants. Intercultural Conflict Styles: Power and Adaptation was held March 24<sup>th</sup> with 39 participants.

<sup>13</sup> Mind-Body Medicine taught 41 participants the science and skills of meditation, guided imagery, biofeedback, and self-expression in words, drawings, and movement. It was offered on June 10th.

through the process. The REM exercise surfaced learning, fostered connections across work groups, and gave some participants a better sense of how their work related to the broader TRP. In addition, the Strategies of Trauma Awareness and Resilience (STAR) Lite training was offered for a second time in May 2016 and drew nearly 50 participants.

UROC's Lauren Martin and Kwanzaa's Alike Galloway, with support from Makeda Zulu-Gillespie and Yvonne Mudoh, facilitated their first North Star community visioning train-the-trainer session with 20 participants in the summer of 2016. The aim of the session was to have participants experience the process firsthand and then facilitate groups throughout the community to inform a comprehensive, community-wide picture of trauma and healing. However, as with other facets of the TRP, the facilitators learned that more and deeper process was necessary before they could begin. During the training, some of community-based facilitators were having their own trauma triggered. This revealed the need for a more intensive session to help participants process their trauma before going out to work with others. The North Star project will be revised with this learning in mind and implemented in the spring of 2017.

## Section II: Individual Work Group Reports



### Behavioral Health Practitioners Work Group

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Given their expertise in trauma-informed care and their role as a Federally Qualified Health Center and recognized community health clinic, NorthPoint Health and Wellness was asked to lead the Behavioral Health Practitioners work group. In early meetings with UROC's Wokie Freeman and Makeda Zulu-Gillespie,<sup>14</sup> Stella Whitney-West<sup>15</sup> and Deidre Golden<sup>16</sup> of NorthPoint, and Joel Hetler<sup>17</sup>, with the Cultural Providers Network, grappled with the open-ended timeline and collaborative objectives of the TRP while discussing efforts to support clinical professionals in detecting and addressing trauma. Soon after, they "widened the table" to include Larry Tucker<sup>18</sup> and Shonda Craft<sup>19</sup> of Kente Circle and Cari Michaels<sup>20</sup>, also of the Cultural Providers Network. In a March 2014 meeting, the group shared ideas and expertise, looked at the map for group process, and began planning their first convening. Later in the project, Michael Thomas of NorthPoint joined the group. Each of the Americorps VISTAs who served the TRP (Hannah Nedrud, Yvonne Mudoh, and Beulah Momanyi) was also a member of the BHP work group.

### Listening and Learning

The Behavioral Health Practitioners' responsive approach involved listening and learning alongside participants and other TRP work groups. Convenings and surveys with participants and cross-work group conversations provided BHP work group members with information that they processed and acted upon together. This section describes some of the formative learning that shaped the BHP's actions.

The first BHP convening, "Addressing Historical and Complex Trauma in the African American Community: Clinical perspectives on what works," engaged over 85 participants in discussions about what historical trauma looked like in their practice, the strengths they brought as healers, the causes of historical trauma, and the knowledge or actions needed to reduce or stop it. With a goal of surfacing "practice-based evidence," facilitators encouraged participants to focus on their own experiences rather than on clients or problems with systems. The participants said they saw

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<sup>14</sup> Freeman and Zulu-Gillespie became longstanding members of the BHP work group.

<sup>15</sup> MBA, CEO of NorthPoint Health & Wellness Center

<sup>16</sup> Ph.D., LP, Director of Behavioral Health at NorthPoint Health & Wellness

<sup>17</sup> Founding member of the Cultural Providers Network. Community Network Director, University of Minnesota Center for Personalized Prevention Research.

<sup>18</sup> LMFT, Owner of Kente Circle & Adjunct Professor at Saint Mary's University

<sup>19</sup> Ph.D., LMFT, Associate Dean of the College of Community Studies & Public Affairs at Metropolitan State University

<sup>20</sup> MPH, University of Minnesota Extension Educator, Children, Youth & Family Consortium

historical trauma showing up in their work with African American families in a myriad ways including internalized trauma and self-hatred; distrust (which impedes relationship building); an intergenerational sense of disconnection; and violence, substance abuse, poverty, and sexual assault that were repeated across generations. Discussants compiled a daunting list of challenges faced in supporting these families, such as families' lack of awareness of or denial about trauma; institutions that are disengaged, Eurocentric, and under-resourced and where racism is masked by "Minnesota nice;" and the prevalence of stigma and secrecy. Conversations around "what tools are missing" and what actions the group of practitioners gathered could take "to create a community response" yielded a wealth of ideas. The following is a sample of what the group generated:

- Providing self-care resources and safe spaces for providers to collaborate
- Establishing new practices that are culturally competent and that acknowledge people's power to heal
- Research and training on recognizing historical trauma, its effects on clients and clinicians, and strategies for healing
- Create spaces to have conversations within systems having both positive and negative effects on communities
- Collaborate with community to create an infrastructure that engages community leaders (faith leaders and others) in creating opportunities for dialogue and effective referral systems

Drawing upon these needs and next steps, the BHP's May 2014 convening focused on "connecting to self and community." Participants were asked to share their experiences of using self-disclosure and bringing self into their healing practice, of acknowledging "self-ancestral history" and drawing upon it to support healing, and of observing whether and how isolation from or connection with community and culture influenced healing. In debriefing the event, which drew 67 participants, BHP work group members noticed that participants struggled with self-reflection and had difficulty engaging with the discussion questions. Participants also seemed to want information and answers, whereas the work group hoped to "help [participants] see they have a lot of answers and validate the work that they are doing." BHP members discussed adding a teaching component to the reflection and sharing.

"Who showed up" at the convenings was illuminating for the BHP work group. Participants came because they identified with the title "behavioral health practitioner." Whereas the BHP work group had expected licensed practitioners, several participants were school nurses, social workers, school psychologists, staff of local foundations and service agencies, and people who worked in various state, county and city departments. From the outset, the BHPs hoped that participants would feel "energized and encouraged" in the ongoing conversation about healing trauma and that they would come to see themselves as "part of a network of committed practitioners. For months, as they struggled to hold the diversity of the group, they committed to honoring and supporting all in attendance. BHP facilitators adapted their strategies by, for example, asking convening registrants to indicate their professional roles, which helped ensure that groupings and content were relevant to licensed and non-licensed professionals. Over time, BHP members'



discussions coalesced around the numerous non-licensed people who showed up because they were working with children and adults who experienced trauma. Pointing to the insufficient supply of licensed practitioners, a group member asserted, “there needs to be a care model that integrates multiple disciplines and includes people who are providing ‘non-formal’ care.” This recognized need would later rise to the top of the BHP work group’s priorities.

Part of the group’s formative learning also included its interactions with other work groups during the TRP’s decentering phase. BHP members had already felt uncertain about the overall direction of the TRP and their role in it when they attended the CFL’s June Truth Telling Ceremony. Practitioners who attended expressed deep respect for the CFL approach and recognized the power of story and truth telling and the importance of the healing that had begun in the community. While they agreed that the CFL’s and BHP’s work looked different but was moving toward a shared goal, BHP members wondered whether they could or should seek the level of depth and self-reflection that the CFL’s approach entailed.

## Driving Forward

Drawing on the previous nine months of learning and processing, the BHP work group decisively laid out next steps. They first named the need to discuss the overall purpose of their group and its role in the TRP and, second, they outlined the work they hoped to pursue. In discussing its purpose, the group saw itself as creating space for connection and support within and across disciplines, identifying common knowledge held among work group members and convening participants, recognizing many types of healing, and developing and sharing resources to create “a culture for good and sustained work.” The BHP members hoped that their inclusive and responsive approach would help unify the work of all the TRP groups. Next, they outlined the following components of work they would pursue:

- An education component would be added to the discussion and reflection in convenings
- Self-care surfaced as a priority based on participant feedback
- Consultation circles would provide space for clinicians to connect
- A survey would be integrated at the end of convenings to maximize responses

Self-care was a topic of interest among both clinicians and non-clinicians. On March 30, 2015, “Reflections on Self-Care and Healing: Clinical perspectives on what works” included a presentation from NorthPoint on the use of consultation groups as a self-care strategy. In small group discussions, more than 50 participants talked about their own self-care strategies and the successes and challenges they experience in practicing them. Participants shared concluding thoughts about the power of authenticity and the way self-care and being authentic opens up space for relationship, connecting with culture, and clients taking the lead in their healing process. Systems and structures were named as a barrier. Some participants expressed appreciation for the relationships and cohesiveness among peers at the convenings.

In the summer and early fall of 2015, the BHP work group pursued various avenues for sharing their voices with the community and engaging with local organizations (particularly those working with youth) to help spread information about recognizing signs of trauma and connecting people

to helpful interventions. They aimed to hold quarterly convenings and to connect with other healers to better understand and connect the many pathways to healing. They explored topics for future convenings, including a joint event with the Faith Leaders around grief and loss or the topic of “navigating authenticity in the healing of trauma.”

## **Crisis and Clarity**

The work group’s outreach plans were abruptly redirected toward trauma response with the death of Jamar Clark in November 2015. BHP members responded to immediate and overwhelming needs of their colleagues, clients, and community members. As previously mentioned, Behavior Health Practitioners and Culture, Families, and Learning members provided healing and stress relief services at the Minneapolis Urban League near the occupation site. Larry Tucker, a member of the BHP work group, facilitated a listening circle at UROC to help staff process and talk about what was going on next door and how they were affected by it.

With clarity and decisiveness, the BHP work group outlined their next steps when they reconvened in December 2015. They aimed to open up space for the black male perspective in the police violence conversation. Committed to being more prepared in future cases of violence, they outlined plans for a Psychological First Aid training to provide tools and information to cohorts of “trauma-informed” community members. Since their earliest convenings, the BHP work group noticed and responded to the need for trauma-informed practices and supports among non-licensed participants. The Jamar Clark shooting moved this need to the top of their priorities.

In February and May of 2016, a two-part convening entitled, “In the Wake of Violence: Perspectives of Black Men Who Are Therapists” opened up a discussion about the violence and brutality towards black men in the United States, the complex and historical trauma faced by community members of North Minneapolis, and the experiences of black male therapists working with black youth. The events--the former a panel format and the latter a panel with breakout discussions--were recorded, edited, and offered as an online resource through the Children, Youth, and Families Consortium. Over sixty people attended the first convening in the series and 36 people attended the second.

Drawing on their learning together over the years and, in particular, on the mental health crisis that surrounded Jamar Clark’s death, the BHP work group supported Psychological First Aid trainings. Developed in partnership with Resmaa Menakem, MSW, LICSW and certified through the Minnesota Department of Health, the training addresses cross-cultural competency, self-care, motivational interviewing, and historical trauma. The training was first offered in July 2016 and BHP members asked each of the TRP work groups to send two members as well as key community members. The July training was the first step in BHP efforts to form a Trauma Response Team that would activate in mental health crises in Minneapolis and offer individual, family, and community “circles of support,” including crisis assessment, crisis intervention, advocacy, and referral services. Trauma Response Team volunteers have had opportunities to participate in trainings<sup>21</sup> sponsored by the BHP work group and to see Psychological First Aid in

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<sup>21</sup> Kente Circle Training Institute’s Healing the Hidden Wounds of Racial Trauma on September 29-30

action by “shadowing” Resmaa Menakem’s response team stationed near the Governor’s Mansion following Philando Castille’s death in 2016. This innovative community strategy is still in pilot stage and is being housed at and managed by NorthPoint Health and Wellness.

## Forming Connections

The Behavioral Health Practitioners work group formed and leveraged connections among the organizations each member represented and beyond. For example, the Children, Youth, and Families Consortium (CYFC) had the tools and resources to turn a BHP panel discussion into an online video<sup>22</sup> that has been used, along with a discussion guide, to shed light onto historical trauma. Relationships among the organizations represented in the group were strengthened, opening doors of collaboration and consultation. The relationship between Kente Circle members and the Children, Youth, and Families Consortium was also a result of the TRP, providing opportunities for Kente Circle members to contribute to the CYFC’s Research-to-Practice series on trauma and self-care in conjunction with the Minnesota Association for Children’s Mental Health. More broadly, the BHP workgroup felt their process enabled professionals doing similar work in different organizations to connect, a unique endeavor given the competitive nature of systems, but one that enabled people to “get outside our isolated way of working.”<sup>23</sup> The BHP workgroup also collaborated with a local community organization called Healing Roots to design its Psychological First Aid training, which incorporates culture and trauma. Finally, NorthPoint’s ability to provide licensed and insured backing for the Psychological First Aid training is central to sustaining the model.



## Culture, Families, and Learning Work Group

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The Culture, Families, and Learning workgroup took shape in the fall of 2013. As other TRP work groups were starting to form, they observed that the “piece that was missing” was the community residents, particularly families and children. Having heard about the Cultural Wellness Center’s healing work and having met Elder Atum Azzahir<sup>24</sup> when she facilitated the Tutu sisters’ Critical Conversations, UROC’s Heidi Barajas reached out to Atum about the prospect of “bringing the families” into the TRP. As conversations moved forward, Barajas recalls describing the vision for the TRP, what work groups were forming at the time, and UROC’s role convening and documenting the process. Elder Atum communicated her commitment to engage people of African descent in the healing practices the Cultural Wellness Center had developed and expressed interest in working in North Minneapolis. Knowing that involving families was the priority and with long-term hopes for including other cultural groups in the future, UROC began their relationship with Elder Atum and the CWC to form the Culture, Families, and Learning work group.

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<sup>22</sup> In the Wake of Violence” is posted on the CYFC YouTube channel.

<sup>23</sup> Ripple Effect Mapping participants, March, 2016

<sup>24</sup> President and Executive Director of the Cultural Wellness Center, Facilitator of African Thought & Spirituality

Elder Atum began by meeting with several African American elders to share her intentions and to get their permission to work in the community. After permission was granted and meeting space was found at St. Jane's house, a peaceful and healing space, Elder Atum and members of the CFL planning team (including Minkara Tezet<sup>25</sup>, Makeda Zulu-Gillespie, and Wokie Freeman) began holding truth telling circles every Monday for two hours. The Truth Telling and Community Healing Circle, made up of between 10 and 15 people, took a cultural wellness approach to community dialogues, community healing, and community knowledge production. Culture, specifically African culture, was at the center of this process. Beginning with truth telling circles and later, through its Truth Telling and Community Healing Ceremonies, the CFL workgroup highlighted truth telling, which they described as "speaking candidly from the heart about pain and loss that creates a channel for healing."<sup>26</sup> The weekly circles were rooted in a deep foundation of experience and cultural and ancestral knowledge and became the most consistent and long-standing healing strategy in the TRP.

After six months of holding circles, the CFL work group hosted a Community Dinner and Truth Telling Ceremony on June 20, 2014. In addition to community members, several TRP work group members were in attendance to hear from residents' and families' about trauma and healing. The event centered participants' telling of their truth and sharing of their vision for truth telling as a healing strategy broadly with the Northside community.

In addition to its weekly healing circles, the CFL work group has also hosted a series of Truth Telling and Community Healing Ceremonies which were open to the community. These larger circles have created the space for community members to share personal stories of trauma, pain and healing. At each gathering, participants received a Truth Telling and Community Healing Study Guide. This study guide was used to guide the conversation and it continues to be used by community members for ongoing self-reflection and self-study. Attendance at each of these events has varied, with some drawing approximately 20 participants and others over 50. Some ceremonies offered an opportunity for participants to reflect on recent events in the community, the nation, and the world. The focus of the ceremonies was to create healing spaces for people of Black and African Heritage.

Below is a chronological list of the Truth Telling and Community Healing Ceremonies hosted by the Culture, Families, and Learning work group. The titles and subtitles describe the topics and framing for each of the conversations. All of these larger events took place at UROC and were financially supported by the Cultural Wellness Center.

- Truth Telling and Community Healing: Home is the Birthplace of Healing.
  - February 24, 2015
- From Race to Culture I: Truth Telling About the Experiences and Lessons of the Mother Emanuel Nine of Charleston, South Carolina.

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<sup>25</sup> Griot of Psychology and Psychiatry, Community Research Fellow at the Cultural Wellness Center

<sup>26</sup> Invitation text, June 2014.

- July 22, 2015
- Moving from Race to Culture Part II. How does Culture Equalize the Consequence or Privilege of Race?
  - November 2, 2015
- Moving from Race to Culture Part III. Resolving the Division of Being Racialized
  - December 7, 2015
- Listening for the Ancestral Call: A Calling for Community
  - February 22, 2016
- Processing the Pain: Reading the Messages from the Lives We Have Lost as a Community
  - April 18, 2016
- Pan-African Healing: Transcending the Wounds of Our Shared Heritage
  - June 27, 2016
- Pan-African Healing: Celebrating Blackness/cultivating the hearts and minds of our people
  - October 3, 2016
    - At this ceremony, the work group conducted their first knowledge production survey on participants as a way to evaluate the ceremony and get feedback from participants.
- Pan-African Healing: African Light: Reawakening the Spirit.
  - December 19, 2016

The regularity and relevance of these Truth Telling and Community Healing Ceremonies, along with the weekly Truth Telling Circles, provided a consistent and unified healing presence for Northside residents who participated.



## Faith Leaders Work Group

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The Faith Leaders work group formed shortly after the Tutu sister's event. While the recruitment was interfaith and sought a wide range of faith contributions, the participants who joined the work group were leaders of African American Christian churches. The initial convening was a success thanks to persistent recruitment efforts of Pastor Alike Galloway<sup>27</sup> of Kwanzaa Community Church and Bishop Howell of Shiloh Temple--both conveners of the Faith Leaders work group--as well as outreach by UROC's Wokie Freeman, Lauren Martin, and Makeda Zulu-Gillespie. Several of the meeting participants became committed members of the work group, including Reverend Darrell Gillespie,<sup>28</sup> Reverend Gloria Roach Thomas,<sup>29</sup> Arlene Walker,<sup>30</sup> Pastor Burleigh Holder,<sup>31</sup> and

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<sup>27</sup> Also Executive Director of Northside Women's Space

<sup>28</sup> Pastor of Proverbs Christian Fellowship & Dean of Students at Hope Academy, Children & Family Therapist at Brakins Psychological Services

<sup>29</sup> Lead Pastor of Camphor Memorial United Methodist Church

<sup>30</sup> Licensed Drug & Alcohol Treatment Counselor of The Family Partnership for the PRIDE program



Wokie Freeman and Makeda Zulu-Gillespie (UROC). For each of their terms as Americorps VISTAs, Hannah Nedrud, Yvonne Mudoh and Beulah Momanyi participated in the group. Held in June of 2013 at the Minneapolis Urban League, the meeting involved small group discussions in which participants shared their concerns and hopes for healing. Galloway shared about her work with victims of trauma and, along with Bishop Howell, invited participants to address the issue together. UROC's Heidi Barajas and Lauren Martin described why the TRP had been created.

## Laying a Foundation

Later that summer, the Faith Leaders drew on their previous discussion to frame their work together. They outlined these key principles:

***Principle 1:*** *As faith leaders, we need to deal with our own trauma if we are to support others to address trauma in their lives.*

***Principle 2:*** *Each person may perceive trauma in their lives differently. It is the impact of an event on our feelings and behavior that define trauma, not the event itself. We may need additional language to describe the range of people's experiences.*

***Principle 3:*** *The overarching narrative about the collective trauma we experience as a people is protective, and can be a resource for healing. Faith communities play an important role in telling the story of this narrative.*

The group also laid out action steps that they pursued together throughout the fall of 2013. They prioritized viewing and discussing the video of the Tutu sisters public address; sharing about the talents, knowledge, and experience each member brought to the group; defining roles in the project; and exploring education or training around trauma. Over the longer term, they aimed to create tools to help lay people talk about trauma.

Debriefing the Tutu sisters video helped the group recognize the work they were embarking upon as "dangerous work" and frame it with an intention to "work toward restorative justice." They also posed questions like, "How do we get to who we are [and] what we are doing?" as well as "Where do we start?". They pursued action steps that partially addressed these questions. For example, they talked candidly about the purpose of the group and their roles in it. As individuals, they articulated a commitment to support one another through listening and prayer and by providing a confidential space where they could share about challenging experiences. As a group, they hoped to create a safe space for healing and prayer and to facilitate sessions for faith leaders about trauma and grief. While they saw themselves as facilitators/trainers, organizers, and researchers, they also embraced the role of liaison to their own and other faith communities. After brainstorming trainings they could participate in that aligned with a train-the-trainer model, they relied on Pastor Gillespie's counseling experience with children in trauma. Among other resources, Gillespie drew upon the presentation he shared at a 2012 tornado trauma conference to teach his work group about childhood trauma.

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<sup>31</sup> New American Alliance for Development (NAAD), Minnesota African Task Force Against EBOLA, Minnesota ACTS NOW, Multicultural Kids

In the fall of 2013, the Faith Leaders learned of the addition of the CFL work group and the “families at the center” model. They also picked up the map for group process, discussing the value of all knowledge people share, suggesting ground rules of respect and creating a safe space, and asking about conflict resolution plans and whether a shared understanding and a common language about the TRP would be a priority. The group talked about their own trauma, which created a safe space for them to heal with each other. The Faith Leaders focused on developing a training for faith communities about trauma.

## **A Focus on Training**

The group held their first two trainings, entitled “Let’s Look at Trauma” in January and February of 2014 at UROC. Pastor Galloway framed the workshop’s purpose, sharing a powerful story that illuminated the experience of childhood trauma. Reverend Gillespie defined and provided examples of trauma and talked about child development and faith formation. Arlene Walker contributed her own tapestry work--with its beautiful, bold designs on the front and frayed and disheveled threads [on] the back--as a metaphor for trauma. Pastor Roach Thomas discussed the role of faith communities in recognizing and addressing trauma. Wokie Freeman closed by engaging participants in a conversation about next steps. Altogether, the interactive trainings engaged between 10 and 20 participants each and incorporated stories, poetry, pictures, video, and art.

As they debriefed their first two workshops, the group felt they had created a safe space for self-reflection but needed to “go deeper” on the work that participants had begun. They also aimed to build upon and expand the delivery and audience of the workshops. With this need in mind, they offered a daytime and an evening workshop in May 2014 focused on “putting the tools into practice.” Participants who had attended a previous training examined case studies of childhood trauma, engaged in self-study exercises, and discussed self-care and trauma response. This workshop was later called “Trauma, Faith, and Healing in the Community: Let’s Go Deeper.” During the late summer of 2014, the Faith Leaders expanded upon this training, adding experiential activities and a “tree of hope” metaphor, sharing practical resources for parents and community members to respond to trauma, and creating a CD to encourage participants’ healing and worship. They redoubled their efforts to invite faith leaders from the community and offered the expanded “Let’s Go Deeper” training in September 2014 at UROC.

## **Getting the Word Out: Experimenting with Training Models**

Throughout the winter, the Faith Leaders continued outreach efforts in Northside congregations. The group, represented by Pastor Gillespie, was invited to Proverbs Christian Fellowship in December 2014 to train a Bible study group on trauma and faith development and to facilitate role plays in which participants could practice trauma response strategies that create safe spaces. Gillespie provided participants with information about the Culture, Families and Learning work group’s weekly circles as opportunities to continue healing work they had begun. Reflecting on his December training, Pastor Gillespie noticed that participants needed more support and practice in responding appropriately to trauma. The group also recognized the

importance of all people, not just clergy or church staff, learning about trauma and healing. To further share their message, the Faith Leaders added to the introductory training for Bible study groups and implemented it at United Christian Fellowship Church, Zion Baptist Church, Kwanzaa Community Church, and Proverbs Christian Fellowship, all in North Minneapolis.

## **A Focus on Self-Care**

The 2015 Bush Community Innovation grant enabled the Faith Leaders to put several plans they had envisioned into motion. First, they decided to focus on self-care given their own and their church staff's extreme fatigue and, in some cases, secondary trauma as a result of working with traumatized children and families. Second, they asked Reverend, Dr. Trina Armstrong, a respected local educator, researcher, therapist, and faith leader to conduct a training.

The Faith Leaders leveraged a two-pronged approach to the self-care objective: 1) they held a September training, "Looking at our Trauma and Healing" for all faith leaders to address their own trauma before furthering their work in the community and 2) they sponsored Pastor Gloria Thomas to attend a Mind-Body Medicine Professional Training Program to learn, practice, and share back strategies for self-care and healing<sup>32</sup>. The Faith Leaders had hoped to host informal events practicing rest and renewal in part by honoring the Sabbath, but these values, practices, and self-care tools were instead practiced and encouraged in group meetings and events and within their own congregations, neighborhoods, and homes.

The focus on self-care laid the groundwork for a November 6th Faith Leaders retreat with Reverend, Dr. Armstrong. This half-day retreat, entitled, "Hidden in Plain Sight: Responding to the Invisible Wounds of African Americans' Trauma," aimed to help the 24 lay leaders and clergy in attendance understand how trauma is manifested in the lives and relationships of African Americans. Armstrong addressed the way historical trauma, slavery, relational trauma, and micro-aggressions result in low self-esteem, internalized devaluation and voicelessness, rage, and depression.

## **Responding to Tragedy, Reaching Youth, and Sharing Resources**

Just ten days after Armstrong's address, Jamar Clark's shooting submerged the community in trauma, grief, anger, and unrest. The Faith Leaders drew on their understanding of trauma and healing and their tools for self-care as they worked through grief with members of their congregations, during visits to the 4th precinct occupation, and in grief groups they formed in the community.

Coming together again in January of 2016, the group agreed that "the language, ideas, and thoughts about trauma in churches have changed [as] faith leaders...use what they have learned from the TRP and incorporate that into their sermons and their work in the community." For example, Pastor Alika Galloway later said she was using "the power of the pulpit"<sup>33</sup> to open up space for trauma, and was learning mind-body methods for healing that she planned to share with

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<sup>32</sup>Alika Galloway and Arlene Walker also attended through Kwanzaa Community Church.

<sup>33</sup>Alika Galloway, personal communication, June 3, 2016.

staff and youth. She described trying to give herself “permission to heal” while contemplating “what it looks like to heal without stop[ping] our lives, but taking 15 minutes a day to do something healing.” Galloway highlighted the importance of the Faith Leaders’ meetings as a healing space for open sharing “about what’s going on in our personal lives that’s been traumatic” and to laugh, “play,” and tease one another--all ways to release “the trauma that we hear about and carry in our minds, hearts, and bodies” that, Galloway pointed out, reduces life expectancies of African American pastors.

Responding both to the urgent need for tools to address trauma and with the desire to glean further learning from Trina Armstrong, the Faith Leaders held a second half-day training in April of 2016 at UROC. Open to previous and new participants, the session focused on practical tools for healing. The Faith Leaders also sought to share this information broadly and began reaching out to community youth programs. Pastor Darrell Gillespie held three workshops on trauma at the Boys and Girls Club--one for elementary-aged children, another for middle-school youth, and a third for high-school-aged youth. Along with Pastor Burleigh Holder and Arlene Walker, Gillespie plans to facilitate more youth workshops in 2017 both at the Boys and Girls Club and at Kwanzaa Community Church.

Throughout their years-long process of creating multiple trainings, the Faith Leaders had compiled presentations, resources, poems, images, prayers, scripture verses, and songs. They created a booklet intended to “walk people through the training” by providing the basics about trauma, encouraging self-study, supporting self-care, and building trauma-informed faith communities. With the help of UROC’s Yvonne Mudoh in 2016, the Faith Leaders gathered their materials into booklet form and sent it to UROC’s communications team who revised it with an eye toward a consistent layout and flow and with copyright considerations for the materials included in mind. The booklet will be an essential tool in helping the Faith Leaders realize their vision for themselves as “griots...a poet, musician, or storyteller who maintains a tradition of oral history in parts of West Africa”<sup>34</sup> as they build trauma-informed faith communities.

## Forming Connections

Wokie Freeman described the Faith Leaders as a small but “actively committed” group. They are also a connective group. While they recognized the need for more faith leaders to participate, they continued to pursue the work they envisioned, fostering and leveraging numerous relationships and connections along the way. Over the course of the TRP, members of the work group have had conversations with the Imam of a local mosque and have begun to consider culturally responsive adaptations to their training and delivery. In addition, the Faith Leaders seemed to have potential synergy with several of the other TRP workgroups. With the Culture, Families, and Learning work group, this synergy took the form of receptiveness rather than collaboration. For example, the Faith Leaders discussed the role of the church in causing and compounding trauma--a point Elder Atum highlighted at the 2014 TRP leadership meal--as part of their “Let’s Look at Trauma” presentation. In addition, some of the Faith Leaders provided training participants with information about the Culture, Families, and Learning work group’s weekly truth telling circles as

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<sup>34</sup>Faith Leaders’ Partnership Packet, 2015.

an additional resource to work through trauma. The Faith Leaders and Behavioral Health Practitioners contemplated working together around grief and loss. In addition, the group connected with Anissa Keyes<sup>35</sup> to offer Holy Yoga<sup>36</sup> sessions in several local sanctuaries. Finally, Darrell Gillespie and Burleigh Holder represented the Faith Leaders at the BHP Psychological First Aid Training and on the Trauma Response Team.

In reflecting on their numerous connections to and trainings in local churches and gathering spaces,<sup>37</sup> the Faith Leaders discussed how their learning changed the way they connect with and hold space for others. One Faith Leader said that “thinking in terms of mind, body, and spirit” has deepened her ability to connect to people. Another recalled learning that “if you want people to talk freely, then you have to go deep yourself,” which was difficult and added a deeper personal dimension to his service journey. They also realized that people “didn’t get it” at first and that going back multiple times was sometimes required to foster learning and reflection. These personal reflections illustrate the transformative nature of their work and the patient, persistent approach they have taken and plan to continue in the future.



## Researchers Work Group

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The work of this eight-member work group focused on building trust between researchers and communities and readiness to partner with community. Members of the group included Sara Axtell,<sup>38</sup> Heidi Barajas,<sup>39</sup> Stephanie Carlson,<sup>40</sup> Abigail Gewirtz,<sup>41</sup> Michael Goh,<sup>42</sup> Megan Gunnar,<sup>43</sup> Catherine Jordan,<sup>44</sup> and Lauren Martin<sup>45</sup>. Early on in the TRP’s formation, the members of the Researchers work group were invited to the Tutu sisters’ events and met shortly after to learn about other work groups being formed and the overall vision for the TRP. The researchers expressed a shared interest in working with other TRP groups; in listening, observing, and learning; and engaging in “dangerous conversations.” They shared knowledge and experience related to historical trauma, culturally competent practices, and community engagement. Some in the group also sought structure and direction, wanting to meet with other work group leaders to inquire about “where research fits with current needs” and “how can we help?”. Since many of the other work groups had not yet taken shape and were in the “widening the table” phase, the Researchers work group did not meet again for several months.

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<sup>35</sup> President and Therapist, Arubah Emotional Health Services

<sup>36</sup> An intentional practice of connecting with our entire being, body, mind and spirit with God (Keyes, 2016).

<sup>37</sup> Ripple Effect Mapping activity, March 2016.

<sup>38</sup> Community-Campus Health Liaison, UROC

<sup>39</sup> Executive Director, UROC

<sup>40</sup> Professor, Institute of Child Development

<sup>41</sup> Associate Professor of Family Social Science

<sup>42</sup> Counselor and Associate Professor of Organizational Leadership, Policy and Development

<sup>43</sup> Director, Institute of Child Development

<sup>44</sup> Associate Professor of Pediatrics

<sup>45</sup> Director of Research, UROC



## From Collaborative Research to Trust Building

In May of 2014, the Researchers work group reconvened with a focus on preparing for meeting with other work groups who had, by that time, held convenings, trainings, and truth telling circles. The work group was updated on other TRP work groups' activities, including the addition of the CFL work group. Part of the researchers' preparation involved responding to the following questions posed by Elder Atum of the Culture, Families, and Learning work group: "Why are you interested in working on issues of trauma? Why are you interested in working in North Minneapolis?" The Researchers work group took up these questions, discussing issues of relationship and trust building, ways of knowing, holistic/integrated researcher identity and motivations, making mistakes, voice and representation of communities and participants, and healing rifts between the University and the Northside.

Over the summer and fall of 2014, the work group grappled with the direction of their work together. The CFL work group communicated their vision and intentions and it became clear that conducting collaborative research was not realistic, as some of the researchers had initially expected. In their debrief of the CFL's Community Dinner and Truth Telling Ceremony, the researchers discussed the evident anger and pain expressed, recognized the process of making meaning from these emotions, and came to understand the CFL group's approach of promoting healing by reconnecting with African culture as a distinct knowledge system (rather than merely different language about trauma). The conversation marked a pivot point as they began to view learning how to build trust as the focus of their work together rather than a first step toward a collaborative research project. The group members navigated their way through this shift over the course of several meetings. Questions like "does this [CFL approach] translate [to other cultural groups]?" and "so what now?" were posed. Some group members insisted on staying in the dangerous conversation that had unfolded, saying "We don't need to make it something else" and "...we have things to learn." In the end, the group doubled-down on trust building. As one researcher stated, "we are not doing research; we are doing trust building."

This shift was solidified by meetings later that fall including one in which Elder Atum suggested that the researchers engage in a self-study and share their learning back with her work group. While the group initially discussed alternative collaborations that could result in research, their conversations about trust building continued. The group laid out a plan for preparing themselves for trust building. Over the course of several meetings, each group member would share her trauma-related research and experiences building trust. Drawing from each person's work, they sought to address the following questions: "How do we build trust? How do we repair trust? What does it mean to do "trauma-informed" research?". Researchers reflected on their personal and professional identities. They came to view research as a practice that they sought to refine and deepen to become more trauma-informed and resilient when conducting research that relates to or uncovers trauma.

## Forming Connections

Through the course of the TRP, members of the Researchers work group formed relationships with members of the Behavioral Health Practitioners and Faith Leaders work groups. During the

March 2016 Ripple Effect Mapping exercise, the latter two work groups pointed to the TRP process as enabling those connections. One work group member said that “meeting and sharing our hearts” provided a “better understanding of each other.” Another said that these new relationships enabled her to “overcome some of [her] biases about [researchers].” The researchers opted to use their seed money to cultivate their relationship with BHP member Larry Tucker and his mental health agency, Kente Circle, which emphasizes communal and culturally responsive approaches to healing. Specifically, the monies funded a graduate student, working within an action research process, to examine Kente Circle’s therapy model. In reflecting toward the end of their process as a TRP work group, the Researchers said they valued the vulnerability and ability to bring their whole selves to the discussions. They expressed excitement about seeing research as practice, particularly in doing engaged and/or trauma-informed research. This view of research as practice was transformative for participants. In addition, the group’s concept of trauma-informed research and their deep discussions and reflections on trust building were important contributions to the TRP’s aims to foster readiness to partner between the University and the community.



## UROC-TRP Work Group

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From the outset, the UROC staff involved with the TRP saw themselves as connectors, conveners, and supporters. They held a vision for collaboration among work groups and an expectation of documenting the TRP for internal and external audiences, including potential funders. Although the UROC-TRP group did not initially recognize the ways that they were engaging in the same transformative processes as other workgroups, they came to learn that their authentic, full participation was an essential and powerful contribution to the TRP and the network of relationships that it is built upon.

### Strategies for Guiding and Understanding an Organic Process

Throughout the TRP, the UROC-TRP work group engaged in iterative and ongoing efforts to understand and guide the complex and evolving process. During the “building the airplane as we were flying it” period, the UROC staff group members utilized several strategies for doing so. These strategies included a liaison to each work group along with several guiding documents and frameworks, discussed below.

The liaison role that UROC staff members held in the work groups was one strategy for gaining a sense of the overall TRP process. Supporters of work groups’ planning and activities, the liaisons communicated back to the UROC-TRP work group during regular UROC-TRP meetings. The liaison roles shuffled and reshaped early on, but the most consistent roles of each of the UROC staff members were as follows:

- **Americorps VISTAs** were integral to the success of the TRP. They challenged members to find common ground within and among groups. Charged with building capacity, the VISTAs roles included creating products, coordinating trainings and evaluation processes,

creating documentation tools, creating volunteer manuals, and preparing communication tools. Each VISTA's role was unique to the timeframe during which she served.

- **Hanna Nedrud** (June 2014-June 2015) provided logistical support for each work group and helped the CFL, BHP and FL work groups produce materials for their events. She facilitated a process with the UROC-TRP work group to seek clarity during the most uncertain phase of the TRP. Nedrud participated in a self-study process with Sara Axtell that fostered personal growth and supported her engagement with the CFL work group. She also created the partnership packet to supplement the Bush grant.
- **Yvonne Mudoh** (June 2015-June 2016) participated in and supported the BHP, FL, and CFL workgroups. She began a comprehensive documentation process for the TRP. Mudoh coordinated work group events as well as the training and professional development opportunities for work groups and the community.
- **Beulah Momanyi's** (June 2016-present) role is focused on supporting the sustainability of the TRP work groups. Momanyi participates in the BHP, FL, and CFL work groups. Momanyi has supported Nina Shepherd in the development of the TRP website and TRP page on the UROC website. She will be creating a communication process and strategy and will pursue funding for work group initiatives.
- **Heidi Lesley Barajas (Executive Director)** was central to the TRP's inception, was involved in the formation of all the work groups, and all full work groups' events. She joined the Researchers work group meetings but, given her scholarship was not related to trauma, listened to the other researchers' presentations and articulated the larger picture of the TRP. Barajas also headed up the outreach and formation of the Youth Participatory Action Research Projects.
- **James DeSota (Director of Administration and Projects)** was initially a liaison to the Researchers group, but shifted to an administrative role to support work groups' efforts around events, contracts, and grant funds. DeSota also contributed to the overall decisions about the TRP and to efforts to document the TRP and apply for grants.
- **Lauren Martin (Director of Research)** was involved in convening work groups and was a participant in the Researcher's work group, sharing her experience conducting research about sex trafficking. She also oversaw the TRP documentation process, relying on liaisons and relationships with work groups to write about the TRP and to seek funding to sustain it. Martin used her community connections to connect UROC with the Tutu sisters to give the TRP some international wisdom.
- **Makeda Zulu-Gillespie (Director of Community Outreach)** helped with the formation of the Faith Leaders work group. She regularly assisted with the BHP, FL, and CFL work group meetings. Commitments within each group varied with some involving full participation, as well as logistical support, contributing ideas, and writing reports and notes. Zulu-Gillespie also wrote grants to secure VISTAs for the TRP work and supervised the VISTAs. She described her, Wokie Freeman's and the VISTAs' roles as "making sure folks didn't quit, helping them connect to one another through shared stories, and reminding them of their vision while helping them to birth each one."

- **Nina Shepherd (Senior Public Relations Consultant)** communicated to the general public about the TRP. She created online updates, facilitated the editing and finalization of the Faith Leaders' resource packet, and directed the web design and visual media to tell the story of the TRP. Shepherd was crucial in helping the UROC-TRP group recognize key developments in the overall TRP.
- **Sara Axtell (Community-Campus Health Liaison)** participated in early meetings with Faith Leaders and Behavioral Health Practitioners and worked to form an educators group. Her role in the Researchers work group evolved as she shifted from seeing herself as a researcher/participant to more of a facilitator of the group's collaborative learning process. Axtell also leveraged her experience connecting culture and healing among European Americans to contribute to a CFL event entitled "Facing Whiteness."
- **Wokie Freeman (Assistant Executive Director and Director of Operations and Programs)** was integral in the initiation of the TRP process and the Trauma, Faith, and Healing kick-off conversations featuring the Tutu sisters. She helped with the formation of and regularly attended BHP, FL, and CFL work group meetings. Her commitments within each group varied with some involving full participation, as well as logistical support, contributing ideas, and writing reports and notes.

Since each work group had its own culture and expectations, the UROC staff members' roles varied. For example, while the liaison role to the BHP entailed support and logistics, the Faith Leaders invited liaisons into personal sharing and prayer and the weekly circles held by the CFL work group involved full participation of the liaisons of African ancestry. As described above, each of the UROC staff involved in the Researchers work group had a different role. Altogether, the liaison role was the primary feedback loop between the work groups and the UROC-TRP work group. However, the experiences evolved and varied greatly across work groups in terms of depth of personal growth, disclosure, and vulnerability; frequency of meetings; and primacy of professional, racial, spiritual and other dimensions of identity and experience.

Another strategy the UROC-TRP used to guide work groups and to understand the TRP early on was the Map for Group process, developed by Sara Axtell. Aimed at creating a "common thread" for each work group to take up in their early conversations and to help them prepare for coming together across sectors, disciplines, race, and lived experiences, the map articulated the following phases: "Naming the knowledge," "Bringing knowledge together," and "Supporting community healing." The map infused self-reflection in some work groups' conversations and pointed the way toward a broader collaborative process among the work groups. In addition, the families at the center model, which was created shortly after the addition of the Culture, Families and Learning work group, was an anchor point for the UROC-TRP group's vision of the TRP which they communicated to other work groups. The UROC-TRP members continued attending meetings and helping to plan and facilitate events in the fall of 2013 and into summer of 2014. They expressed an overall sense of anticipation and optimism about the learning and momentum of each group.

## Decentering

During the “decentering” phase in which the CFL group expressed its vision, TRP work groups began to shift from a stance of seeking the CFL work group’s input and direction to shaping their own next steps. This was an especially challenging period for the UROC-TRP work group. An anchor point--the families at the center model that had helped them make sense of and guide an organic and uncertain process--was shifting. To honor the process laid out by CFL work group, the UROC-TRP work group began exploring additional ways to involve Northside families in the TRP process (the beginnings of the North Star project). The goal was to continue seeking a grounding in community-based experiences as the TRP process unfolded.

At the same time, pressure on other fronts was mounting. UROC itself was growing exponentially, requiring more time and energy. The TRP needed funding to grow and sustain groups’ work, but the UROC-TRP group struggled to articulate a vision and direction to share with potential funders. In addition, it was difficult for the group of colleagues to navigate the diversity of beliefs about and related strategies for trauma and healing that they embraced in their work group liaison/participant roles. Finally the collaborative decision-making style the group had used began to break down as people missed meetings or had misunderstandings, leading to unaddressed decisions that fed uncertainty.

## Stabilizing

During the fall of 2014, the UROC-TRP work group stepped back to reflect as a group and work through their struggles while simultaneously applying for grant funding. At times, individual and small-group conversations allowed them to unpack experiences and recognize the multiple interpretations of events and perspectives on the TRP. Americorps VISTA Hanna Nedrud facilitated a group process that helped the group clarify shared objectives that grounded the TRP from the start. The group also described long-term hopes, some concrete (i.e. a report, a “clear process,” and a “road map”) and others abstract (i.e. “a community-driven process,” transformation, and a sense of satisfaction). In a later conversation, the group drew on their experiences to create a “snapshot” of the TRP. Below are key attributes captured in the conversation:

- “People are looking at their practice and how it may be contributing to the problem even more” (Wokie Freeman)
- Work groups could articulate how their work “fits into a bigger picture” after having worked through the significant process of identifying and moving forward their priorities (Sara Axtell)
- Various groups were in different phases of a “forming, norming, storming, transforming” process, the UROC-TRP work group entering into a “norming” phase, and several work groups at a place of being self-sustaining (Makeda Zulu-Gillespie)
- “Becoming a participant [in work groups] changes our role” from the liaison role initially envisioned (Heidi Barajas).

The conversation moved to the time-intensive nature of the TRP and the realities of increasing UROC priorities and the uncertainty of grant monies to sustain the project. As if to pull the group



out their deepening worries, Zulu-Gillespie encouraged her colleagues to view the TRP process as “a step-by-step process in a partnership conversation.” Asserting that partnership should be mutually beneficial, she pointed out that the UROC-TRP work group “can agree on a vision, but then, when it comes down to actual steps forward, it is important to discuss what that means to each person.” The partnership narrative was taken up more frequently thereafter and formalized several months later with the Partnership Packet. In another clarifying step, Heidi Barajas and her leadership team examined the ongoing work staff were addressing and what needed to be done. They made some “infrastructure changes” that simplified decision-making processes in order to move work forward.

During this period, the UROC-TRP work group found themselves stretched between their commitment to a hands-off approach and their need to understand and document the process that they themselves struggled to describe. The group experienced a measure of angst internally while trying to communicate calm confidence externally. This was partially an issue of timing, as many of the work groups’ activities evolved through formative sharing and learning phases and into strategies and tools for healing. In addition, the question of *how* to understand and communicate about such a complex, contextual, and ambiguous process presented a challenge throughout the TRP.

## Clarity, Resources, and Many Pathways to Healing

Applying for the Bush Foundation Community Innovation Grant helped the UROC-TRP work group recognize “how far [their] own understanding of the TRP ha[d] evolved” over the previous year. Receiving the grant in the spring of 2015 relieved several of the pressures the UROC-TRP had been under. Hannah Nedrud created the Partnership Packet (see Appendix) for each work group to complete that included questions about each group’s goals, the work they had done and planned to do, how they would prefer to manage their \$10,000 mini-grants<sup>46</sup>, how they would document their work, what could be shared with UROC, and what audiences they had in mind for dissemination. The concrete strategy helped the UROC-TRP work group to gain more clarity about each group’s work and the preferred terms for their ongoing relationship with UROC. In addition, the group decided to move forward with offering professional development and trauma and healing trainings in hopes that bringing people together around a topic of shared interest would provide opportunities for informal connections and relationship building. The UROC-TRP work group decided to open these opportunities to community members as a way to promote healing more broadly and build trust between UROC and the community.

The summer of 2015 had the UROC-TRP team working their strengths as connectors and supporters of work groups. Reviewing completed Partnership Packets provided a better understanding of the TRP and ways to support each group’s work. During this time, Hanna Nedrud transitioned out of the Americorps VISTA role and welcomed Yvonne Mudoh as the 2015-2016 VISTA. Mudoh and Freeman coordinated the professional development trainings, which

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<sup>46</sup> Funds were given to the groups that had not previously received funds from UROC. The CFL group had received UROC funds in 2014 to facilitate their engagement in the process. The Faith Leaders, Behavioral Health Practitioners, and Researchers each had \$10,000 from the Bush funds to further their work together. Seed money was also used to launch the two YPAR projects in the summer of 2015.

were successful. This was also an especially busy time for James DeSota, whose role managing funds and contracts expanded exponentially. In addition to managing and distributing the Bush funds according to each group's preferences, DeSota was building out UROC's procedural and contractual infrastructure to work with numerous trainers, facilitators, work group members, and community partners. This burst of effort laid the groundwork for longer-term relationships and collaborations. Similarly, UROC-TRP members began exploring numerous avenues for hiring student interns to support TRP work groups.

In the fall of 2015, the UROC-TRP work group began taking up the "many pathways to healing" metaphor initially put forth by Dr. Deidre Golden of the Behavioral Health Practitioners work group. The metaphor, represented by the model in Figure 3 on page 30, helped shift the group's focus from collaboration and comprehensive plans for healing to a multifaceted view of healing that valued the unique strategies that had surfaced from each work group's transformative process. The Jamar Clark shooting occurred shortly thereafter. Participants in December's TRP gathering shared several spontaneous responses to community trauma that had unfolded, illustrating the multiple pathways to healing that were so desperately needed. Several UROC-TRP members recalled coming away from the meeting with a fuller understanding of what "many pathways to healing" looked like--an affirming realization that began to supplant what some had viewed as failed attempts at collaboration.



FIG. 3: MANY PATHWAYS TO HEALING

UROC-TRP members continued to support the unfolding events and activities of the TRP work groups in 2016. Participating in the Ripple Effect Mapping activity in March of 2016 was an opportunity to acknowledge how the project had impacted them, what their challenges and key learnings were, and what connections had been created. The REM provided a space for groups to better understand one another and even surfaced several connections that the UROC-TRP work group had not been aware of.

## Forming Connections

Participating in the Ripple Effect Mapping activity in March of 2016 was an opportunity for UROC-TRP members to acknowledge how the project had impacted them, what their challenges and key learnings were, and what connections had been created. They said they valued the deeper relationship with the Children, Youth and Families Consortium and the Cultural Providers Network as well as with Kwanzaa Community Church, through which the North Star Project was formed and a YPAR project was launched. The UROC-TRP work group acknowledged that their relationship with the Cultural Wellness Center happened through the TRP and they expressed having a better understanding of the CWC's work. More broadly, the UROC-TRP work group said that the TRP allowed them to break out of usual processes and interactions and affected the overall plan of UROC. They appreciated "learning about how authentic connection has to happen. You can't just throw people in a room and ask them to connect and listen to each other." They also pondered the balance of providing "infrastructure and direction without taking over" or leading a process. These two questions about fostering connections and supporting versus driving the project were present throughout the TRP. One staff member thought the TRP had prompted a process of UROC "learning to listen differently to the community"--a point that highlights the potential for rich, ongoing learning alongside TRP partners. According to one REM comment, this organizational learning was of interest to the Bush Foundation given its funding of collaborative, innovative projects. UROC expressed interest in developing a deeper relationship in which the Bush Foundation could be "an influencer and not just a donor" for the TRP. This and many other connections formed through the TRP are being cultivated as each work group moves the work they have developed into sustainable, lasting strategies to promote healing.



## Youth Voice

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## Youth Participatory Action Research Projects

In hopes of bringing perspectives of youth into the TRP process, UROC allocated Bush Foundation Community Innovation Grant money to fund two Youth Participatory Action Research Projects (YPARs). A YPAR is a research method and social change strategy that "provides young people with opportunities to study social problems affecting their lives and then determine actions

to rectify these problems.”<sup>47</sup> Pastor Alika Galloway of Kwanzaa Community Church (also part of the Faith Leaders work group) talked to Heidi Barajas about adding a YPAR component to the TRP. Around the same time, Barajas also invited Dr. Katie Johnston-Goodstar of the University of Minnesota’s School of Social Work to expand her work via a YPAR. Both Pastor Galloway and Dr. Johnston-Goodstar developed YPAR projects that would explore youths’ experiences related to trauma. These conversations began in the spring of 2015 and the YPAR projects took shape the following summer and fall.

## Native Youth and School Climate YPAR

Katie Johnston-Goodstar had already envisioned a project illuminating Native youths’ experiences of school climate when Heidi Barajas approached her in 2015. Knowing that school climate is connected to student achievement, emotional well-being, drug/alcohol use, and dropout rates, Johnston-Goodstar was eager to better understand Native youths’ educational experiences and to create a school climate survey that took those experiences into account. Johnston-Goodstar, explained, “If we’re going to change how Native kids experience school climate, we have to ask the right questions and look at how schools aren’t meeting their needs or reflecting their history.”<sup>48</sup> Leveraging funds from UROC to earn a second grant, she was able to hire two adult leaders and to pay the youth participants who would engage in the YPAR, which is now called the Native Youth School Climate Study.

For Johnston-Goodstar, the process of the YPAR was just as important as the product. She engaged in an intentional process of building trust and gaining broad community buy-in to the approach and project. In the fall of 2015, Johnston-Goodstar consulted with Native professional groups who work with Native youth. She communicated the way the project would “flip the lens” from one looking at the kids’ home and family environments to thinking about how the school experiences (interactions with teachers, administrators, and peers; pedagogy and curricular content; sense of safety and belonging) might alienate indigenous youth. These professionals were enthusiastic about her lens, the idea, and the centrality of youth voices.

Next, Johnston-Goodstar hired two youth workers and familiarized them with her work and the lens of the project, the research and practice of critical pedagogy, and YPAR approaches. She and the two adult leaders then recruited Native youth participants through a series of community events that were designed to build understanding and trust. Inviting parents, grandparents, other relatives, and community members to learn about the project, ask questions, and share their own stories and experiences was a long, intentional, and essential process. Some families were wary of the project but became enthusiastic upon hearing Johnston-Goodstar’s lens of examining school climate as a factor in trauma. Youth, parents, and grandparents shared stories about their experiences in schools over decades, providing data and creating space for intergenerational recognition of forms of trauma that youth experience in school. Grandparents recalled their hair

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<sup>47</sup> Cammarota, J. & Fine, M. (2008). Youth Participatory Action Research: A Pedagogy for transformational resistance. In J. Cammarota & M. Fine (Eds.), *Revolutionizing Education: Youth Participatory Action Research in Motion*. New York: Routledge.

<sup>48</sup> Katie Johnston-Goodstar, personal communication, May 26, 2016.

being cut, not being allowed to speak their language, and being physically assaulted. Johnston-Goodstar asserted “Now, it looks different, but youth still experience trauma in school.” For example, many Native students have to memorize details about the establishment of the state of Minnesota in order to meet course standards. She pointed out, “memorializing colonization while silencing Indigenous history and sovereignty chips away at a student’s identity. Native kids may respond to this trauma by being depressed, quiet and disengaged, or maybe angry/resistant and then being labeled as EBD.”<sup>49</sup>

Johnston-Goodstar and the two youth workers designed the YPAR curriculum and gathered a group of 10 Native American researchers--two adult youth workers and eight youth with a range of experiences--began meeting in the late spring of 2016. They reviewed literature and viewed documentaries about educational history and school climate, participated in a summit where they and other local YPAR groups collaborated and studied under internationally recognized YPAR researchers, and came to understand Western and Indigenous knowledge paradigms. The youth talked about their ways of knowing and sources of knowledge and shared about their school experiences. Next, the team examined three national school climate surveys, finding they lacked questions reflecting their own experiences in school. Together, the group refined and indigenized the survey by adding items that Johnston-Goodstar described as “Native-specific questions, including some that focus on experiences of racism, invisibility, and tribally-specific knowledge and pedagogy.”<sup>50</sup> With this first phase of the Native Youth School Climate Study complete, Johnston-Goodstar and the group of Native American researchers are seeking funding for a second phase. They hope to administer the indigenized school climate survey with local Native youth to gather and analyze data about their experiences in dominant schooling environments.

## Kwanzaa 21st Century Academy YPAR

Recalling her vision for the 21st Century Academy YPAR, Pastor Alike Galloway said, “We wanted youth to understand [trauma] not just to be researchers, but they need to understand it so they can tell us what to do about it.”<sup>51</sup> The 21st Century Academy YPAR began in the summer of 2015 with the hiring of Christen Pentek, Graduate Research Assistant in the University of Minnesota’s School of Social Work who engaged ten soon-to-be 9th graders in designing the research project. The youth were trained in YPAR epistemology and received stipends for their work related to the project. Between 50 and 60 youth in grades six through ten contributed to the some or all of the phases of the three-phase project.

The first phase explored trauma and healing through a questionnaire including closed-ended questions about youths’ understanding and experiences of trauma and open-ended questions about the effects of trauma and strategies for healing. Young people engaged in subsequent conversations about what trauma is. Many expressed a lack of awareness that their experiences constituted trauma. Galloway said she observed among the youth an attitude that said, “this is just life. You just push on.” She recalled the difficulty of telling these youth, “this [experience youth

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<sup>49</sup> Katie Johnston-Goodstar, personal communication, May 26, 2016.

<sup>50</sup> Katie Johnston-Goodstar, personal communication, May 26, 2016.

<sup>51</sup> Alike Galloway, personal communication, June 3, 2016.

described] was abnormal, that it should not have been, shouldn't have occurred"<sup>52</sup> as she tried to bridge the gap in their understanding about trauma.

The second phase of the project elaborated upon experiences of trauma and focused on ways to eliminate sources of trauma. Youth responded to the following prompt: "Create a superhero and tell us what powers they would have to eliminate trauma." In these conversations, youth talked a lot about the prevalence of guns in their neighborhoods and not feeling safe to play outside. They drew superhero characters whose powers countered the dangers and pain they experienced and the young people talked about getting rid of guns. These superheroes and their powers illustrate a painful critique of the youths' everyday environments while articulating hopes for healing and safety.

The third phase of the YPAR involved a spoken word and a storytelling piece. The storytelling took place through a live performance at a summer program in 2016. The spoken word component was in the recording process at the time of this writing and the youth hoped to share the recording throughout the community upon completion. Galloway shared that the power of story for healing was evident throughout the YPAR. Watching as youth heard themselves tell their stories, she recalled seeing "a light on every once in awhile...seeing them come to recognition about the power of their own story."<sup>53</sup>

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<sup>52</sup> Alika Galloway, personal communication, June 3, 2016.

<sup>53</sup> Alika Galloway, personal communication, June 3, 2016.



## Section III: Revisiting the TRP's Intended Outcomes

Some of the intended outcomes and intentions for the TRP were articulated from the outset and others were recognized and named along the way as the project took shape. This report was intended to capture the story of the TRP and does not set out to gauge the extent to which outcomes were met. Instead, the brief discussion of each intended outcome and intention that follows provides an overall synopsis drawn from the story of the TRP.

### Producing knowledge

Each workgroup surfaced knowledge and wisdom in unique ways. Drawing to differing degrees on a combination of lived experience, self-reflection, storytelling, professional training and practice, and research, each group engaged in action-reflection loops as they shared their own experiences of trauma and healing, invited others into their learning processes, and experimented with ways to deepen and/or expand their approaches. Each work group section in this report attempts to trace the within-work group and across-work group wisdom and conversations that shaped the content and process of knowledge creation.

### Building trust

The intended outcome of building trust turned out to be the most ambitious. Progress has been uneven and is ongoing. The overall story of the TRP illustrates that trust building was most effective via individual relationships, some of which preceded the TRP and some which formed during. Larger group meetings, with the expectations (implicit or explicit) of discussing work group activities with people who did not know or trust one another were generally not effective. Heidi Barajas acknowledged the need to begin with relationship building, saying she had learned that "we also tried to make it more than it should've been. We really should've just had dinner and said, 'I have ten grandchildren, what about you?' Really that's how far back we need to start with that, we needed to get to know each other."<sup>54</sup>

### Generating community-wide practices and strategies

Each of the work groups developed, refined, and expanded their healing practices and strategies. The CFL work group expanded the use of the cultural practice of truth telling to the North Minneapolis and created its Circles in the City model along with its seed packets. The Faith Leaders developed and delivered numerous trainings and created a resource booklet to share their understandings of trauma, faith, and healing with their own and other congregations and clergy in hopes of creating more trauma-informed faith communities. The Researchers work group has begun to conceptualize "trauma-informed" research as a practice that can be healing--a powerful lens that has deepened each researcher's own practice and has yet to be shared broadly. The Behavioral Health Practitioners have created videos from their panels as resources

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<sup>54</sup> Heidi Barajas, personal communication, April 22, 2016.

for learning about trauma and healing. In taking up Resmaa Menakem's Psychological First Aid model and building a Trauma Response Team, the BHP work group has established a concrete healing strategy in the community that also provides an ongoing connection and resource within and beyond the TRP.

## **Fostering readiness to partner on research**

Hopes for collaborative research were initially set aside as the Researchers' work group doubled down on trust building and worked toward making their own research practices more trauma-informed. The later connection in which the Researchers used their mini-grant to help validate Kente Circle's (BHP) practice model was an important sign of readiness to partner on research. The Youth Participatory Action Research Projects also involve community-university partnerships that developed prior to and during each project. As discussed in the recommendations below, collaborative conversations, research, and writing about the TRP and its parts could offer valuable learning, contributions, and deepened partnerships.

## **Creating shared learning spaces**

This intended outcome was pursued through each work group's regular meetings and gatherings as well as through grant-funded professional development opportunities. Work groups' meetings provided important spaces for self-care, growth, and learning and created an avenue and direction for pursuing collectively identified healing strategies. The meetings, events, and trainings each work group offered created similar spaces for community members, faith leaders, and practitioners who became involved. These learning spaces were open to TRP members and participants from the community, offering opportunities for ongoing learning, relationship and awareness building, and practicing of healing strategies.

## **Forming connections**

This broad outcome was achieved on several levels. Participants brought to each of the shared learning spaces (above) their own personal and professional connections that they looped in or leveraged in the TRP process. For the CFL work group, forming connections with Northside elders created a foundation upon which they built and expanded their circles approach. The Faith Leaders leveraged their connections to provide trauma-informed training content, to deliver those trainings broadly, and to begin conversations in their own and other faith communities. The BHP work group's convenings provided a place for connection and sharing of healing strategies across institutions. The work group focused its efforts on leveraging the knowledge shared at these events for broader use (i.e. videos) and to shape healing strategies (i.e. Psychological First Aid) that relied on connections within and beyond the TRP. Each of the "Forming Connections" sections in this report illustrates some ways that across work group connections took place. Importantly, work group members seemed more comfortable forming connections individually and on their own terms rather than in large-group settings. At the time of this writing, each of the work groups was in a place of continuing to develop connections and expressing a readiness to grow beyond the frame of the TRP.

## **Holding dangerous conversations**

It is evident in this report that many dangerous conversations were held, but the details of those conversations were rarely documented (as is appropriate). In some cases, a critical question or observation takes a step towards a dangerous conversation. Sometimes people tentatively walked through these doorways into dangerous conversations. In other cases, hurt, pain, fear, and misunderstanding prompted people to walk away. The recommendations below attempt to address the lack of trust and the need for shared objectives and ground rules in order to help people stay in dangerous conversations and reduce, to the extent possible, harm to those involved.

## **Promoting self-awareness and self-care**

As each of the work group's stories illustrate, self-reflection and self-care were central parts of the learning they engaged in and the ongoing personal and community healing strategies they pursued. The importance of addressing one's own trauma and healing in order to be effective in helping others was part of groups' conversations. Learning and sharing strategies for self-care was formally (through events and trainings) or informally (in their own lives and in group norms) embraced as central to healing.

At the 2016 Ripple Effect Mapping activity, several TRP members discussed the painful process of deepening self-reflection and facing their own trauma over the course of the project. One person observed "putting it all on the table allows you to be alone with your thoughts without the need to self-medicate." Others pointed to the difficulty of "facing," "owning," and "standing in" one's own truth, which one person described as "not looking at what other people are doing, you are looking at yourself." Another observed that people were "living [their] lives in a different way" as a result of "going deep and unpacking things in their lives." These powerful, profound reflections provide a glimpse into the very personal transformations these individuals have begun together.

## **Building on existing community resources and assets**

Setting out to build on what was already happening in North Minneapolis rather than to create something new, the TRP took shape through relationships and connections to community elders and leaders of key organizations. UROC-TRP members guided groups to self-reflection, surfacing existing knowledge in the group, and "widening the table" to include additional perspectives as they shaped their path forward. This was also a pragmatic choice, given the lack of time (already busy people voluntarily participated in the TRP) and money available. For many groups, this was a long and uncertain process of sharing their knowledge and experiences, discussing what was and was not being done, and creating strategies to end trauma and promote healing. The 2015 Bush Foundation Community Innovation Grant provided additional fuel for some of the groups to further develop their learning and strategies. In addition, the UROC-organized trainings invested in the people connected to the TRP and provided decentralized and neutral ways for them to interact. Finally, TRP members leveraged their skills, relationships, resources, and time to respond in myriad ways to the urgency of the Jamar Clark shooting and its aftermath. These

responses took place via existing connections in the community and mobilized “many pathways to healing.”

## **Section IV: Recommendations**

The following recommendations are interconnected and identify areas of potential learning and growth for UROC as it engages in partnership-based and collaborative processes in the future.

### **Recommendation 1: Invest in a process and communication infrastructure to support workgroups *and* facilitate documentation**

For UROC to maximize its role as a convener of participatory processes and to fulfill its needs for documentation, additional process and communication infrastructure are needed. Communicating about process--particularly organic, contextually situated, and deep process--is inherently difficult. However, UROC and its partners have already utilized many forms of facilitated dialogues that serve to both guide and capture collaborative conversations. In entering into projects and partnerships, UROC could have at its disposal a facilitation (i.e. World Cafe, TOPS facilitation, ripple effect mapping, visual arts, listening circles, or truth telling circles) and synthesis toolbox that includes numerous experienced facilitators. Over time, with experience, and/or drawing upon partners' recommendations and preferences, this toolbox could be expanded to include strategies that are responsive to a range of cultures, groups, and organizations.

Planning facilitated conversations at regular intervals in a collaborative process can help groups create explicit guideposts for their learning, decision-making, and priorities. For example, creating a visual synthesis from written or spoken words:

- 1) helps participants organize their ideas,
- 2) lets participants see and respond to the way their ideas are represented,
- 3) facilitates member-checking and sharing with those who were not present,
- 4) supports UROC's needs for documentation without asking participants or liaisons to write at length or to speak for the entire group,
- 5) may build understanding of ancestral forms of knowledge and other types of wisdom and growth that do not always align with institutionalized forms of knowledge production

These “synthesis sessions” could provide substantial and consistent launching points for deeper inquiry or broader communication. As part of a synthesis session, the participants could discuss and decide whether and with whom they will share the information, creating an ongoing opportunity to build trust and transparency in the relationship. Even with different methods and strategies used by each workgroup, the process could foster shared understanding and language across groups, thereby supporting collaboration and a “sense of the whole.”

Finally, it should be noted that the UROC-TRP work groups' firm stance against shaping or driving work group's activities, their high tolerance for ambiguity, and their trust in the people and the process helped create conditions for the organic, community-rooted TRP process to

unfold. While the process and communication infrastructure could be helpful, it is not realistic or beneficial to hope it would provide certainty and remove ambiguity altogether. Accepting and normalizing ambiguity and organic evolution as parts of collaborative, community-based work supports creativity and innovation.

## **Recommendation 2: Begin with trust building**

Process cannot compensate for a lack of trust.

Several TRP members acknowledged the lack of trust as inhibiting the process. While trust within workgroups certainly developed and some relationships between members of different workgroups formed, trust across the groups was slow to develop or not realized. Each of the workgroups had insights or ideas about trust and collaboration. Walking through the Map for Group Process, the Faith Leaders asserted that all knowledge is equally valuable and they raised questions about how conflict would be dealt with--important starting points for ground rules. The Researchers workgroup had a wealth of insights on trust building, namely that trust is a relationship and cannot be transferred from person to institution. A Behavioral Health Practitioner recalled that participating in a facilitated group conversation about each participant's motives and interests as well as assumptions about others in the group had been a trust building exercise in another project and called for an intentional and collaborative process of shaping the TRP's mission and vision from the outset. In a February 2015 meeting, a UROC-TRP member thought work groups could discuss the question, "What are the stories we tell about one another?" and pointed out that "[i]t is clear that we all make assumptions and have expectations for people." These assumptions and expectations were not addressed early on and, for some participants, were insurmountable when collaboration was attempted.

## **Recommendation 3: Pursue questions in partnership**

As illustrated throughout this report, a great deal of learning and growth has taken place within and across TRP work groups. It is also apparent that important questions remain. UROC should partner with TRP members in future writing about the TRP in order to offer deeper analysis and learning about engagement, partnership, and trust. Among the questions that could not be addressed here but surfaced in documents and call for TRP members' perspectives are:

- Why did participants "stay at the table" despite the time-intensive, uncertain, and vulnerable nature of the work? Recognized as a success in and of itself, the fact that the TRP held together is extremely important and warrants additional attention. Engaging in conversations around this topic could help UROC better understand how to leverage its strengths and engage even more effectively in collaborative projects and partnerships.
- "How do you balance truth telling with deep respect for personhood?" and "Whose truth counts? What do we do with conflicting truths?" These questions were posed during the 2016 REM session and could offer powerful learning, shared understanding, and healing.

- How did participating in the TRP change people's practices? This report provides only a glimpse into participants' transformative learning experiences and ways that they have changed their personal and professional practices as a result of those experiences.
- Interestingly, self-reflection, self-care, working through one's own trauma, and critical consideration of how one's practice might contribute to trauma became part of each work group's discussions. What were the factors that led each group in this direction? What prompted individuals to "go deep" into this vulnerability when it may have been safer not to? This report points to UROC-guided, within-work group, across-work group, and external influences that might have played a role, but hearing directly from TRP participants could provide valuable insights.

*Beth Dierker, PhD, utilizes community-engaged and participatory approaches in her research, evaluation, writing, and advocacy. As owner of Waymarks Consulting, Dierker supports organizational learning and community wellness by engaging stakeholders in critical examinations of their work while surfacing and leveraging community knowledge in support of authentic partnerships and relevant innovations. Dierker completed her doctorate in Organizational Leadership, Policy, and Development from the University of Minnesota and was a 2012-2013 UROC Engaged Dissertation Fellow.*



# APPENDIX: TRP Community Innovation Grant Program Partnership Packet

## The Trauma Recovery Project

Minneapolis' Northside residential community is disproportionately impacted by historical and structural trauma that manifests in high rates of gun violence, family violence, mental health problems, alcoholism and drug use, out of home placement of children, mass incarceration, and lost human potential.

As part of its mission to improve the quality of life in urban communities, the University of Minnesota Robert J. Jones Urban Research and Outreach-Engagement Center (UROC) launched the Trauma Recovery Project (TRP) in spring 2013. The multi-year, Northside-based, community-driven project aims to create a roadmap for recovery from trauma through a comprehensive strategy for positive change in the lives of families and the community as a whole.

Building on community expertise and University scholarship in the area of healing and historical trauma, UROC launched the TRP by convening teams of families, University researchers, community stakeholders, healthcare practitioners and professionals, and representatives from the faith community in an effort to identify trauma-related issues of importance to the Northside community.

## TRP Community Innovation Grant Program

### Overview:

In May 2015, UROC was awarded a \$187,530 Bush Foundation Community Innovation Grant to expand the work of the TRP through a series of trust-building community convening, dialogues and workgroups aimed at producing action plans that address individual and community trauma. The Bush Foundation describes the grants in the following way:

*Community Innovation Grants support communities to use problem-solving processes that lead to more effective, equitable and sustainable solutions. Think of it as civic R&D, allowing communities to develop and test new solutions to community challenges. There's a lot of work that happens in between identifying a community problem and implementing a new "break-through" solution, especially if you want to engage your community, make the most of existing assets and work collaboratively with other organizations along the way. The Community Innovation Grants support that process—they fund the work that it takes to create a community innovation.*<sup>55</sup>

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<sup>55</sup> Community Innovation Grants. (2015). Retrieved June 3, 2015, from <https://www.bushfoundation.org/grants/community-innovation-grants>

## Timeline and Funding Options

[The detailed budget was shared with all TRP work group members but was removed for this report.]

### Timeline and key dates:

UROC's Community Innovation Grant will fund TRP initiatives for one year from June 26, 2015 to June 26, 2016.

June 2015:

- June 26 – Funding received, grant year begins

July 2015:

- July 24 - Workgroup proposals due to UROC

October 2015:

- Meeting with TRP Convening Team
- Quarterly reporting due to UROC

January 2016:

- Mid-Year presentations
- Quarterly reporting due to UROC

March 2016:

- Quarterly reporting due to UROC

June 2016:

- June 10 – Deadline for workgroup reports to UROC

July 2016:

- End of the year presentations

August 2016:

- Final report due to Bush Foundation

### Funding overview

UROC received \$187,530 from the Bush Foundation Community Innovation Grant. \$10,000 is available to each workgroup to use for TRP healing initiatives once a partnership plan is established.

### Funding options

TRP Community Innovation Grants can be administered in two ways. Characteristics of the two approaches are outlined below. Workgroups are asked to consult with James De Sota (jadesota@umn.edu) to determine the most appropriate fit.

1. UROC Administered Contract
  - a. Purchases are made by UROC staff
  - b. Requires more planning ahead
  - c. Dependent on the availability of UROC staff to complete purchase
  - d. Least amount of work for the workgroups

2. University Professional Services Contract
  - a. Group determines a fiscal host that enters into a sub award contract with the University and the Bush Foundation
  - b. Fiscal host completes necessary forms to become official University vendor/contractor
  - c. Funds are dispersed through invoices to UROC
  - d. Percentage of funds may be awarded up front
  - e. Requires extensive planning and a host organization

## **UROC Activities in Support of the TRP Community Innovation Grant Program**

1. UROC will continue to convene workgroups which will include community health/mental health practitioners and service providers, University faculty/researchers, and representatives from the Northside faith community. The Cultural Wellness Center may continue to convene families from the Northside.
2. The TRP's process of workgroup convening currently involves more than 200 people from more than 30 organizations. The TRP process will be expanded to include youth and educators workgroups in 2015.
3. Framing questions for workgroups in 2014 were: How do you understand trauma? How does trauma impact community wellness? Framing questions for workgroups in 2015 will include: How can individuals and community achieve wellness? How do we build a community in which children thrive?
4. The TRP will interweave knowledge produced by each workgroup through carefully orchestrated cross-dialogue between groups to build trust, clarify terms and perspectives, and create shared meaning and common language. The process will be focus on: sharing documents and themes, as well as meeting and talking; and engagement in authentic conversation is an outcome.
5. UROC will contract with Kwanzaa Community Church and the Minneapolis Department of Health to engage Northside residents in a community "visioning" process on wellness. Results of this work will be widely disseminated to all workgroups as a way of creating shared understanding.
6. UROC will convene numerous public events aligned with the goals of the TRP. Examples from 2014 include *Art for Healing: The Role of Creativity in Trauma Recovery Critical Conversation* and *When Places Speak* photo exhibit.
7. UROC will convene two TRP training sessions in 2015: one on the Art of Hosting; the other on trauma awareness and resilience.
8. UROC will document the TRP process through journals, note taking, art exhibits and qualitative coding software to track themes and meanings across the multi-year project. Dissemination will include academic and public presentations.
9. UROC will engage the University's Minnesota Evaluation Studies Institute to support the evaluation of TRP impacts.

## TRP Community Innovation Grant Desired Outcomes

1. Workgroups will describe the knowledge, perspective, and capacities they bring. Knowledge and perspectives within and between workgroups will be shared and different forms of wisdom that mutually support community healing will be discerned.
2. Residents create a vision of wellness that will serve as our “Northstar”. This process will be facilitated by Kwanzaa Community Church in partnership with the Minneapolis Department of Health. Results of this work will be widely disseminated to all workgroups as a way of creating shared understanding.
3. Transparent interaction will build trust, which in turn, will foster collaboration and innovation.
4. Silos begin to crack and break, opening a space for collaboration around wellness and healing.
5. New solutions will emerge from those most impacted by trauma.
6. Self-care and attention to community wellbeing will become part of workplace practices.
7. The TRP will have initiated institutions, services and supports directed toward community-grounded and collaborative work to reduce adverse childhood experiences, trauma, generational poverty and marginalization.
8. Dissemination will broadly share our processes, findings and knowledge.

# TRP Community Innovation Grant Program Partnership Checklist

**This checklist includes requirements and agreements for partnership in UROC's TRP Community Innovation Grant program. This list is open for additions.**

1. Workgroups and UROC commit to working together for one year: June 2015 – June 2016.
2. Workgroups and UROC will convene planning meetings on a regular basis throughout the year.
3. Workgroups and UROC collectively decide how they will promote healing in the Northside Community.
4. Members from each workgroup will attend the UROC-sponsored STAR-lite<sup>56</sup> and Art of Hosting<sup>57</sup> trainings, in order to bring people from each workgroup together around trainings.
5. Residents create a vision of wellness that will serve as our “Northstar”. This process will be facilitated by Kwanzaa Community Church in partnership with the Minneapolis Department of Health. Results of this work will be widely disseminated to all workgroups as a way of creating shared understanding.
6. Knowledge will be produced and documented by each workgroup.
7. Workgroups will submit written narratives each quarter to UROC that document the process, knowledge and outcomes of their work in order to meet the requirements of the grant.
8. UROC will disseminate our processes, findings and knowledge including documentation submitted by the workgroups.
9. It is UROC's intent to share the documentation with those entities and individuals who co-created it. Materials that are produced will identify all partners that contributed knowledge, time and skills.
10. Uses of knowledge, data and documents will be mutually agreed upon using the preferred decision making style indicated in Question 5 of the Partnership Form.

## TRP Community Innovation Grant Partnership Form

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<sup>56</sup> Strategies for Trauma Awareness and Resilience Training hosted by the Minneapolis Peacebuilding Institute. [www.peacebuilding.com/star-training](http://www.peacebuilding.com/star-training).

<sup>57</sup> Art of Hosting is an approach to leadership using personal practice, dialogue, facilitation, and co-creation of innovation to address complex challenges. [www.artofhosting.org](http://www.artofhosting.org).

## Summary and goals

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1.) Describe in three sentences the work that your workgroup will do.

2.) What goals will you set to achieve wellness and help all our children thrive? These goals could include things like: self-care for you and your team, trainings, developing interventions, conducting research to learn more, etc.

3.) Workgroup activities:

a.) In a few sentences, describe the work that your group has done thus far as part of the TRP.



b.) List the activities/initiatives that your workgroup hopes to accomplish in the next year in order to achieve wellness for our children and our community.

c.) What knowledge will you produce? (e.g. Tools that we can all use to build trust with our stakeholders, advice and recommendations on how to better connect, how to build meaningful and sustainable networks, etc.)

4.) Workgroup activities and goals should align with at least one of the following TRP Community Innovation Grant Program outcomes below. Please select the outcomes that apply<sup>58</sup>:

- Work groups will describe the knowledge, perspective, and capacities they bring. Knowledge and perspectives within and between groups will be shared and different forms of wisdom that mutually support community healing will be discerned.
- Transparent interaction will have built trust. Trust seeds collaboration and innovation.
- Silos begin to crack and break, opening a space for collaboration around wellness and healing.
- New solutions will emerge from those most impacted by trauma.
- Self-care and attention to our own wellbeing will become part of our everyday practices in our workplaces.

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<sup>58</sup> <http://www.ctsi.umn.edu/sites/default/files/Research%20Partnership%20Checklist.pdf>

*Based on Allen ML, Culhane-Pera K, Call KT, Pergament S. (2010) Partners in Research: Curricula to Prepare Community and Faculty for CBPR Partnerships. CES4Health.info, 2011.*

- The TRP will have initiated institutions, services and supports directed toward community-grounded and collaborative work to reduce ACEs, trauma, generational poverty and marginalization.

## Process and operations

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5.) Your workgroup's preferred decision-making<sup>3</sup> style is:

- Consensus *(a process that allows the entire group to be heard and actively participate with an ultimate goal of finding common ground. There are no "winners" or "losers" in this process and discussion continues until a consensus is achieved.)*
- Democratic *(a process that allows for all options to be discussed so as to fully inform decisions made by the group. Decisions are made through a voting process and the "losing" side agrees to abide by the majority decision.)*
- Delegation *(a process that allows the group to divide up certain decision-making power among subcommittees or individuals within the larger group. These subcommittees may be determined based on specialized expertise/ knowledge of a given subject. The larger group agrees to abide by the decision of the subcommittee or individual.)*

Comments:

6.) Your workgroup's preferred method of communication with UROC is:

- Email *primarily*
- Phone *primarily*
- A combination of scheduled in-person meetings
- A combination of all the above options

Comments:

7.) How frequently would your workgroup like to have check-ins with UROC staff to discuss funding, documentation, and progress?

- Monthly
- Bi-monthly
- 4x/year
- Other

8.) Please fill out the proposed budget form based on your activities for the next year.

Category	Item	Rate	Cost	Notes/Details
<b>Personnel</b> (i.e. intern, graduate research assistant)				
<b>Supplies</b> (i.e. printing, give- aways, etc.)				
<b>Convening</b> (i.e. speaker fees, food, etc.)				
<b>Contracting</b> (i.e. trainings, etc.)				
<b>Other</b>				
<b>TOTAL</b>				

- 9.) Please choose how your workgroup will be managed:
- a.) UROC Administered Funds
  - b.) University Personal Services Contract

## Documentation

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10.) How will you document the impact you are making in the community<sup>59</sup>?

11.) What forms of written documentation will you share with UROC? We understand that all knowledge is not meant to be shared<sup>60</sup>.

12.) Are there ways to share the knowledge gained from the project in addition to written formats<sup>61</sup>?

## Dissemination of information

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<sup>59</sup> <http://www.ctsi.umn.edu/sites/default/files/Research%20Partnership%20Checklist.pdf>

Based on Allen ML, Culhane-Pera K, Call KT, Pergament S. (2010) *Partners in Research: Curricula to Prepare Community and Faculty for CBPR Partnerships*. CES4Health.info, 2011.

<sup>60,7</sup> Gust, S. and Jordan, C. *The Community Impact Statement: A tool for creating healthy partnerships*. Minneapolis, 2006.

13.) From your perspective, what are the two most important audiences that should hear about what your workgroup is doing<sup>62</sup>?

14.) What information will your workgroup share with these audiences?

15.) How will the work of the partnership between UROC and your workgroup be shared with these audiences?

## Information access and use

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<sup>62</sup> <http://www.ctsi.umn.edu/sites/default/files/Research%20Partnership%20Checklist.pdf>

Based on Allen ML, Culhane-Pera K, Call KT, Pergament S. (2010) *Partners in Research: Curricula to Prepare Community and Faculty for CBPR Partnerships*. CES4Health.info, 2011.

- 16.) There are two options for how information is collected and stored. Your workgroup should decide which will work best for you.
- a. Stored by someone from the workgroup, but both partners will develop a protocol for how it will be used in the future
  - b. Stored at UROC, but both partners will develop a protocol for how it will be used in the future

## **Achievements and next steps**

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17.) How will your workgroup choose hallmark and celebrate achievements<sup>63</sup>?

18.) Please complete the following thoughts in your own words:

At the end of this year, we will know that this project has been successful because...

19.) Our hope is that within the next five years, this community-university collaborative partnership will...

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<sup>63</sup> Gust, S. and Jordan, C. The Community Impact Statement: A tool for creating healthy partnerships. Minneapolis, 2006.