To Reach, Teach, and Heal: Evaluation of the Cory Johnson Program for Post-Traumatic Healing

A Program of the Roxbury Presbyterian Church Social Impact Center
Executive Summary

The evaluation of the Cory Johnson Program addresses four questions: What is the Cory Johnson Program for Post-Traumatic Healing? What makes the Cory Johnson Program unique? What has the Cory Johnson Program accomplished? What are the next steps for the Cory Johnson Program?

The Cory Johnson Program for Post-Traumatic Healing (“the Program”) began in 2014 as a program of the Social Impact Center at Roxbury Presbyterian Church. It is defined as a “community-based approach to addressing the epidemic of PTSD in urban neighborhoods, fostering connection and empowering individuals to take an active role in helping themselves and others heal.”

An Independent Evaluator was engaged by the SIC to conduct comprehensive Implementation and Outcomes Evaluations of the Program to guide improvement, expansion, and replication efforts. The goal of the Implementation Evaluation was to outline what works, areas for improvement, gaps in service delivery, and extraneous program components. The Outcomes Evaluation intended to provide a clear picture of program impact on participants, clinicians, and Community Companions.

The evaluation used an ethnographic methodology and included observations, interviews, and a survey. The target population for the survey was anyone who had attended at least one Program event, or received services via the Program. A total of 12 events were observed, 13 individuals were interviewed, and 84 persons responded to the survey. Most survey respondents were over the age of 40, with a majority identifying as Black or African American. The majority of respondents lived within the Greater Boston area, although there were several individuals who travel some distance to participate in the Program. Seventy-three respondents indicated they experienced at least one type of trauma, and 68 indicated they had experienced two or more types of trauma.

The Cory Johnson Program hosts and facilitates weekly trauma support programming on Thursday evenings at the Roxbury Presbyterian Church. Through in-depth interviews and observation, the convergence of spirituality, the arts, and psychoeducation in the Program were identified as integral to its success. Additionally, analysis of interview and survey data indicates that respondents have an increased awareness and understanding of trauma, receive relief from their traumatic stress symptoms, receive mental health support, and have a greater sense of connection with the community. A more robust evaluation would look at each component of the Program over time, comparing the progress of individuals who participate in its various components.

Interviewees identified immediate and long-term goals for the Cory Johnson Program. Three major themes emerged from their responses – Communicating, Replicating, and Deepening the work of the Program. It is recommended that in planning for and implementing replication of the Program, those involved have an understanding of this unique configuration of healing modalities, trauma-informed structure, and program events. Anyone wishing to replicate the program must do so with a deep understanding of community needs, a commitment to ongoing staff training, and a willingness to adapt to the community’s changing needs. They should approach such a program in their community in the same manner, and with the same intentionality with which the Social Impact Center approached the development of the Cory Johnson Program for Post-Traumatic Healing – beginning with identifying the healing modalities most relevant to the community, incorporating a trauma-informed structure, and adding or adapting events and components as required to meet community need.
“We are standing at a new door, and I think the more we begin to look at the trauma that is going on, the more potential we have to open that door and to reach, teach, and heal people. That, I believe, will have a domino effect.”

[Douglas W. Lomax, Men’s Group Facilitator]
Evaluation Goals

Implementation

• To outline what works, areas and suggestions for improvement, gaps in service delivery based on constituent need, and extraneous program components

Outcomes

• To begin constructing an understanding of program impact on participants, clinicians, and Community Companions
This evaluation was informed by and used an ethnographic approach articulated by LeCompte and Schensul (1999, p. 9):

- “carried out in a natural setting”
- “involves intimate, face-to-face interaction with participants”
- “presents an accurate reflection of participants’ perspectives and behaviors”
- “uses inductive, interactive, and recursive data collection and analytic strategies”
- “uses multiple data sources”
- “frames all human behavior and belief within a sociopolitical and historical context”
- “uses the concept of culture as a lens through which to interpret results”
Mixed-Methods
Exploratory Design

QUAL Data and Results
Observations
Interviews

quan Data and Results
Survey

Interpretation
Program Model
Next Steps
The reason the program was started is there is a lot of pain and anger in the neighborhood that feeds into crime, violence, and a general sense of anxiety and edginess... There is an edge, an edge to being poor and living in an urban community and, possibly also, with being a person of color.

[Reverend Liz Walker]

Responding to Community Need

About Roxbury
Population Served
Impact of Trauma
The Cory Johnson Program for Post-Traumatic Healing (formerly the Cory Johnson Trauma Education Program) began on September 11, 2014 as part of the Social Impact Center at Roxbury Presbyterian Church.

Roxbury Presbyterian Church

“*The Historic Roxbury Presbyterian Church (RPC) is located on the corner of Warren and Woodbine Streets in Roxbury, Massachusetts. Situated in one of the most socially volatile areas of the City of Boston, RPC is often called upon to respond to various community needs.*”

Social Impact Center

“We create educational and economic programs for the Roxbury community.”

Cory Johnson Program

“A community-based approach to addressing the epidemic of PTSD in urban neighborhoods, fostering connection and empowering individuals to take an active role in helping themselves and others heal.”
About Roxbury

Median Age
- Males: 29
- All: 32
- Females: 35

25,953 (50.1%) aged 25 to 64

14% of the population aged 16 and over is unemployed

Race/Ethnicity
- 58.6% Black/African American
- 29% Hispanic/Latino

Poverty
- 30% live below poverty level

Crime - 2017
- 895 violent crimes
  - 14 homicides
  - 45 rapes and attempted rapes
  - 249 robberies and attempted robberies
  - 202 domestic aggravated assaults
  - 382 non-domestic aggravated assaults
  - 1,815 non-violent crimes

Citywide Part One Crime Data by Offense and Area/District

U.S. Census Bureau, 2012-2016 American Community Survey 5-Year Estimates
“People who have experienced violence - in death, witnessing violence, auto accidents, natural disasters . . . We started out thinking that it would only be attractive to those folks. But, then people came with other experiences.”
[Staff]

“It’s safe no matter your sexual orientation, political affiliation, you are welcome and embraced.”
[Participant]
Vulnerability & Brokenness: The Impact of Trauma

Types of Trauma Experienced, n = 73

- Emotional Abuse: 47
- Betrayal Trauma: 40
- Traumatic Grief/Deparation: 39
- Violence: 34
- Bullying: 33
- Physical Abuse or Assault: 32
- Vicarious Traumatization: 28
- Sexual Assault or Abuse: 27
- Serious Accident or Illness: 26
- Neglect: 24
- System Induced Trauma and/or Loss: 23
- Sexual Abuse or Assault: 22
- Forced Displacement: 22
- School Violence: 8
- Natural Disasters: 7
- War, Terrorism, or Political Violence: 5
- Military Trauma: 5

Frequency of experiencing one or more types of trauma, n = 73
Getting to Outcomes

Program Implementation
Program Goals
Multimodal Healing
We knew dinner; we knew art; we knew training community companions to be support in the room; and, being able to support them to get more help was also part of the vision.

[Nancy Kilburn, Program Staff]

Participant Addis Woldegiorguis:
The women who work and volunteer are intrinsic of what the spirit of the program is. They embody that naturally. They ask, “how are you doing?”, and I say “fine”. And they take my hand, say “sit down,” and they ask you “really, what is going on?”, and they want to know. I was not prepared for that.

Reverend Liz Walker:
Everything we do is a part of it: music sets the tone; dinner/the food is necessary; the silence, the space for silence; the ritual at the end; it’s a simple set-up without a lot of extras.

Community Companion:
It makes a great difference when folks come in that we open our arms to people. And, we don’t know them. We love them without knowing what they are going through. We are also going through things; we put that aside and greet them. It’s the space, the love, the peace they feel, the comfort.

Deborah W., Mother’s Support Group participant:
I found a peace when I came back to the group. It was understanding and I felt as though I wasn’t looked at differently. I could say my son’s name as much as I wanted.

Douglas W. Lomax, Men’s Support Group facilitator:
Learning how to cope with trauma and understanding some of the challenges we collectively face as men and as people of color; how best to maneuver, identify, and work within ourselves, within our community, within our families, within the systems we are up against; and then, how to begin the process of healing from all this that we carry.

Trauma Support Programming
Consistent Structure
Dinner
Childcare
Community Companions
“We share a journey; we heal together”: Program Goals

Increase awareness and understanding of trauma, Post-Traumatic Stress and Complex Trauma, grief and loss, and the healing process within community.

Provide relief from traumatic stress in a group setting through the following opportunities for healing: body healing practices and movement (body), education (mind), and sharing of story (spirit).

Provide safe, consistent, and ongoing community connection and support.

Deliver mental health supports to people who otherwise might not receive them, both within the program and through referrals.
Q6. How often you use what you've learned in your daily life (n = 71)

<table>
<thead>
<tr>
<th>Program Event</th>
<th>A lot</th>
<th>Often</th>
<th>Sometimes</th>
<th>Never</th>
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</thead>
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<tr>
<td>Can We Talk?</td>
<td>27</td>
<td>23</td>
<td>17</td>
<td>1</td>
</tr>
<tr>
<td>Mother's Group</td>
<td>4</td>
<td>3</td>
<td>0</td>
<td>0</td>
</tr>
<tr>
<td>Men's Support Group</td>
<td>5</td>
<td>2</td>
<td>0</td>
<td>1</td>
</tr>
<tr>
<td>Mind-Body Healing</td>
<td>12</td>
<td>14</td>
<td>10</td>
<td>1</td>
</tr>
<tr>
<td>Writing Our Stories</td>
<td>8</td>
<td>12</td>
<td>2</td>
<td>0</td>
</tr>
<tr>
<td>Trauma Education Series</td>
<td>16</td>
<td>10</td>
<td>3</td>
<td>0</td>
</tr>
<tr>
<td>Summer Support Night</td>
<td>4</td>
<td>8</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>Special Events</td>
<td>7</td>
<td>9</td>
<td>3</td>
<td>0</td>
</tr>
</tbody>
</table>

Q23. Because of my participation, I have a better understanding of...

- How my trauma affects my physical and mental health
- Trauma in our community
- Trauma and quality of life
- The effects of trauma to our community
- How community plays a big role in the healing of trauma
- Trauma, how to cope with life problems
- Some of the science of trauma
- The scale to which trauma is prevalent in community, society
- Trauma and the power of shared/community of healing
- The many different levels and kinds of trauma and their treatment
- How childhood trauma still impacts me as an adult
- Past and present trauma
- Impacts of community violence
- The long-term effects of trauma
- Different types of trauma and their effects
- The impact of trauma on the body
- How trauma affects an entire neighborhood
- The long-term impacts of trauma and the importance of connecting with others to heal

Increase awareness and understanding of trauma, Post-Traumatic Stress and Complex Trauma, grief and loss, and the healing process within community.
Provide relief from traumatic stress in a group setting through the following opportunities for healing: body healing practices and movement (body), education (mind), and sharing of story (spirit).

Q28. Because of my participation, I have strategies for:
- How to cope with stress and grief, a safety plan for me and my kids
- Dealing with my trauma issues
- For dealing with future trauma
- Healing
- Coping with stress
- Overcoming traumas in every day life
- Dealing with my trauma
- Coping with a recent car accident
- Coping and for healing my brokeness through writing and speaking
- Dealing with depression and feelings of loneliness
- Dealing with trauma and stress

Q29. Because of my participation, I have been able to:
- Relax and cope
- Develop solutions in dealing with things and coping skills
- Integrate a lot of trauma learnings with my life, and with the concrete steps of healing

Q32. After attending a Cory Johnson Program event, I feel:
- Stronger, more deeply connected to others, empowered
- Encouraged, energized, and confident; like I can overcome any and everything that comes my way
- A sense of release; I am stronger and I am not alone
Deliver mental health supports to people who otherwise might not receive them, both within the program and through referrals.

“The mission of the Cory Johnson Program includes providing mental health support and education to promote community healing. How do you experience this aspect of the Program?”

- I feel the Program is supporting community healing from trauma, 73
- I feel I am learning about trauma, 52
- I feel more connected to the community, 49
- I feel I am getting mental health support, 30
- The Program can help the community by, 20
- I would like to explore further mental health support for myself, 10
All of the individuals indicating they first attended the Program because “I felt alone” (n = 17), report the Program has in some way helped them feel less alone, supported by others, and/or connected to others.
“Can you say something about this coming together of spirituality, mental health, and the arts for healing?”

“The spirituality part of it is just what happens in the room when people share and reveal their humanity, and we all identify with it. And, I believe that is God’s presence in the room at that time.

Any story someone brings here... can find expression in art. Once in art it can always be reclaimed that this thing that was going to destroy me, has not, and I’ve found a way to convey it to other human beings and restore it.

The mental health part evolved, was discovered. We did not start out thinking it was a mental health program; it kind of revealed itself. We had people who talked about their diagnoses, how that feels, the shame of it. From the beginning people have trusted the space and shared those stories.

Nancy Kilburn, Program staff

Reverend Liz Walker

A participant
Recommendations and Next Steps

Looking to the Future
Evaluation and Assessment
Replicating the Model
My goal is to see a Can We Talk? in one or two other communities. Can we go into some of the most affected communities to get those folks to begin to talk about their pain; is there a healing that can begin?

[Group facilitator]

“What would you like to be able to say about the Cory Johnson Program in five years?”

Communicating the program
- That everybody knows
- The word is out, and people know if you say trauma or healing, they know to come here
- Want to increase our outreach
- To make sure people know
- I would hope that it would bring in more and more people to heal
- Reach out to those in their homes who don’t know where to go

Replicating the model
- That it will become a national program
- Replicated, that other urban churches have this open healing component that was connected to mental health
- Would like to see in urban areas more, that this program was replicated in Boston, Chicago, and other places where there was a lot of grief and loss and people’s lives are being changed in spiritual ways (and physical ways)
- This model becomes one that can be used across the state
- Make this a model that other churches or communities adopt

Deepening the work
- Really explore the possibility of a mother’s peer group to serve other mothers
- Wondering about a parent support group, parent skills support group
- Having and teaching a toolkit of body healing practices to address trauma
- To be able to train others in dealing with things, for example police dealing with mental health issues in the community; to be a resource in how to handle those sensitive situations
- Connect with the youth... parents get support and we forget that we have kids
Proposed Program Evaluation and Assessment Cycle

- Implement a regular evaluation process
  - Include surveys of program participants
    - Each Spring
    - Streamline to reduce survey fatigue
    - SurveyMonkey
  - Initial intake
    - Assessment of the trauma symptomology
    - Self-administered tool
  - Correlate participant outcomes to program components
  - Continue to collect anecdotal evidence from participants
  - Conduct in-depth interviews and/or focus groups
Next Steps

• Replication Considerations
  • The unique configuration of healing modalities, trauma-informed structure, and program events
  • Begin with the healing modalities and trauma informed structure
  • Add complementary events and components to meet community needs
Acknowledgements

Many thanks to the staff, participants, and group facilitators of the Cory Johnson Program. As I’ve learned during this engagement, regardless of the story or situation which brought us here, in community we can all be ambassadors of healing.

~Donna C. Owens