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Redefining Trauma: Utilizing Restorative Justice to Repair Care Systems

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Abstract

This project examined the ways in which restorative justice programming can improve trauma informed care among the African American population in Oakland, CA. With 23% of African American men and women living at or below the poverty line in the United States, this project assesses gaps in current trauma informed care practices as evident in the literature. Following a rigorous document review the author coded and organized key programming components following six factors detailed by Rowher, Schoones, and Young (2014). Further examination of these program components was conducted using Bloom's taxonomy levels to assess program outcomes associated with specific modules in a proposed curriculum. While the new curriculum has yet to be pilot tested within the population of interest, the use of a peer reviewed program model allowed for an illustrative depiction of the key components needed for the successful implementation of a trauma informed health curriculum. The development of the restorative justice focused curriculum is the result of a rigorous document review and extensive inventory of similar program components and place value on culturally relevant components, and that have effectively influenced the development of the new curriculum. This novel combination of cultural and historical factors put in the health context is just the solution needed to create lasting impact among minority populations in California and beyond.

Keywords: intergenerational trauma (IGT), restorative justice (RJ), document review, minority populations, African-Americans, health curriculum, evidence based, social determinants of health, culture, minority, cultural competence, thematic programming

Introduction

Out of the 7.2 billion people worldwide, 41 million are African American and over 30% are between five and twenty-four years of age (U.S. Census Bureau, 2017). Of the 41 million African Americans in the United States 10% do not have health insurance and 23% live at or below the poverty line, representing one of our most vulnerable populations (U.S. Census Bureau, 2017). These statistics shed light on the systemic inequities that are largely associated with race and class in our society. As described by Jones et al. (2019), health disparities are the result of population-level life trajectories formed as a result of experiences and exposures (nature vs. nurture). This combination of nature and nurture identify aspects of parental trauma and showcase the adverse effects of parental trauma on the psychopathological development of their offspring (Sangalang, Jager, and Harachi, 2017). Sangalang, Jager, and Harachi (2017) explain how trauma can create epigenetic changes that can be passed down in unconventional methods. Such methods include neglect, negative behavior, and absenteeism (Jones et al., 2019). In most cases, transgenerational trauma is compounded by systemic factors like dysfunctional relationships with authority (criminal justice, etc.), the healthcare system, and the education system. (Goodman et al., 2017). While Goodman et al. (2017), describe psychological vectors of trauma, research also notes the physiological results of trauma and the disparate changes witnessed among African Americans. To this effect high rates of heart disease, stroke, diabetes, asthma, and cancer run rampant among communities of color (Office of Minority Health, 2019). To address these challenges community organizations like Resilient Wellness, Restorative Resources, and Impact Justice, focus on holistic development, combining the eight spheres of wellness (emotional, spiritual, intellectual, physical, environmental, financial, occupational and social) to communicate and empower community members.

These community organizations address transgenerational trauma with a variety of services that include, sharing circles, job placement, reentry trainings, mental health and wellness workshops and overall holistic betterment programs. Through the development of these programs transgenerational trauma is addressed to inform local, state, and national health and wellness policies with the intention of reducing health disparities within minority populations.

Literature Review

Intergenerational Trauma (IGT/TGT) Intergenerational trauma (IGT), also known as transgenerational (TGT) trauma is a relatively old phenomenon that continues to raise questions among historians and clinicians alike. Prior to the term ‘intergenerational’ or ‘transgenerational’ trauma, clinicians often described symptoms of extreme sadness, hypervigilance, and irritability as “survivor’s guilt” (Braga, Mello, and Fiks, 2012). In 1966 the first study concerning transgenerational trauma appeared in medical journals and since has appeared in reference to mass cultural and historical traumatic events. Conducted by Dr. Vivian Rakoff, the research described the psychopathological symptoms experienced by the offspring of Holocaust survivors (*Canada’s Mental Health*, Vol. 14). Rakoff’s research has since largely shaped the evolution of trauma research and the classification of trauma related health diagnoses.

The next wave of intergenerational or transgenerational trauma research (IGT/TGT) began in the 1980s. This research was conducted by experts from various fields who examined large cultural and historical traumatic events in the American context. Examining this topic through some broader lens researchers like Danieli, Norris, and Engdahl, began to note the behavioral similarities between the offspring in Rakoff’s literature and the offspring of survivors of other large-scale traumatic events (DeAngelis, 2019).

While the examination of these specific traumatic events established a psychopathological precedent regarding historically disenfranchised individuals; it does not fully address the traumatization of America's most vulnerable communities. DeAngelis (2019) notes that the study of TGT in relation to the impact of slavery and the continued trivialization of African Americans is seldom discussed in detail and by name throughout IGT/TGT literature. The lack of trauma research on this particular population is closely linked to the origin of this topic.. The term transgenerational trauma, originally coined to describe offspring affected by the Holocaust, is now expanding to include instances of TGT often cited among historically disenfranchised communities of color and indigenous peoples in the United States (Phipps and Degges, 2014). These traumas are systematic and (breach the political, social, and biological circles) of these minority populations.

To properly understand the roots of these traumatic experiences, it is important to understand the different definitions of trauma. As described by the Center for the Treatment of Anxiety and Mood Disorders (CTAMD), trauma is often defined as a psychological response to an event or experience that disrupts one's day to day life (CTAMD, 2019). Often this definition is misrepresented to define large life altering traumas which does not include smaller more consistent traumas, or historical traumas that contribute to psychopathological changes (CTAMD, 2019).

Although the research of trauma perpetuated in African American communities in relation to slavery is deficient, the recurring traumas in relation to discrimination and social inequity are noted throughout public health literature (Healthy People 2020). In these context researchers note the link between oppressive systems and their negative physiological effects on health. For example, while mortality rates for older (65+) African Americans have decreased

over the last 20 years a new analysis demonstrates that younger African Americans are living with or dying of many conditions typically found in white Americans at older ages (CDC, n.d.). When an individual is diagnosed early with a disease but does not have the means to address it, they are at higher risk for complications and death. In these instances, these kinds of health disparities are often the result of economic and social conditions that are more common for African Americans than whites (CDC, n.d). These health disparities are often amplified when additional layers of identity such as sex, gender, gender identity, and sexual preference are factored into the equation.

The Office of Minority Health (OMH), contributes significantly to the body of work that describes the rates at which certain diseases affect black communities and other communities of color. Its research affirms that conditions such as poor-quality education, low-wage jobs, and unsafe neighborhoods foment an increased prevalence of trauma (OMH, 2019). In these populations, grief, anger, shock, and sadness are commonly seen in individuals directly affected by trauma and even in those indirectly affected by trauma. The indirect connection to trauma are noted across the literature as instances of genetic predispositions resulting from generational trauma. These generational traumas can be felt by an individual or a community.

To address similar instances of trauma, the Trauma Resource Institute developed the community resiliency model (CRM) to repair harm and educate community members about the biological effects of trauma on populations as a whole (Trauma Resource Institute, 2017). The model emphasizes skill building as it educates community members about wellness tools that can reset the nervous system, effectively retraining the body's reaction to trauma. In doing so, this program has effectively addressed the ways in which trauma affects epigenetic development and

provided tools to decrease those effects. The utilization of the CRM in combination with the foundations of restorative justice can expand the efficacy of this kind of programming.

Restorative Justice (RJ)

Ahmed (2008) describes three goals of restorative justice as empowerment, encouragement, and reconciliation (Ahmed, 2008). When applied in the community setting restorative justice can equip individuals with the tools to face stressors and reduce the effects of intergenerational trauma (DeAngelis, 2019).

The first goal of RJ is to empower community members to use their voice. In doing so, restorative justice practices, like sharing circles encourage young persons to reflect on personal challenges and empathize with peers dealing with similar challenges. In the community setting, ‘sharing circles’ are utilized to embolden individuals to speak up about challenges they might be facing, but they are also used as a means to build trust (Adonis, 2016). Empowering these individuals to use their voice to express concerns is one way restorative practices can mitigate remnants of intergenerational trauma.

The second goal of RJ is to encourage dialogue between people with different backgrounds to promote empathy and understanding. Oftentimes, young adulthood is described as a time of being misunderstood or feeling isolated because of one’s differences (Fieldhouse, 2012). This sentiment is common among adolescents and young adults but is often amplified for minority youth (DeAngelis, 2019). Restorative justice practices look to encourage dialogue as a means of reducing misunderstandings and encouraging connectedness within the community as well as established systems (i.e. healthcare, etc). In a number of settings, the utilization of restorative justice encourages community participation in problem-solving discourse (Cameron & Thorsborne, 2001). Deliberately involving these persons in the conversation about TGT

encourages critical thinking and progressive dialogue that can repair harm and lead to the development of solution-focused programming

Lastly, the third goal of restorative justice practice is reconciliation (Ahmed, 2008). Reconciliation is the act of resolving conflict in a manner that empowers all affected parties. While the primary focus of reconciliation is conflict resolution, the definitive concept coined throughout the literature harm reduction (High, 2017). This concept outlines ownership as the key to harm reduction. In doing so, community members: both perpetrators and victims will take ownership of their missteps as a means to reduce harm and move forward into a trauma free environment.

The purpose of reconciliation in this context is to first repair harm within the community itself. The second step of reconciliation in this context is to equip young people with the tools to effectively advocate for themselves in a variety of settings. The successful use of all three themes of restorative justice contributes to a young person's ability to ultimately reconcile their traumatic experiences and effectively navigate their surroundings (Ahmed, 2008).

Recently, restorative justice has begun to be incorporated in educational, healthcare, and criminal justice settings to promote harm reduction and prevent traumatization (Cameron & Thorsborne, 2001). Examples of this adoption are noted across the literature pertaining to adverse childhood experiences (ACES). Although subtly different, the literature suggests that ACES and IGT are closely linked and the effects of ACES can also manifest in physiological modifications. RJ literature also notes the importance of recognizing ACES as it relates to trauma informed care practice (Brooks, 2004). To shift the paradigm, it is important to empower and encourage partnerships with community organizations to create consistent systemic change. An example of an organization bringing attention to this topic is the Aces Connection Network,

which supports community organizers and initiatives that target the negative effects of ACES. In this way, the Aces Connection Network addresses the developmental aspects of trauma that are compounded by generational trauma.

Similar to Aces Connection, other community-based organizations, like Resilient Wellness, Restorative Resources, and Impact Justice recognize the deficiencies in current trauma informed care in the mainstream health and public health systems and work to bridge the gap in care. Each of these organizations provide access to affordable health services and health education designed to educate and advocate for the disadvantaged.

While the actions of these community organizations are positive, more can be done to encourage better health outcomes and decrease transmissions of IGT. To achieve this, restorative justice practices should be incorporated into a program curriculum that uniquely addresses TGT in a novel fashion (Braga, 2012). The use of RJ will help simplify the complex challenges of TGT that negatively impact positive behavioral development within this population (Cameron & Thorsborne, 2001). To properly mitigate negative behavioral outcomes such as social isolation, exclusion, and the onset of mental health/physical health challenges, the incorporation of restorative justice into a health practice curriculum can reemphasize optimal health care utilization and highlight community resources (Kiyimba, 2016).

The overarching aim of the three goals of RJ: empowerment, encouragement, and reconciliation, is to create efficacious individuals who hold themselves and their communities accountable, effectively expanding the development of healthy lifestyles (Ahmed, 2008). It is the focus of this review to reveal the ways in which restorative justice peer health programming can impact communities affected by intergenerational trauma and inform trauma-centered care.

Methods

To properly develop a trauma informed care curriculum, it was imperative to conduct a document review to better understand the foundations of similar programs. In reviewing curriculum of restorative justice and health programs (improving hospital emergency ambulatory service) hospital emergency department utilization, ambulatory service implementation guide)) correlations between the program rationales and the expected learning outcomes can be found. Utilizing Rohwer, Schoonees, and Young's (2014) curriculum evaluation table allowed for an illustrative depiction of the key components needed for a successful evidence-based health care program. As described by Rowher, Schoones, and Young (2014), their document review process included six steps. Each step was created to systematically reveal the key pieces needed for an effective evidence-based health program. The six steps are defining competencies, reviewing modules and understanding the structure of the curriculum, extracting relevant data, analyzing data, synthesizing data, and disseminating findings (Rowher, Schoones, and Young, 2014).

Results

To define competencies across the different programs a literature review was conducted to review techniques and definitions of restorative justice and intergenerational trauma, and to evaluate the importance of this topic in the health system setting. While conducting the literature review it was important to note articles, curriculums, and programs that answered questions outside of the clinical scope. Addressing trauma clinically is one avenue of positively addressing intergenerational trauma, but it is sometimes accompanied with medication or pain management treatments and lacks a restorative justice focus (DeAngelis, 2019). In reviewing the literature, I was able to create questions and discern the need for a novel non-clinical approach. Finding

examples of best practices and evaluating the effectiveness of these programs across different domains prompted the need to define competencies.

Reviewing the program outlines and gaining a better understanding of the curriculum structure resulted in a clear depiction of how each program operates. This step of the process provided important insights regarding the phases of each program and the curriculum components covered within each phase. The program and curriculum review also clarified whether the curriculum content was clinical or non-clinical and whether similar modules existed throughout the development of the curriculum

Next, I extracted relevant data on, which is presented Table 2 and Table 3. Table 2 describes the Center for Restorative Process, an organization that developed a created for the San Francisco Unified School District (San Francisco Unified, n.d.). Utilizing the table outline offered by Rowher, Schoones, and Young (2014), Table 2 depicts the major themes of the curriculum in conjunction with the Bloom's Taxonomy levels of cognitive function, to evaluate learning objectives and program outcomes (See Appendix B). The Teaching Restorative Practices with Classroom Circles curriculum informed the creation of the IGT+RJ curriculum because it consisted of simple lessons that emphasize empathetic listening and cultural awareness. Table 3 describes the Agency for Healthcare Research and Quality's (AHRQ) emergency room ambulatory service implementation guide. While primarily clinical, this implementation guide exemplified the core components required to develop a curriculum in the holistic health practice setting. Addressing an ineffective clinical process with a combined cultural awareness and skill development opportunity is the epitome of a comprehensive curriculum (Healthier SF.org, nd).

Once the relevant information was extracted it then needed to be analyzed and synthesized. Throughout the analysis process I examined the individual modules or components to determine overall program efficacy. Similar to Rowher, Schoones, and Young (2014), I was able to analyze the data utilizing the levels described in Bloom's taxonomy. Based on the corresponding level of cognitive function and the associated verbs ("define," "describe," "compute," "compare," "critique"), I then was able to classify the curriculum into one of the six categories described by Bloom (Bloom's Taxonomy, n.d.) (See Appendix B). Synthesizing the data resulted in grouping similar program components together in order to reveal patterns across the literature. In doing so, I was able to spot similarities between program outcomes and assessment factors to determine how these fit into the program competencies.

Last but not least, I compiled the data in a succinct manner to include in the implementation and program guide for my proposed IGT+RJ curriculum. Including this information reiterates to the reader, future researchers, and those interested in implementing the program that this curriculum is evidence-based and is the result of a large document review. This analysis contributed to the development of the proposed program's logic model, presented below in Table 1.

Table 1. Logic model

Inputs	Strategies/ Activities	Outputs	Short Term Outcomes (1-3 years)	Intermediate Outcomes (3-5 years)	Overall Program Goal
Development staff or consultant	Needs & Resource Assessment	Dollars needed for program implementation	Identify viable funding sources.	By year 5 ensure recurring funding sources for 40% of operating budget	Ensure sustainable funding for continuous program development and implemen
Technology	Tech Use	Culturally competent tech/ tech training (staff & patient advocates)	Identify possible tech collaborators/part nerships	Train all program staff and 10-15 patient advocates	Launch a web-based/online course facilitation program (accessible options).
Staff	Stakeholders (admin, staff, patients,)	Benchmark progress, incentivize program completion/ offer certification or certificate of completion	Recruit and retain 5-7 team members for initial program launch	Grow staff to 15-20 Provide staff competitive wages, based on local market	Offer an accredited certification program for practitioners who complete the curriculum. Create a peer health curriculum that will also be accredited & have a certification component.
Trainers/ Facilitators	Train the trainer course	Training for program staff and community advocates	Establish annual calendar for training & certification programs.	Train 10-15 full time trainers / facilitators	Sustain 10-15 full time trainers/facilitators (including peer health leaders/mentors).

			Train at least 5 trainers / facilitators		
Community Center	RJ & IGT info sessions	Host RJ circles within the community to discuss trauma and the effects of trauma on minority health.	Host RJ/IGT circles/ sessions within the community 4-6 times per year	Host RJ/IGT circles/sessions within the community 8-10 times per year.	Be the gold standard for IGT+RJ programming. Have the program adopted by 30+ organizations.
Local Community Organizations	Culturally Competent program components	Work with community org to identify potential community members who would like to speak about their experiences during these practitioner trainings.	Create a working document of local, state, national, and international organizations that work in this arena. Identify 5 that we could potentially work with.	Grow the collaboration working doc. Identify 2-3 new partners annually.	Build a culturally competent program
Local Government	Community events- including community partners (local gov, community organizations, etc.)	Engage local elected officials and staff to support and partner with the program	Meet annually with city/state public health department to discuss collaboration	Establish partnership with city/state public health department for continual collaboration	Become the premier consulting agency for public health advocacy and program development in California.

Discussion

The purpose of this project was to uncover and address themes related to intergenerational trauma (IGT) and restorative justice (RJ) in order to improve trauma-informed care practices serving minority populations, specifically the African-American communities in Oakland, CA. Delayed outcomes for this particular population are indicative of the systemic challenges that impede the holistic development of the black and brown minority communities in this Northern California city. To address psychopathological symptoms of these traumas public health professionals must develop a novel tool, similar to the resilient communities' model created by the Trauma Resource Institute to strengthen communities of color and promote intergenerational healing.

A document review was conducted to inform the development of a trauma-informed care curriculum and major programmatic similarities found across the literature revealed an important and thorough six step evaluation process, as described by Rowher, Schoones, and Young (2014). The importance of these six steps are outlined in Table 2 and Table 3, as I extracted the significant pieces from some successful health and health care programs to efficiently develop the RJ + IGT training guide.

Utilization of Rowher, Schoones, and Young's (2014) six steps allowed for the identification of best practices for the development of a new trauma-informed care curriculum. The information gathered through the review of successful trauma-informed care programs highlighted the need for the development of curriculum that incorporates evidence-based tools such as Bloom's taxonomy levels. The six levels of Bloom's Taxonomy are knowledge, comprehension, application, analysis, synthesis, and evaluation (McDaniel, 2018). The incorporation of Bloom's

taxonomy strengthened the development of the new curriculum as it added another level of assessment into the care practice curriculum.

Developing a culturally competent program was also very important, as the program is meant to engage and improve outcomes for the diverse African-American community in Oakland, CA. In line with the overall program goals, listed in the logic model (Table 1), the development of the RJ + IGT curriculum factored in historical trends that account for current health outcomes, showcasing the cyclical nature of intergenerational trauma in all communities specifically highlighting African American communities.

While the development of this new curriculum in large part is the accumulation of historical evidence, insights, and current trends, the heart of this project is the expected impact on the African American community in Oakland, Ca. Developing a program that can be used by community organizations, holistic health programs, mental health providers as well as peer health advocates can increase the program's sustainability. Developing a program with industry standards and evidence-based models in mind enhances the generalizability of the program as a whole.

Table 2. Key competencies within the SFUSD Restorative Practices with Classroom Circles.

Competencies	Content Covered	Module	Teaching approach	Level of Bloom’s Taxonomy	Assessment Methods
Evidence Based Practice		Part one		Analysis- “Distinguish the need for this kind of programming?”	Part One
Answerable Question	Needs Assessment	Part one		Evaluation- “What is the need for this program? And how does it benefit the community?”	Part One- outlines need/benefits. No assessment attached to measure outcomes of overall program listed with the curriculum.
	Restorative Justice	Part one, three	Lecture/Activities	Application- “How do you facilitate an RJ circle?”	Lessons 1-7, program guide provided, no real assessment component
	IGT/TGT	Part one, three		Knowledge- “Describe IGT/TGT.”	No mention of IGT/TGT
Evaluating Performance				Synthesis-	
	Goals: Teacher	Part one	Lecture/Activities	“Summarize how teachers utilize RJ in the classroom?”	Student performance, behavioral changes in students, nothing clearly listed in curriculum
	Goals: Student	Part one	Lecture/Activities	“Explain, what a student should get out of a RJ circle.”	Improved behavioral development, improved grades, etc.
	Goals: Community	Part one	Lecture/Activities	“Rank the goals of the community using RJ practices.”	Harm reduced across the community as a whole

Table 3. Key Competencies for the AHRQ safety program for ambulatory surgery.

Competencies	Content Covered	Module	Level of Bloom’s Taxonomy	Assessment Methods
Answerable Question	Needs Assessment	Overview pg. 4	Comprehension- “Explain the need for the adoption of the CUSP toolkit.”	Overview section describes the use of this QI tool.
Evidence	Development of CUSP	CUSP development, pg. 6	Knowledge- “List the reasons for the adoption of the CUSP toolkit.”	Lists evidence of the efficacy of this program.
Application in the clinical setting	The CUSP toolkit	The Implementation Guide, pg. 10-20	Application- “Use the CUSP toolkit to improve the ambulatory safety service.”	Lists an implementation guide that includes step by step instructions for a seamless transition.
Evaluating Performance	Measurement	Measurement pg. 8-10	Evaluation- “Summarize participation and adoption of the CUSP toolkit in the ED.”	Describes improved culture and safety in the clinical setting as a result of the program implementation.

Implications

This project focused on the development of a curriculum that incorporated restorative justice (RJ) into a trauma-informed care model to improve health outcomes for African Americans in Oakland, CA. Despite the breadth of findings reviewed in the document examination phase, it is evident that restorative justice curricula have yet to be incorporated in many evidence-based programs models. Developed as a tool for the criminal justice system, restorative justice is still widely associated with adult and juvenile justice system reform. Alternative programming utilizing RJ is widely adopted in the classroom setting but the incorporation of these programming elements has yet to make it into the health industry. The curriculum manual can be found in Appendix A (you need to clean up your appendices. The Manual should be your first appendix. The tables there (2 and 3) could be moved into the body of the text in the appropriate section. Make sure that you use section breaks for your appendices, so that you can number them correctly.)

Though this proposed RJ + IGT curriculum is not the first to call for the use of restorative justice in the health setting, it can still be considered a novel and innovative resource because of the use of Rowher, Schoones, and Young's (2014) six steps and Bloom's Taxonomy levels in its development. Future researchers should pilot test the curriculum in the community setting to better assess outcomes and overall efficacy of the RJ + IGT program. And assess if it a viable resource for improving health outcomes among this particular population.

Once the program's effectiveness has been assessed by the pilot test, researchers should inform stakeholders about positive outcomes associated with the development of a program built with the communities' history in mind. Researchers should consider creating and coining additional terminology that relates intergenerational trauma and restorative justice to the holistic

health practice model. The development of these terms will aid in the growth of this body of literature, equipping health practitioners with improved tools to support similar communities, and communities of color. Having a better understanding of restorative justice and its usefulness in this particular context will better incorporate empathetic programming and ultimately positively impact health outcomes.

Future researchers should also look to use this RJ + IGT framework with different population groups to assess its generalizability. The insights gained from multistage and multi-population testing will also add to the body of literature and further emphasize the effects of external factors, or social determinants of health, that impact health outcomes among all populations. If researchers can identify tools to improve outcomes for the most at risk among us, we can repair communities and address cyclical traumatization.

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APPENDIX A: RJ + IGT

Trauma- Informed Care Practice for Practitioners

Implementation & Program Guide

RJ + IGT

Implementation and Program Guide

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Introduction

Why is this particular tool necessary?

OF Of the 41 million African Americans in the U.S., 10% do not have health insurance and 23% live at or below the poverty line, representing one of our most vulnerable populations (U.S. Census Bureau, 2017) and a huge opportunity for public health. These statistics shed light on the systemic inequities that are largely associated with race and class in our society and challenge public health officials to develop and promote holistic programming for minority populations.

Building and implementing a tool that addresses intergenerational trauma using the foundations of restorative justice is one way to address these vulnerable populations. Creating programs for minority populations and more specifically, African Americans, with a historical and culturally competent curriculum can greatly affect the trajectory of health, education, and judicial outcomes. Investing in the development of the whole individual with an understanding of their past, and their people's past is the only way to guarantee an equitable start and a just finish.

The intention of this program is to address the traumatization of minority clients within the health system due to culturally incompetent processes and protocols. To effectively minimize this challenge this program was developed with a restorative justice focus to increase cultural competence and effectively encourage improved care practices.

Is there something like it in the industry already?

As of late, health institutions have largely coined the phrase, patient-centered models of care, to describe the shift from physician dominated dialogues to collaborative patient co-working opportunities. The term patient-centered refers to the quality of relationships with the patient, patient families, clinicians, and all parties throughout the health system (Epstein and Street, 2011). While this new practice is helpful in improving relationships and in turn patient outcomes, it leaves something to be desired for clinicians and clients. In response, this programming fully incorporates restorative practices as a way to mitigate challenges within patient care teams also improving patient care outcomes. The use of restorative justice emphasizes the usefulness of collaborative processes, shifting the paradigm to include the community to improve health outcomes.

What is Restorative Justice (RJ)?

Formally, restorative justice is a theory of justice that emphasizes repairing the harm caused by criminal behavior (Centre for Justice and Reconciliation, nd). While this definition largely describes the process as a result of criminal behavior, this definition should be expanded to describe non-criminal situations. In the community setting restorative justice is often

characterized by three goals, empowerment, encouragement, and reconciliation (Ahmed, 2008). When applied in the community context restorative justice can equip individuals with the tools to face stressors and reduce the effects of intergenerational trauma (DeAngelis, 2019).

What is Intergenerational trauma (IGT)?

To understand the concept of intergenerational or transgenerational trauma it is important to have a good understanding of trauma. The Alameda County, Trauma-Informed Care unit describes trauma as, “experiences or situations that are emotionally painful and distressing such as situations of chronic adversity (discrimination, racism, oppression, and poverty)” (What is Trauma, nd). These experiences overwhelm an individual's ability to cope and increase the likelihood of traumatization.

Intergenerational trauma (IGT), also known as transgenerational (TGT) trauma is a relatively old phenomenon that continues to raise questions among historians and clinicians alike. Prior to the term ‘intergenerational’ or ‘transgenerational’ trauma, clinicians often described symptoms of extreme sadness, hypervigilance, and irritability as “survivor’s guilt” (Braga, Mello, and Fiks, 2012). Chronic adversity is often a comorbidity of worsened health outcomes and oftentimes results in generational trauma, the process of traumatization from one generation to another.

Fundamentals of Restorative Justice

Evolution of Restorative settings & circle keeping climate The use of restorative justice in the health practice environment is described in this manual and will be the foundation for this particular programming. It is important to keep in mind that the change from a reactionary to a proactive culture is a significant task and can be quite challenging. Remember this is a process; learn from the missteps and celebrate the small wins. Using restorative justice in this setting will see most of its success when the entire organization adopts the restorative practice approach. Stakeholder buy-in is key, but most importantly, the client has the most to gain. Directing program goals to prioritize improved health outcomes your specific population is an important step in solidifying organization buy-in and adoption.

Here are some indicators by which you can recognize the emergence of restorative cultures in your organization:

- Program participants recognize the importance of shared responsibility for behavior change. The dynamic among participants shifts and a majority of individuals find their space on the team.
- Program participants experience dealing with conflict and feel safe and supported to do so among their peers.
- The participants work together to identify and solve problems that interfere with learning.
- Through restorative practices, needs for social and emotional learning are supported in positive ways leading to observable growth in client outcomes and employee satisfaction.
- Conflicts are often managed by the gathering of vested parties who using restorative questions as a framework for healing, reach mutually acceptable terms in which to move forward.

Keep in mind, progress is not linear. Behavior change is often characterized as “two steps forward, and one step back.” While this process can be frustrating, the key is to identify the small wins and emphasize the steps taken to make that change. Recognition of positive behavioral management reinforces the development of new behaviors and emphasizes the adoption of a restorative culture. This learning process is largely characterized as an opportunity for inquiry and clarification. Shifting from the lens of frustration and judgment allows the participant to fully engage without fear. The learning process can be accelerated by acknowledging inquiry frankly and providing the space for free dialogue to begin. **A few questions to help with this process are:**

- What has worked well for gaining trust with a client? A colleague? An administrator?
- What have you found works for solving a conflict between practitioners?
- What can people do to prevent misunderstanding?

*Often unspoken questions are at the core of challenges faced within organizations. These questions drive the “implicit curriculum.” Making these questions explicit is one of the most skillful methods of social-emotional pedagogy.

Every Voice is Heard A fundamental piece of restorative practice is the designation of a talking piece. Often used during the facilitation of a sharing circle, the talking piece is used to identify and add value to the participant who is in possession of it in a given moment. The talking piece in itself is an affirmation to the individual who holds it, that their words, ideas, and feelings are important and add to the conversation. The talking piece also serves as a reminder that every voice matters and that every feeling can be shared in a safe environment.

While most often used in the classroom setting, the adoption of a talking piece in the holistic health arena serves as a reminder to participants (peer health educators, health practitioners, clients, etc.) that behavior change starts small. The ability to stay present and engaged while someone else holds a talking piece is a form of nonverbal feedback that reinforces the foundation of the restorative practice.

Across varying age ranges and levels of expertise, it is important to designate an item as a talking piece. A great facilitator will encourage participants to collectively identify an item or in some cases create a talking piece, that is valuable to every member of the team. Doing so encourages camaraderie and again exemplifies the core components of restorative practice.

*You will not always use the talking piece; sometimes it will simply make sense to call upon participants who raise their hands. The talking piece encourages participants who are more shy to speak up, and the outgoing among us to step back and learn from their peers.

Examples of talking pieces:

- Things found in nature like driftwood, feathers, stones, or seashells.
- Small figurines like mini action figures, animal figurines,
- Build your own!

Facilitators Toolkit *Circle Keeping* is a large component of the restorative practice, as briefly described above. In line with the foundations for restorative practice, the facilitator should have a number of things

in their “toolkit” to properly catalyze the social-emotional learning process. A few toolkit items are as follows:

1. Meditation Bell
2. Multiple Talking Pieces.
3. Centering questions. Swap a talking piece with a prompting or centering question to encourage further dialogue among participants.

*Pro-tip: Know your audience. If you know your group will be more experienced practitioners add elements to your tool kit that will validate their expertise. Restorative Practices are equitable because they take into account where the individual is starting from. Recognition of history, trauma, success, and failures is the only way to bridge the gap between people of diverse backgrounds.

High Quality Prompting Questions The key to creating and guiding an effective restorative practice is by utilizing the three types of quality prompting questions. Great facilitators use check-in questions, restorative questions, and closure questions to introduce, explore, and conclude a dialogue. **Check-in** questions are proactive and invite everyone into the circle to respond. A check-in question is answered by all participants, including the facilitator. Check-in questions are used to acquaint the audience to the topic at hand and level the social-emotional playing field.

Restorative questions are a series of cues used to guide a discussion through the harm reduction process. Using restorative questions, a facilitator has the ability to explore the effect of negative behaviors leading to an in-depth conversation about harm reduction. The exploration of this topic promotes learning regarding negative behaviors and their consequences leading to the development of agreements about repairing harm. This dialogue reinforces the cyclical design of restorative practice, prompting participants to adopt this cyclical process to methodically problem solve.

Last but not least, a facilitator uses **closure** questions to prompt reflection on the topic of the circle. Closure questions are used to end a circle because they encourage participants to use reflection as a means of understanding their thoughts as well as the thoughts of their peers.

High quality prompting questions typically are:

- Relevant: questions must be important to the participants.
- Simple and clear: use simple language.
- Open-ended: questions should require deeper thought or conversation.
- Give voice to existing unspoken questions: remind participants of the “unseen” curriculum by asking questions that are important & haven't been discussed.
- Related to current events: often the timelier, the better. Sometimes participants have not had an opportunity to process a current event and the circle can be that space for them.
- Encourage re-storying: the idea that after sharing we begin to breakdown our own constructed versions of other people. Allowing individuals to feel more connected as boundaries and perceptions are torn away.

Example Questions		
Check-in Questions	Restorative Questions	Closure Questions
Who do you respect, and why?	Who has been affected by what happened and how?	What did you like about this exercise?
What is it like for you when you are dealing with conflict?	What about this has been the hardest for you?	What was challenging about this exercise?
What is the biggest change you wish to see in your industry?	What do you think needs to be done to make things as right as possible?	In one sentence describe this experience.
If you could swap lives with any movie character, who would it be?	How do you think your clients were impacted by the organization's decision?	Has the circle helped you better understand the situation discussed?

The Circle has a Center The center of the circle is where the power, healing and understanding lies. It is important that all participants speak into the center, metaphorically adding voices and wisdom to the center of the circle. Every thought or expressed feeling becomes the property of the collective circle, adding to the continued narrative. Reiterating the power of cycles and restorative practices as a whole.

The center of the circle can be decorated with items that are important to the group or could also be the home for a visual prompting question or topic. Facilitators should ask one or two participants to put something into the center of the circle at the beginning of every circle. The shared decision-making process emphasizes the need for group participation and the development of the whole.

Activity 1:

Length: approx. 45 min

Items needed: sticky notes, pens or sharpies, poster board or white board.

1. Pass out sticky notes and a writing utensil
2. Ask the group to write down topics that are timely, important, and relevant to the group as a whole. (5 min)
3. Ask participants to stay silent, this is not the time for a group discussion.
4. Once every participant has had the opportunity to put up at least one sticky note, the facilitator will read all of the sticky notes and begin grouping the notes by theme. (5 min)
5. Once all of the sticky notes are grouped by theme then have the group decide which topic, they'd like to discuss during circle time. (7 min)
6. Once a topic is chosen, center the conversation on that specific topic.

7. Encourage all participants to join the circle and open the dialogue by asking a check-in question.
8. Circle dialogue, utilizing restorative questions. (20 min)
9. After 20 min of discussion ask a closing question and allow for 2 min of individual reflection and 5 min of a collective reflection.

Respect: The Principle of Non-Interference The principle of non-interference means that the circle welcomes individual thoughts and does little to sway an individual from what they feel. The intention of the restorative practice is to provide a space in which uninhibited expression can take place without correction or manipulation. The objective of the group is to actively listen.

This principle is very important for building community as it emphasizes safe expression and interpersonal connections. Using restorative dialogue guides the conversation so that all participants feel able to openly express their thoughts without judgement. Providing structure to the conversation creates an opportunity for all voices to be heard, highlighting truths, needs, and next steps.

*Remember, inquiry, not advocacy

Building Trust When there is trust between colleagues the environment is better prepared to support the needs of the larger community. Trust between employees and employers is vital especially in regard to the dynamics of power and positions. When there is trust in these relationships, individuals feel like they are able to disclose personal information, be authentic, confront their challenges, and show affection. The same can be said for the practitioner and client relationship. Without a foundation of trust progress cannot be made. Utilizing restorative practices in this way invites individuals into the dialogue and gives them the freedom to share with their personal safety in mind.

Restorative circles are always by invitation; individuals should not feel compelled to share when they do not feel emotionally safe with others in the circle. Remember, **building trust takes time**. The development of trust within the group is indicative of the environment and the individuals within the circle. One way to judge the development of trust within a group is to track the level of participation during sharing circles.

Restorative circles build trust by equipping individuals with safe ways to experiment with trust amongst peers. We begin this process using our prompting questions. Check-in questions are low risk and allow students to share their more superficial thoughts. Check-in questions do not ask students to expose their most vulnerable selves but allow them to test the intimacy level of the group before opening up more.

Pro-tip: Increased group participation is indicative of a greater trust threshold. When there is more trust within a group, the ability to explore deeper topics increases. Allow your group and the participants in the group to guide the depth of the circle. The facilitator is here to facilitate healing and ensure safety, not to counsel or problem solve. It's about the individual and the group working together to find solutions and conclusions on their own.

Characteristics of prompting questions...	
...for building trust and connectedness	...for building intimacy and authenticity
<ul style="list-style-type: none"> • Non-controversial subjects • Easy to answer without introspection • Wide range of choice in answers that are honest • Fun and fast • Primarily about story-telling 	<ul style="list-style-type: none"> • More controversial topics • Answers require time and introspection • Edgy, asking participants to answer in new or unfamiliar ways • Primarily about emotional expression and connectedness

Mandated Reporting No matter what population you are working with a facilitator must remember that their first role is to keep all participants safe. This is why it is important to review mandated reporting with your program participants and clients. As a foundation of trust, it is important to recognize that safety is the cornerstone of restorative practice and without we endanger ourselves and our clients. To ensure safety, a facilitator should remind participants of the kinds of topics that must be reported if they come up.

Two Circle Themes Restorative circles have two primary functions, to build community and to respond to harm.

1. Build community

Fostering relationships between individuals and providing a learning opportunity in which everyone has the opportunity to be seen and be heard.

Ex. Community Building circles aka: “get to know me” circles
Community building circles utilize “light” check-in questions to prompt conversation among the group. Typically, these circles are used in the beginning of a session or training. Before diving into a deep topic it is important to lay a foundation of safety and understanding, which can be set by a “get to know me” circle.

2. Respond to harm

Unpacking difficult topics and addressing traumas with intentional and pragmatic action plans.

Ex. Responsive Circles aka: Explorative & Transformative conversations
Responsive circles are achieved by using restorative questions to prompt and steer a conversation through more difficult topics. Responsive circles are where the most change can be observed. Participants grow from intimacy and learn to explore their harms and traumas in an environment that promotes engagement and continuity of care.

RJ+ IGT: Setting things right

Overview: Restorative justice and the use of restorative practices are an experience. While teaching the theory of restorative justice is an important first step, the utilization of restorative practices is the best way to check for understanding.

The first few lessons are structured for the foundational development of trust and understanding. Building trust exercises into the curriculum reiterates the importance of moving participants into a well-known environment prior to riskier probing. The first few lessons will include semi-hypothetical situations and then move toward more relevant topics. Some lessons demand more honesty and authenticity and may be more difficult for the group. Assess the readiness of the group before moving from one lesson to the next.

Remember that the examination of trauma in this setting requires a strong foundation of trust. Make time for participants to get to know each other. Spend time using check-in questions to inform their understanding of the other individuals in the circle and especially their understanding of the facilitator. As the comfort and trust levels rise, work in restorative questions that address the trauma focused topics brought up by the group.

*Pro-tip: Timely participant feedback is vital to maintaining trust. This process is ever changing. Remember that growth and harm reduction is not a linear process. There will be successes and failures, the ability to adapt is what will make the greatest difference.

Lesson 1: An Introduction to Shapes

Purpose and Objectives

While restorative circles have specific guidelines for optimum function it can be useful to examine other shapes that provide a less than fluid experience. This lesson introduces a shape with four corners to illustrate the different sides of every story. Examining this lesson in this way helps establish an initial bond of trust as participants learn more about each other's experiences using the game four corners.

Preparation and Materials

- Clear obstacles from the center of the room to allow for free-flowing movement.
- On one poster board write out the intention for the game. Have the participants help develop 2-3 intentions for this session. Once agreed upon continue with the rest of the set up.
- Take four poster size papers and write one of the following statements per sheet, "Agree," "Strongly Agree," "Disagree," and "Strongly Disagree."
- Put up each of the posters on one of the corners of the room.
- Develop a list of opinion questions. Questions should be a mix of light and more controversial topics to test the boundaries of trust within the group.

Introduction

The Four Corners activity is an approach that asks participants to make a decision about a problem or question. Each of the four corners of the room is labelled with a different response (strongly agree, agree, disagree, strongly disagree). Participants move to the corner that best aligns with their thinking. Then they share their ideas with others in their corner and then come to a consensus. One member of each group shares the result of the discussions with the whole class.

Explain- "This activity is us get more familiar with restorative techniques before moving into a restorative circle. The purpose of this activity is for us all to get to know each other. During this activity we all will have an opportunity to showcase how we think, feel, and react to different stimuli. In doing so, we will begin to set the tone for how we would like to be addressed, the kinds of topics we feel comfortable exploring, and truly understanding our similarities."

"This activity will be done in silence until you are asked for your feedback. I will either ask a question or read a statement, at which time you will move toward the corner of the room that best represents your point of view. Once you have chosen your corner, you and the rest of the participants in that corner will discuss your decision for a at least 30 seconds. Once every corner has had an opportunity to think through their movement, one person per corner will be asked to share on behalf of their side. This will be repeated until time is called or there are no more questions."

Core Activity

Begin activity, allow for 45-90 min of questions, explanations, and silent reflection.

Guidelines- "Let's use the intentions that we set at the beginning of this activity to help guide our conversation. Keep in mind you are allowed to feel and express your feelings during this activity

as long as you are contributing a new thought or point of view to the conversation. Please stay away from correcting or leading the conversation and allow your fellow participants an opportunity to explore their own thoughts and feelings. If at any time you feel unsafe, please let the me (facilitator) know.”

Talking Piece- Not required during this activity.

Explanation- This activity encourages group participation as it helps keep individuals accountable to the group as a whole. As the rigor of the questions increase the boundaries of the group are tested, promoting the development of trust between the participants but also challenging the analytical process of the group. It is important for the participants and the group as a whole to understand the recognize the importance listening to different points of view. This introduction will help expand their behavioral development, surrounding empathy as they move forward in this program.

Focusing Question- “Condoms be offered in high school?” or “Abstinence based sex-education works.” “Women’s reproductive health should be decided by the federal government?”

Closing

Observe how the shape of the group changes. As the participants begin to get closer and feel safer the more the cyclical the process will become. This is an exciting sign that the group is understanding the purpose of the restorative practice and that they are are putting it to use!

Reflection- “Using the talking piece, let’s explore what was difficult in that activity? Let’s explore what you learned about yourself? Did you learn something new about one of your peers? How do you feel about some of the topics discussed?”

Lesson 2: Finding Common Ground

Purpose and Objectives

The purpose of this exercise is to further the foundation of trust within the group.

Objectives:

- Participants will be introduced to the process of setting intentions.
- The group will have an opportunity to come up with intentions and agreements for their practice.
- Participants will learn about the rule of non-interference and respect.

Preparation and Materials

- Talking piece
- Something to center the circle with, a bowl, etc.
- A poster and markers to write down the agreed upon intentions.

Introduction

This activity allows each individual to explore what they need. This approach asks participants to think about what makes a circle or a large group discussion positive. How do you converse with a diverse group of individuals without properly understanding them? To properly address the diverse individuals and topics amongst the group, this kind of trust building activity is fundamental to their overall development. Participants should sit where they feel comfortable. At this point, there is no need to sit in a circle, but this activity could be a preview to a circle conversation.

Explain- “This activity is for us to get more familiar with the other perspectives in our group. To do so, we are going to take a few moments to write down our intentions for this group, and our intentions for this program. The purpose of this activity is for us all to get to know each other. During this activity we all will have an opportunity to share what we consider the purpose of this program. In doing so, we will set the tone for what is allowed in our discussions. It is important to have this conversation before entering a sharing circle so all participants feel safe enough to open up in the conversation.”

“This activity will be aided by the talking piece. When you have the talking piece, you have an opportunity to share what is important for you in this group setting. Share with the group what you are hoping to learn and what you need to be successful.”

Core Activity

Begin activity, allow for 60 min of discussion, explanations, and affirmation.

Guidelines- “Let’s set at least ten intentions for the rest of the program. We set a few intentions prior to activity one, this is our opportunity to set more actionable intentions. These intentions will also make it easier to hold each other accountable for our progress. Please keep in mind there will be moments where you feel uncomfortable. If you feel like an intention or an agreement has been violated, please voice your concern to the group. Without safety and a foundation of trust it will be increasingly difficult to make progress. If at any time you feel unsafe, please let me (facilitator) know.”

Talking Piece- The facilitator can choose the talking piece for this activity.

Focusing Question- “Why do you believe this is important for group discussions?” or “How do you feel about discussing such a sensitive topic?”

Closing

Once ten intentions have been mutually agreed upon by the group make sure they are written down in a place that can be viewed by all participants during every activity. As a group, read through all ten intentions out loud. Observe the energy in the room and make note of how the dynamic between participants shifts after establishing the intentions.

Reflection- “Using the talking piece, let’s explore the intention that you think will be the easiest to abide by? Which will be the most difficult? Let’s explore what you learned about this process? Do you think this activity was helpful? Do you feel like these intentions will set the tone for our group discussions?”

Lesson 3: Repairing harm starts with a strong foundation

Purpose and Objectives

Building on activities one and two, Lesson three explores the key concepts of restorative practices. This lesson will allow participants to explore how people are affected by certain actions, the ways in which these individuals are affected and how we can make things right.

Objectives:

- Participants will understand the difference between retributive and restorative justice.
- Participants will be able to identify and explain the ways in which people are affected by trauma.
- Participants will learn about why restoring justice is more powerful than punishment.

Preparation and Materials

- Make sure the intentions set in the last activity are visible to the whole group while in the circle.
- Prepare the middle of the circle as the focal point for this session.
- This activity is about storytelling. Participants should be encouraged to dig deep and speak about an important memory and think about how that event shaped their behavior and their whole self.

Introduction

This activity is about storytelling, but more specifically experience sharing. Split the larger group into smaller groups of four. Have the group of four think about a significant event that left some kind of impact. This significant event can be a joyous event or something that caused sadness. Have the smaller groups discuss the highs and lows of each story and the impression that experience left on their psyche. Participants are encouraged to think about their reaction to the event as well. Is there anything they would do differently, etc.?

Explain- “This activity is us get more familiar with restorative techniques before moving into a restorative circle. The purpose of this activity is for us all to better understand the restorative process. To do so everyone will be able to tell a story about a significant event in their life. This event could be something from your childhood or something more recent. Think about what happened before that experience, what led up to it, and what you were doing prior to the event. Think about how you reacted, five mins after, one day after, etc. You will share these stories in groups of four. Once everyone in your group has had an opportunity to share the group will come up with a list of major themes from the stories.”

“Once every small group has developed their theme we will come back to the bigger circle. In this circle we will discuss the themes each small group came up with. Then using restorative questions, we will unpack why each theme is relevant and why repairing and restoring the relationship is more powerful than punishing or isolating individuals in our stories.”

The facilitator should also explain the following to the group and allow them to practice identifying these pieces with the themes.

Punitive	Restorative
Punish the wrongdoer.	Addresses all who are affected by the event and agree on actions to make things right.
Focuses on the rule that was broken.	Focus is on the harm and those affected.
Exclude wrongdoers (isolation)	Identify actions to make things right and agree on a plan of action.

Core Activity

Begin activity, allow each individual to tell a 3-minute story. After each person in the group has gone, allow an additional 8 minutes for group discussion and the development of themes. For the next 40 min, have the group unpack these themes using restorative questions. Total time for activity: 1 hour

Guidelines- “Let’s use the intentions that we set for the program to help guide our storytelling during this activity. Keep in mind stories may stir up different emotions in you and your fellow participants. If at any time you feel uncomfortable, please let me know. While you may agree with an individual who is telling a story, try your best to let every person have their time to explore the emotions related to that specific event. It is important to stay away from correcting or leading the conversation.”

Talking Piece- Required during this activity, for both small and large group circles.

Focusing Question- “Who is affected?” “How are people affected?” “What can you do to make this situation right?”

Closing

Reflection- “Using the talking piece, let’s explore what was difficult in this activity? Let’s explore what you learned about restorative practices? Did you learn something new about one of your peers? Did you enjoy sharing your story? What was difficult about sharing something personal?”

Lesson 4: Understanding and Addressing Historical Trauma(s)

Purpose and Objectives

Participants will have an opportunity to openly discuss historical traumas that they believe contribute to their perspective of the world.

Objectives:

- Understand how historical events affect the present and future.
- Describe events that require restorative practices.
- Analyze personal behavioral development in response to described historical events.

Preparation and Materials

- Set up the circle.
- Make sure the intentions set in the last activity are visible to the whole group while in the circle.
- Prepare the middle of the circle as the focal point for this session.
- White board and different colored markers

Introduction

This activity is about understanding how our history affects our present and our future. To understand how our behaviors develop we will explore historical events that have shaped our perception of race, religion, political ideologies, and social norms. Taking a moment to explore how these events impact our behavioral development will also challenge us to reframe each event using the restorative practice. Looking at these events in this lens will help us reflect on our current mindset so we can focus on how we can approach our community with a greater sense of empathy and understanding.

Explain- “This activity is us get more familiar with restorative techniques and exploring their use in the historical context. The group will have the opportunity to build a timeline of events they feel have greatly shaped their perspective. These events can be events that affect the society at large or the individual person. We will explore how our behaviors have shifted overtime and how these shifts developed entirely new trajectories for us entirely.”

“This activity is two parts. First the participants will take a moment to write out the historical events that they believed have greatly shaped their understanding of the world. They can add details from their own family history. Please be sure to contextualize this event, providing location and the date will aid to our understanding as well. The second part of this activity will be mapping out all of the historical information on the white board. Using the talking piece each participant will have an opportunity to share one large historical event, affecting the world or country, and three personal history events. As we add to the timeline the group will be able to make note of overlapping histories.”

Core Activity

Begin activity, allow for 15 min of brainstorming and semi-quiet reflection. After each participant has written down at least 7 historical events, the larger group can convene.

Guidelines- “Let’s use our intentions guide our conversation. Please stay away from correcting or leading the conversation and allow your fellow participants an opportunity to explore their personal history. If at any time you feel unsafe, please let me (the facilitator) know.”

Talking Piece- Required during the larger circle activity.

Explanation- This activity encourages group participation and expands our working knowledge of important historical events. Especially when working with a diverse group of participants, this kind of exploration has a way of uncovering the different perspectives surrounding similar historical events. This kind of exploration promotes honesty, healing and further develops our understanding of those with different backgrounds.

Focusing Question- “Are there commonalities among some of the events listed above?” or “Do you feel like these ripples were equally distributed?”

Closing

Reflection- “In two or three words, describe how that activity made you feel.”

Lesson 5: Come Full Circle

Purpose and Objectives

The group will form a circle and use restorative questions to work through identified and agreed upon challenges. It is important to utilize the circle structure to work through these topics as it allows the participants to fully explore the topic within a safe environment.

Objectives:

- Participants will use restorative questions to discuss a mutually agreed upon topic.
- Participants will experience the sharing circle structure.
- Participants will gain experience asking restorative questions.

Preparation and Materials

- Prepare the room and remind participants of the intentions they set in the first activity.
- Have all participants write down and place a challenge they have experienced into a bowl. Once every participant has written down at least one challenge for discussion mix the pieces around.
- Take two poster size papers and write down restorative questions for participant review. These questions are, “What do you remember thinking at the time?”, “What feelings or needs are still with you?”, “What would you like to happen next?”
- Put up the bowl of challenges in the middle of the circle.
- Identify a circle leader, who will pick a topic from the bowl.
- Pick a topic from the bowl and begin.

Introduction

The sharing circle activity is an approach that asks participants to utilize restorative questions to discuss a challenge, problem or question. Each participant will have the opportunity to write down a challenge they believe is related to the intersection of trauma and mental health. Then each person will express their feelings on the topic, utilizing restorative questions to explore their understanding. Participants share their ideas with others in their circle. Every member of the group shares their view point and adds to the discussion. Encourage individuals to share their thoughts and limit the number of people who skip sharing. If the topic seems to cause mass discomfort amongst the group use a *focusing question* to center the conversation and then choose a new topic.

Explain- “This activity is the culmination of all of our other activities. We have set intentions to guide our dialogue so we can properly use restorative techniques in our restorative circle. The purpose of this activity is for us all to get to know each other and discuss challenges that affect us collectively. During this activity we all will have an opportunity to showcase how we think, feel, and react to different stimuli.

Core Activity

Begin activity, allow for 45 min of questions, explanations, and silent reflection. After each individual in the group has had an opportunity to share their perception of the challenge, use a set of *closing questions* to signal that it is the appropriate time to select another challenge from the bowl.

Guidelines- “Let’s use the intentions that we set at the beginning of this activity to help guide our conversation. Keep in mind you are allowed to feel and express your feelings accordingly throughout this activity as long as you are contributing to the dialogue. Please stay away from correcting or leading the conversation and allow your fellow participants an opportunity to explore their own thoughts and feelings. If at any time you feel unsafe, please let me (the facilitator) know.”

Talking Piece- Needed for this exercise. Encourage the circle leader to choose a talking piece for this discussion.

Explanation- This activity encourages group participation as it helps keep individuals accountable to the group as a whole. As the rigor of the questions increase the boundaries of the group are tested, promoting the development of trust between the participants but also challenging the analytical process of the group. It is important for the participants and the group as a whole to understand the recognize the importance listening to different points of view. This introduction will help expand the behavioral development of the group, encouraging empathy as they move forward in this program.

Focusing Question- “Could this tool be used with clients?” or “Cultural considerations are imperative for effective care.”

Closing

As the participants begin to get closer and feel safer the more cyclical the process will become. This is an exciting sign that the group is understanding the purpose of the restorative practice and that they are putting it to use!

Heightened emotions are normal and often are a reaction to this kind of structured dialogue. Be sure to reemphasize that safety is key for these kinds of conversations. In closing offer affirmations to the participant group. Commend the group for their expressive dialogue. Ask the group to explore what they found productive during this session.

Reflection- “Using the talking piece, let’s explore what was difficult in that activity? Let’s explore what you learned about yourself? Did you learn something new about one of your peers? How do you feel about some of the topics discussed?”

Implementation Guide

Purpose of the guide

The guide and the referenced tools were developed as a part of a capstone project for the University of San Francisco, School of Nursing and Health Professions. The guide and tools are designed to outline the critical program elements for implementing trauma-informed care practice for clinicians with the goal of repairing the effects of intergenerational trauma utilizing restorative practices.

How to use this guide?

This guide is divided into five sections, that highlight the main program implementation elements. I recommend that your plan be inclusive of all five elements to achieve successful

implementation. This guide details practical examples, tools, and resources to allow for seamless adoption and overall implementation.

Program Elements

Preparation phase

Ownership phase

Expansion phase

Evaluation

Planning for Sustainability

Implementing the program

Phase 1: Preparation is key.

The *preparation* phase is all about laying the proper foundation prior to the start of the implementation process. The key to a sustainable and effective program is the careful consideration of the organization's goals.

Key steps for Phase 1: Assess, Recruit, and Engage.

1. Perform a needs assessment for your organization.
 - Assess the organization's need for change.
Reasons for change can span, culture, efficiency, cost, and customer satisfaction.
Assess the available resources.
 - Have an understanding of what you have and what you will need to implement a successful program.
Assess the organization's culture to ensure the program is developed in a culturally competent way.
2. Identify and *recruit* a diverse group of stakeholders who can contribute to the planning process.
 - Diversity is race, ethnic background, schools of thought, department, titles, and place in the organizational structure.
Keep in mind that your largest stakeholder is the consumer or patient (success will be judged from the quality of care aspect).
3. Engage with diverse stakeholders from different departments in the organization.
You will center your programming around the mission and vision of the organization itself. How you do so is the responsibility of the diverse planning committee. *Recruit* and *engage* with solution-focused individuals.

Phase 2: Own it!

The *ownership* phase is where your planning team decides how this new program will be driven by the staff within the organization and supported by the leadership. Oftentimes, ideas that are developed outside of an organization are met with criticism and skepticism, which makes the implementation and adoption of these programs extremely difficult. Work with members of your team to customize the process to fit the needs of your clients and facility.

Key steps for Phase 2: Observe, Modify, and Test.

The planning process can get exciting and often we want to jump right into using the program without really understanding if it will work within our organization's culture. Often this leads to dissatisfaction among staff and consumers. To ensure that the program properly fits within the culture of the organization and aligns with the goals of the organization, piloting the program is a great first step (prior to system-wide implementation). The pilot gives your team an opportunity to practice, reflect, and make modifications as needed.

Tips for *Owning It!* (See tools section below for more information)

1. Culture, culture, culture...
2. Pilot testing... what's that? & how do you do that?

Phase 3: Expand.

The *expansion* process encompasses steps for utilizing the program in the holistic health setting. When done well, expansion is a slowly building process that is carefully managed so that each member of the team is properly trained and supported and receives feedback at appropriate times. *This is when all of the preparation and planning pays off.*

Key steps for Phase 3: Watch, coach, and continually expand.

In this step, your goal is to coach all teams at least once shortly after they begin using the program and whenever possible. Coaching starts with an observation of a team in the clinical setting. The coach/observer plays close attention to what is going on: watching the team and examining how they utilize the skills they have learned from the program.

The continual expansion and adoption of the program will eventually become a part of the culture of the organization. As the program gains momentum stakeholders will begin to say this, "is just the way we do our work here."

Your team will continually...

1. Identify areas for improvement that additional training can address.
2. Talk with stakeholders about their use of RJ. Thank them for adopting the new tools & championing this systematic change.
3. Watch and Coach.
4. Collect and share stories about customer success and patient satisfaction.
5. Engage, train, and coach new staff.
6. Assess needs and program efficacy annually.
7. Periodically evaluate and update program content to reflect changing needs.
8. Periodically bring new people onto the implementation team for fresh perspectives.

Phase 4: Evaluate

The evaluation phase of program development is the most consistent part of creating and maintaining effective programming. Evaluations can be conducted using quantitative, qualitative, or mixed method procedures. Utilizing quantitative methods allows the program implementation team to review a programs efficacy through a data lens. Data is one of the most compelling methods of evaluation and often is the only form of information that stakeholders and outside organizations acknowledge.

Sometimes in the mental and behavioral health landscape, qualitative methods are used to evaluate programs. Asking clients to relay their experience in story form is one-way implementation teams examine the efficiency of a program. If a client describes their experience and it is in line with the goals of the program, then data yields a positive result.

Often, mixed methods are used to evaluate the efficacy of mental health and behavioral health programs. This evaluation method is used because it combines data with personal anecdotes that contextualize the numerical findings.

Evaluation Tools-

<https://articles.extension.org/pages/68357/tools-methods-of-program-evaluation>

<https://www.measureevaluation.org/resources/publications/ms-14-87-en>

Phase 5: Sustain it!

1. Determine change has achieved acceptable results (reliable & replicable program)
2. Develop and use a sustainability prediction tool to understand the nature of change & context
3. Develop infrastructure for sustainability
4. Change relevant support systems

Additional Tools

Preparation phase

Needs Assessment-

<https://www.ies.ncsu.edu/blog/how-to-conduct-needs-assessment-part-1-what-is-it-and-why-do-it/>

<http://wesharescience.com/na/>

<https://www.td.org/newsletters/atd-links/needs-assessment-vs-needsanalysis>

<https://www2.ed.gov/admins/lead/account/compneedsassessment.pdf>

Ownership phase

Culture-

<https://www.tlnt.com/the-9-clear-steps-to-organizational-culturechange/>

<https://www.inc.com/partners-in-leadership/4-practical-steps-to-manage-your-workplace-culture.html>

<https://www.shrm.org/hr-today/news/hr-magazine/1016/pages/how-to-change-your-organizational-culture.aspx>

Pilot Testing

<https://www.guru99.com/pilot-testing.html>

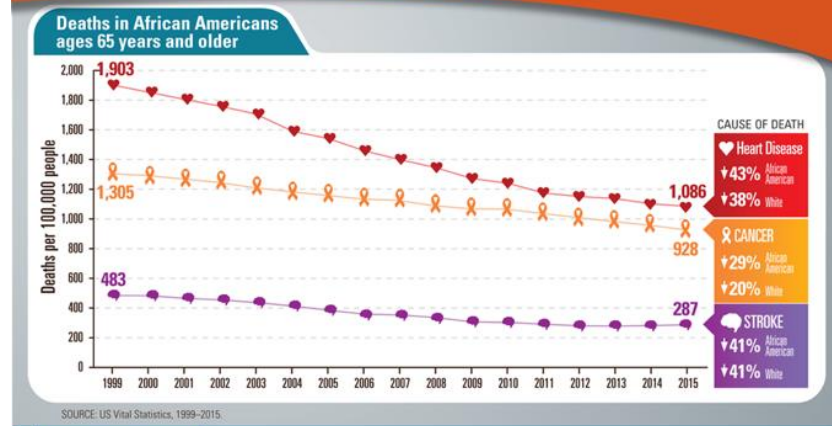
<https://www.hhs.gov/ash/oah/sites/default/files/pilot-testing-508.pdf>

<https://blog.devicemagic.com/step-by-step-guide-to-running-a-piloprogram>

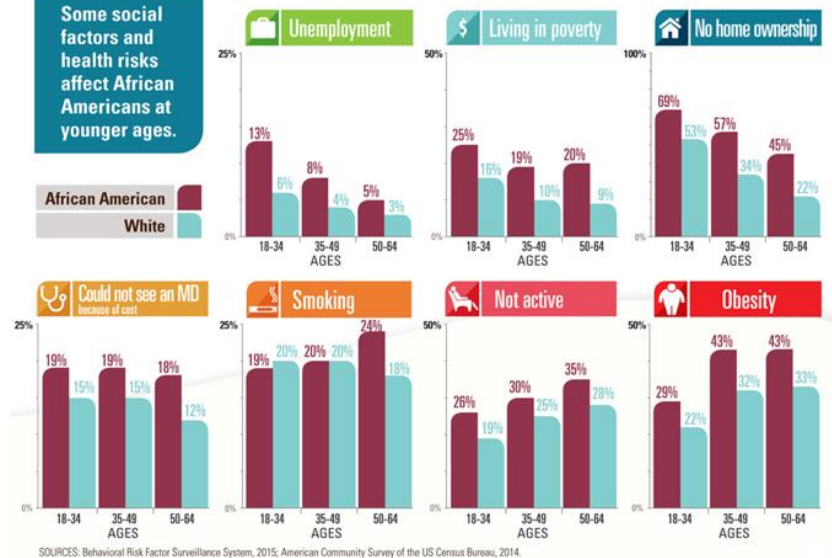
<https://sixsigmastudyguide.com/pilot-implementation-planning/>

Appendix B.

The leading causes of death for African Americans have decreased from 1999–2015.



Some social factors and health risks affect African Americans at younger ages.



Appendix C.

Table 1 Bloom's taxonomy and the associated verbs for each level of cognitive functioning

Bloom's level of cognitive functioning	Verbs describing the learning outcome
Knowledge	define, describe, identify, know, label, list, match, name, outline, recall, recognize, reproduce, select, state
Comprehension	comprehend, convert, defend, distinguish, estimate, explain, extend, generalize, give examples, infer, interpret, paraphrase, predict, rewrite, summarize, translate
Application	apply, change, compute, demonstrate, discover, manipulate, modify, operate, predict, prepare, produce, relate, show, solve, use
Analysis	analyse, break down, compare, contrast, diagram, deconstruct, differentiate, discriminate, distinguish, identify, illustrate, infer, outline, relate, select, separate
Synthesis	categorize, combine, compile, compose, create, devise, design, explain, generate, modify, organize, plan, rearrange, reconstruct, relate, reorganize, revise, rewrite, summarize, tell, write
Evaluation	appraise, compare, conclude, contrast, criticise, critique, defend, describe, discriminate, evaluate, explain, interpret, justify, relate, summarize, support