Past, Present, Future: A program development exploring Post Traumatic slave syndrome (PTSS) using experimental learning and dance/movement therapy based approaches

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PAST, PRESENT, FUTURE: A PROGRAM DEVELOPMENT PROJECT EXPLORING POST
TRAUMATIC SLAVE SYNDROME (PTSS) USING EXPERIENTIAL EDUCATION AND
DANCE/MOVEMENT THERAPY INFORMED APPROACHES

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Abstract

The purpose of this program development project was to create a program that utilizes dance/movement therapy concepts integrated with Dr. Joy DeGruy's Post Traumatic Slave Syndrome (PTSS) theory, specifically with suggestions for healing PTSS, to help African American Adolescents in Chicago's Roseland neighborhood understand, explore and heal from PTSS. The Delphi Methods was used to gather information from collaborators via individual interviews and follow up surveys. Collaborators, all experienced community leaders with African American adolescents in the Roseland neighborhood and similar neighborhoods, included one African American dance/movement therapist, one program developer, an arts and education director and an arts education manager. Information sought from collaborators was guided by a Theory Logic Model resulting in clearly identified inputs, activities, outputs, outcomes and impacts. The resulting program, titled Healing in Motion, consists of ten modules focused on healing domains from DeGruy's PTSS model, DMT and creative arts approaches for addressing the healing domains and practical strengths-based activities that support healing and positive community engagement. Program adaptations, evaluation suggestions and supplemental activities beyond the current program are suggested.
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Chapter One: Introduction

According to United States Census Bureau in 2014, 13.2 percent of the United States population identifies as Black or African American (United States Bureau, 2014). Of that 13.2 percent over 16 percent of African Americans had a diagnosable mental illness in the past year. There are several factors to consider when exploring mental illness in the African American community, including oppression, mental health oppression, racial and ethnic discrimination, slavery, and transgenerational trauma. Oppression is described as “keeping in subservience, to govern or treat harsh (Callender,2018).” Mental health oppression is defined as “the systematic suppression of discharge and the invalidation of people’s minds (Mental Health Oppression and Liberation, 2016). The mental health oppression concept is derived from a counseling model called Re-evaluation Counseling. Re-evaluation Counseling is a process for freeing humans and society as a whole from distress patterns so that may resume fully-intelligent functionality (Re-Evaluation Counseling, 1952). In Re-evaluation Counseling one of the goals is to regain the natural ability to heal from hurt (Re-Evaluation Counseling, 1952). Within this counseling approach, human liberation is a subcategory comprised of ideas of ending racism, class liberation and mental health oppression (Re-Evaluation Counseling, 1952).

Mental health oppression concept attempts to control people by creating systemic barriers through the culture of mental health by invalidation of clients’ experiences, harmful treatments, categorizing people into diagnoses, and punishment for mental health liberation (Mental Health Oppression and Liberation, 2016). Mental health liberation is defined as “the program and process of freeing all people from mental health oppression (Mental Health Oppression and Liberation, 2016).
Racism and racial discrimination have adverse effects on mental health, which is evidenced by an increase in depression, anxiety, and elevated psychological stress (Paradies, 2015). Chronic emotional stress produces negative physical and mental health effects (American Psychological Association, 2017). Racism and racial discrimination creates an intense layer of additional stress for minorities in the United States (American Psychological Association, 2017). Historical context provides an outlook of how slavery, sharecropping, and racial discrimination from health, education, social and economic resources created socioeconomic disparities that are still prevalent in the African American community (Mental Health America, 2018).

Based on this literature, connections between slavery and oppression has created a form of trauma carried across generations. The historical conditions endured by African Americans illustrates traumatic responses in later generations, which is known as transgenerational trauma. Goodman (2013) defines transgenerational trauma (also called intergenerational, multigenerational, or historical trauma) is defined as a disbursement of trauma from one generation to another. Coyle (2014) relates this trauma to “[…] a genocide of a people, where some major event is aimed at a particular group because of their status as an oppressed group.” Transgenerational trauma research began with Holocaust survivors but has been broadened to understand cycles of domestic violence, military trauma, survivors of natural disasters, and marginalized cultures such as African Americans (Goodman, 2013).

The impact of transgenerational trauma influences individuals, family systems and communities (Goodman, 2013). Trauma can manifest at any of these levels and can promote continuation of the trauma. It is especially perpetuated through the “transmission of resilience” amongst generations. African Americans culture, who have faced discrimination, persecution, oppression and a substantial history of trauma often use protective factors to defend themselves
from the horrors of their realities. When African Americans show resilience despite their circumstances, it allows flexibility to adjust protective factors. The PTSS condition such as Post Traumatic Slave Syndrome created by DeGruy (2005) conceptualized the effects of chattel slavery specifically to the key behaviors witnessed in present day society as a result of transgenerational trauma.

**Purpose of Program Development Project**

The purpose of this thesis is to create a program development project was integrates Post Traumatic Slave Syndrome (PTSS), using DeGruy’s (2005) healing domains and dance/movement therapy informed approaches as a creative modality to understand, explore, and heal from PTSS and its residual effects on African American youth in Chicago’s Roseland community. During my matriculation through my master’s program, I began to explore my cultural identifiers including race and ethnicity. I wanted to explore identity as it related to my experience as an African American woman integrated into a predominately Caucasian program and what facets of my identity I felt the need to share or withhold. This guided my research to transgenerational trauma, which ultimately led me to discover Post Traumatic Slave Syndrome (PTSS). Reading and understanding PTSS offered closure. Through exploration of this concept, I concluded that healing from my own sense of Post Traumatic Slave Syndrome was essential in this process of fully embracing my blackness in an unfamiliar space. This closure aided my healing and helped me to embrace myself in spaces with people who are different from my racial and ethnic identity.

**Theoretical Framework**

I have explored several theoretical approaches in the areas of psychology and dance/movement therapy. For a dance/movement therapist using this program, the following
approaches are imperative to use: multicultural approach, person center humanistic approach, strengths-based approach, cognitive behavioral therapy, and trauma informed care. Multiculturalism and cultural competency is an evolving approach, making it imperative that the therapist is aware of the shifts within the approach to connect with the participants. It is also important to recognize how multicultural counseling has not met the needs of the African American population, which will be later discussed in the thesis.

My goals for clients is to explore their world and attune to who they are and their experiences. The clients are people first and that connection as human beings and by minimizing the difference in power helps me establish rapport through Person Centered and Humanistic approaches (Ivey, 2013). I often use Strengths Based approaches for the purposes of empowering the client, identifying what strengths they currently have, what they are currently doing that serves their well-being, and the desire to seek help and change (Ivey, 2013). This approach would be helpful to participants as it relates to building self-esteem and healing. Thoughts and behavioral changes are the catalyst to move the therapeutic process forward, hence the use of Cognitive Behavioral Therapy as a principal component to my approach (Ivey, 2013).

My dance/movement therapy theory approaches stem from Chacian, and Hawkin’s theories and Laban Movement Analysis. Chacian theory provides me with a foundation for a therapeutic relationship, a physical structure, flow of a group session, and grounding place to begin DMT work (Levy, 1988). Hawkins’s idea of polarities is extremely prevalent in my work using phrasing and finding a beginning, middle, and end with each client (Levy, 1988). The concept of phrasing in the Body category of Laban’s Movement Analysis, helps to guide my clinical intuition, treatment goals, and movement interventions combined with Hawkin’s idea of polar opposition (Levy, 1988). In this program, my highlighted approaches will utilize all of
these lenses as needed to help facilitate a transition of self-exploration, understanding, and healing for the participants.
Chapter Two: Literature Review

The purpose of this exploration of literature is to provide context for several entities of the thesis. The literature highlights the differences between race and ethnicity and how it influences mental health. It also seeks to illuminate the graveness of mental health and its historical connection to chattel slavery. It addresses tools that have been used to explore and resolve African American mental health issues. The literature provides concrete and thorough information on models of transgenerational trauma, specifically Post Traumatic Slave Syndrome (PTSS) and Post Traumatic Slavery Disorder. It integrates dance/movement therapy approaches created for the African American community and lastly brings forth methods of healing to address transgenerational trauma, more specifically PTSS. It is important to understand that transgenerational trauma is unconsciously imbedded into African American culture regardless of personal racial identification and/or being directly or indirectly being affected by the implications of transgenerational trauma and its subsidiaries.

Race versus Ethnicity

Race is a social construct developed to divide people into different socioeconomic classes and associate intellectual and behavioral characteristic to each race (Simms, 2018). The Census Bureau (2018) defines race as “a person’s self-identification with one or more social groups” and ethnicity is whether a person is Hispanic or non-Hispanic (United States Census Bureau, 2018). Race is also understood as a term that references a concept of dividing people into groups based on physical characteristics based on genetics (Diffen, 2018). Ethnicity is defined as a population whose members identify based on a common nationality or mutual cultural affiliation (Diffen, 2018). The distinct differences and variety of definition of race shows that the concept itself has vast viewpoints and is not a simplistic concept.
Identifying and African American versus Black. The understanding of racial identification amongst African Americans has been controversial based on the different meanings and usage of the terms Black and African American. When comparing the two terms, black is commonly used as an adjective, whereas African American is used as a noun (Byers, 2013). While some sources consider the terms interchangeable, others individuate the terms (Byer, 2013). The term African American is seen to be restrictive allowing only for the experiences of current African Americans and those with African origins (Simms, 2018). Black is viewed as more inclusive to those of African and the Caribbean descent due to their collective historical experiences (Simms, 2018). African American is viewed as a politically correct term and utilized more frequently in mass media (Byers, 2018). Lastly, personal choice and preference is the key determinant to the usage of both terms (Byers, 2018). For this thesis, the term African American will be used for racial description and identification. Despite difference in terms, disparities in mental health based on race and ethnicity is prevalent and oppression, racism, and slavery have been quintessential contributing factors.

African American Mental Health: Oppression, Racism, Slavery

According to the U.S Department of Health and Human Services Office of Minority Health (2016), African American are 20 percent more likely to report psychological distress than Caucasian adults. African Americans below the poverty standard are three times more likely to report psychological distress than those living above poverty standard (U.S Department of Health and Human Services Office of Minority Health, 2016). Feelings of sadness, worthlessness, and hopelessness are more likely to be described by African Americans than their white counterparts (U.S Department of Health and Human Services Office of Minority Health, 2016). Beliefs related to stigma, help-seeking, and emotional openness affects the coping skills
of African Americans (Ward et al., 2013). Research suggest that stigma and judgment prevent African Americans from seeking treatment (Mental Health America, 2018). The association of mild depression or anxiety is labeled as being “crazy” in social circles. This creates stigma around mental illness for African American, which makes them resistant to treatment or classifying sadness, depression, anxiety, and other emotional problems as mental health issues (Mental Health America, 2018).

In regards to mental health treatment, African American are over-represented in jails and prisons an account for 37 percent of drug arrest (Mental Health America, 2018). The lack of access to services due to uninsured people creates a gap in mental health care (Mental Health America, 2018). In 2011, 54.3 percent of adult African Americans with major depressive episodes received treatment as opposed to 73.1 percent of adult white Americans (Mental Health America, 2018). The representation of African American practitioners is significantly low creating a deficiency in cultural competence amongst white practitioners (APA, 2014). In addition, some African Americans have experienced racism and microaggressions during mental health services creating boundaries and distrust in mental health services (William, 2013).

This disproportionate representation in diagnosis causes challenges for clinicians who seek to treat African American adolescents. Lindsey et al. (2006) researched various themes in regarding to treatment of depression via interviews conducted with African American adolescent males with depressive symptoms. The themes included perceptions of mental illness and mental health care, emotional pain, influence of the social network, help-seeking behaviors, and (Lindsey et al., 2006) Research found that common coping skills for depression were isolation and substance abuse (Lindsey et al., 2006). Often the drugs of choice were alcohol and marijuana are, which were used to cope with stressful life events (Zimmerman et al., 2000). Marijuana use
for adolescents is commonly for experimentation during adolescence; however, African American teenagers, specifically in lower income areas, have higher rates of substance use (Xiaoming et al., 2000).

**Effects of Racism on Mental Health.** The idea of racism and oppression in systemic entities have created disparities in quality of care for African Americans (Williams, 2013). Within mental health oppression, psychologists have created criteria to judge people as “normal” or “abnormal” (Mental Health Oppression and Liberation, 2016). “Normal” is comprised of a collection of oppressive patterns which are identified as norms socially accepted in the domain of the Caucasian male demographic which include being white, male, middle class, heterosexual, able-bodied, Protestant ages 30-40. Beyond this, one is considered “abnormal” (Mental Health Oppression and Liberation, 2016). Due to this normative perspective, racism is seen as “normal” and criticizing or labelling those who are different become classified as “other,” “crazy,” or “strange.” When anger is justified amongst those affected by racism, it is seen as “going crazy” and encourages others to hide their emotions, especially African American men (Mental Health Oppression and Liberation, 2016).

The Caucasian dominant culture propels the idea of mental health oppression and reinforces assimilation, specifically targeting those who cannot survive economically (Mental Health Oppression and Liberation, 2016). Psychiatrist have used this system and created validity to its claims of mental dysfunction and authoritarian privilege to justify such acts by medically approving them. This stems back to historic time, especially during slavery. Because slavery was a cultural norm in the United States, African Americans who attempted to escape slavery were diagnosed with “drapetomania” because escaping slavery, a cultural norm, was considered a
mental illness. The oppression not only stems in the mental health area but intersects in the socioeconomic, education, and violence seen in inner cities, specifically Chicago.

**African American Issues in the United States and the Greater Chicago Area**

Empirical evidence has determined that youth emerged in urban low-income neighborhoods are often exposed to neighborhood crime, drugs and alcohol. The youth population in these areas have limited access to academic resources and achievement which causes social and behavioral problems (Forrest-Banks Nicotera, & Bassett, 2016). Many of these issues are interconnected and cause a domino effect causing despair and disparities. The United States Census Bureau created several five-year surveys from 2012-2016 on poverty, education, race and ethnicity, income, housing, and other social areas. While researching the Chicagoland area, specifically African Americans in Chicago, most statistics were significantly higher compared to other races/ethnicities. For example, in 2016, 21 percent of the overall Chicago population was declared below poverty while 33 percent of the African American population was considered below the poverty level. Whites in 2016 only made up 14 percent of the population below poverty. In education, 83.1 percent of the population attained education between 2012-2016.

**Crime.** The relationship between education, unemployment and crime have direct connections. Amongst African American youth, there is an increased risk for chronic unemployment, poverty, criminal behavior, substance abuse, and incarceration (Elejade-Ruiz, 2016). Shifts in these areas can drastically affect one another (Crusader, 2016). Youth engaging in high crime and receiving low academic achievement have contributed to unemployment and poverty (Crusader, 2016). According to Neighborhood Scout (2018) the crime index in Chicago is eight. This implies that Chicago is only safer than 8 percent of the United States. The chance
of being a victim of a violent crime in Chicago are 1 in 90 compared to Illinois, which is 1 in 229 (Neighborhood Scouts, 2018).

**Unemployment.** Over the past several years, Chicago’s unemployment rate has been the highest in the nation, especially amongst African American men ages 16-24. In 2014, 47 percent of African American men ages 16-24 were unemployed and out of school (Elejalde-Ruiz, 2016). Chicago’s African American demographic makes up 85 percent of 16-19-year old that are unemployed, according to the Bureau of Labor Statistics. Although youth employment in other cities has declined, the connection between unemployment and the racially segregated neighborhoods of Chicago affects poverty-stricken neighborhoods. The influx of unemployed youth residing on the South and West sides of Chicago are primarily in Fuller Park, Englewood, East Garfield Park, and the North Lawndale communities.

Job availability in the north versus that south sides of Chicago contributes to the unemployment rate amongst African Americans (Kirk, 2017). The Northside of Chicago is known for having a higher socioeconomic status of residents than the Southside of Chicago (Kirk, 2017). Communities on the north side of Chicago have between 10,300- 31,000 jobs, inequivalent to 13 of 25 Southside communities having access to 3,000 jobs (Kirk, 2017). Research in minimum wage hikes seem to attribute to stifling low-skilled and minority workers from working entry level or starter jobs (Lucci, 2017). The lack of growth in industrial policies effect African American families particularly, the wage law and unidentified tax regulations. African American construction workers and manufactures suffer from these regulations which causes a migration in African American workers to surrounding states, specifically Indiana and Southern states (Lucci, 2017).
This connection deepens with unemployment and crime rates. With programs such as One Summer Chicago, a summer employment program for youth, The University of Chicago Crime Lab found a 43 percent reduction in violent crime and arrests for youth enrolled in the program (Elejalde-Ruiz, 2016). The decline of teen employment over the past decade has been detrimental due to lack of job security and skills for early experience and job readiness (Elejalde-Ruiz, 2016). Nearly 60 percent of Illinois incarcerated are African American, therefore African American in Illinois face barriers with job placement due to felony records (Lucci, 2017).

**Stereotypes.** Not only does the interconnected relationship bind crime, education, an unemployment together, but the stereotypes about African American men and crime holds a separate standard. According to Pager (2007), African American men, in the United States have been characterized as suspicious. Survey respondents rate African Americans as more violent than other groups and more aggressive. This stems from the idea of Caucasian American’s prejudice and personal beliefs. Research suggest that exposure to news coverage about African American perpetrators of violent crimes increases negative attitudes towards African Americans. The criminal justice system legitimizes and reinforces embedded stereotypes leading to the persistent struggle of African American image in society.

Many of the stereotypes mentioned above have affected the trust between African American youth as well as the police and legal system (Ingmire, 2014). African American youth have reported negative experiences with unfair treatment in the legal system. In a report from the 2009 Mobilization and Change survey and the 2014 Black Youth Project study, findings included the following: 18-29 year old African Americans reported the highest rates of harassment by the police, almost half of African Americans trust the police (44.2 percent).
compared to 71.5 percent of Caucasian youth. Fewer African American youth believed that the police in their communities served and protect them.

Gun violence in the African American community is an additional issue relating to crime (Bump, 2017). The African Americans report to be more likely to personally worry about the threat of safety due to gun violence (Bump, 2017). Weyrauch (2017) reports that guns violence results in death ten times more in African American children than in white children yearly. African American children face the highest rates of gun-related homicides. Disparities in gun violence deaths greatly affect younger boys than other children. Boys ages 13-17 report higher rates of gun related deaths, injuries and homicides than teen girls and younger boys (Werrauch, 2017).

**Education.** Along with crime, disparities in education are prevalent in the African American society. Although 83.4 percent of African Americans achieved a high school diploma, only 19.8 percent of the African American population obtained bachelor’s degrees or higher with 16.8 percent of those degrees belonging to men and 21.4 percent to women (Forrest-Banks Nicotera, & Bassett, 2016). This is compared to the 86 percent of Caucasians achieving a high school diploma and over half, 48 percent, of the White population obtaining advanced degrees. The National Urban League ranked the Chicago metro area 65th out of 70 in black-white unemployment divisions in 2016 (Elejade-Ruiz, 2016). These issues are problematic in the African American community, particularly in Chicago. These behaviors and statistic reflect the racial discrimination seen in American history and the plight represented in mental health, oppression, transgenerational trauma that is still present today and seeks to find other modalities to address community issues.
Dance and Dance/Movement Therapy addressing issues in the African American Community

Dance and dance/movement therapy attempts to address issues in the African American community. Monteiro and Wall (2011) explored the use of ritualistic African Dance as a healing modality to work through trauma. In African culture, dance is comprised of individual and community healing. In addition to the communal emphasis, the mind and body are expected to become incorporated to heal, transformation, and empowerment of the individual and the group. Ritualistic movement plays an essential role in reliving and treating symptomology of psychological distress and neutralize or decrease the impact of psychological trauma. In Monteiro and Wall’s (2011) exploration, they reviewed four styles of African dance, one being an Americanized extension of African dance and Hip hop, to depict the communal healing nature.

**Dance and the African American Community.** Hanna (1987) explains the curative and functional qualities of dance. Her beliefs include dancing being a means to communicate, interconnected in aspects of human life, social and political relations, urbanization and change. Dance and movement that is suppressed in several cultures create an imbalance in communal, spiritual, and interpersonal assets (Hanna, 1987). The symbolic ritualized movement in Africa culturally centered healing practices incorporate safe spaces for spiritual transformation and restorative properties that are needed to achieve optimum healing (Monteiro & Wall, 2011). Ritual healing provides empathic interactions that create intersubjective opportunities to enter intimate material through movement. Through these encounters, relationships are formed, and therapeutic change arises. The physical behavior of ritualistic dance and movement promotes
curative properties released through movement, self-expression, communion, rhythms, and cathartic releases (Monterio & Wall, 2011)

A prevalent form of ritualistic dance among African American and rooted in African dance is Krumping. Krumping is an artistic combination of music, hip-hop, break dancing and musical expression (Monterio & Wall, 2011). This style encompasses the essence of traditional African dance values such as collective identity, sense of personal freedom, and spiritual connectedness. The art form consists of energetic, lively, spontaneous movements sparked intense emotions evoking cathartic movement experiences. Krumping infiltrated the African American community in the early 2000s. Since then, Krumping has provided many of the following: self-esteem building, identity development, personal growth, a source to channel intense emotions, cathartic experiences, empathy, and healing (Monterio & Wall, 2011).

**Dance/Movement Therapy and the African American Community Issues.**

Dance/movement therapy (DMT) provides benefits for African Americans specifically emphasis on movement, interpersonal connection, and creative expression (Tyson, 2006). The holistic approach to African dance is congruent with DMT’s mind/body connection (Tyson, 2006). The impact of movement in African culture is “[…] influenced by the psychophysical orientation of our culture, professional habits and the diversity of our life experiences” (Chang, 2009, p. 305), DMT can address many cultural aspects of African American adolescents. Some of the cultural aspect include influences from music, art and dance religion, communication style, and body image (Tyson, 2006). Tyson (2006) supports the integration of African dance in DMT when working with African Americans. She stated that “it appears that indigenous movements are organically rooted movements that generated from everyday life experiences such as work, play, spiritual and healing practices, etc. of particular cultures” (Tyson 2006, p.
53). Group interaction and cohesiveness are key elements of African American socialization (Farr, 1997), which originated from tribal culture (Todson & Pastuer, 1976). African dance creates a sense of bonding which, compared to DMT, which produces a sense of community through group rhythmic activity and synchronized movement (Chaiklin & Schmais, 1993: Levy, 2005).

Jamesa Martin (2016) research attempted to explore whether dance/movement therapy, poetry, and storytelling could effectively help African American teenage mothers recovering from alcohol and/or chemical dependency. During her research study, Martin (2016) found that approximately eighty-five percent of women responded positively to dance/movement therapy session expressing their ability to express complex emotions that were suppressed over time. Over half of the women found that the use of storytelling and poetry allowed them to tell unheard personal stories not only to be told but acknowledged. The participants collectively agreed that dance/movement therapy and poetry created a foundation for them to experience comfort to “own” their feelings and recommended the interventions for young mothers (Martin, 2016).

Additional literature reinforces the parallels between movement patterns and African American culture. These patterns compliment DMT principles. Farr (1997) explored the aesthetic of African American dance, musical performance, cultural practices that support the manifestation of culturally typical behaviors. Rhythmicity is an example of a cultural manifestation. Rhythmicity is defined as “the physical participation of life in which effective energy is conveyed” (Todson & Pasteur, 1976, p. 113) and is a common signature of African American expression (Todson & Pasteur, 1976). Rhythmicity in DMT terms would be seen in Chacian group rhythmic activity. Group rhythmic activity creates the expression of thoughts and
feelings, which are organized and controlled. Consequently, rhythmicity is used as a method to facilitate organization of internal stimuli and external behavior and as a method of providing a sense of community (Chaiklin & Schmais, 1993; Levy, 2005).

Ifetayo Kitwana (2014) created an ethnographic study that investigated the potential innate healing properties and therapeutic aspects of West African dance within a community setting for people of the African diaspora, specifically the African dance and drum community of Chicago (Kitwana, 2014). The study was conducted to help understand the need for a preventative work, mental health needs of African Americans and increase awareness of dance/movement therapy techniques outside of the clinical setting. The study produced additional knowledge pertaining to the effectiveness of West African dance to connect African Americans to their heritage of physical, mental, and spiritual healing. The research suggests for the exploration and integration of West African dance, dance/movement therapy, and preventative programming for African Americans, as well as implications for future studies (Kitwana, 2014).

Shannon Crudup (2012) conducted a clinical case study exploring the effects of dance/movement therapy (DMT) with an African American adolescent male who showed symptoms of depression. The clinical case study explored information pertaining to mental health and the African American experience, manifestation of depression within the African American culture, and dance/movement therapy. Comparative and interpretive analyses were used to determine the effects of DMT on African American adolescent male with depressive symptoms. Results depicted that DMT is beneficial to African American adolescent males with depression and engaged curiosity for further research and concluded that the research can be included as a growing body of knowledge (Crudup, 2012).
The literature presented helps to illustrate the strides made to address the African American population as it relates to DMT. Many studies and concepts have been explored and add a unique value to the work. Despite its efforts, there is still a shortage of information that exist, and further research is suggested. It is important to note that dance/movement therapy independently cannot help the targeted population; however, explore other models and resource in conjunction with dance/movement therapy may contribute to the existing literature and provide more solutions for this population.

**Models for Understanding Transgenerational Trauma in the African American Community**

Dr. Joy DeGruy is a renowned educator, researcher, presenter, and author of “Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury and Healing (PTSS) (DeGruy, 2005)”. According to DeGruy (2005), PTSS is “a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora.” She further defines PTSS as “…a condition that exist as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery (DeGruy, 2005).” The theory does not address if others identifying as African Americans that do not claim to be descendants from African are affected by PTSS, which provides context for further exploration. DeGruy (2005) establishes a timeline connecting the conditions from the Trans-Atlantic slave trade to American chattel slavery (DeGruy, 2005). Some events include but are not limited to the trans-Atlantic slave trade, chattel slavery, separation of African Americans though complexion of skin and gender roles, creation of psychological stereotypes though oppression and scientific fallacies, emancipation of slavery, Jim Crow era of the 1950s and 1960s, racism and segregation, leading to the present. Her
timeline and other events depicts a progression of racism and traumatic actions which either carried into future generations subliminally and overtly. The historical context builds the foundation for racism through scientific theories to support white supremacy and African American inferiority (DeGruy, 2005). This system provoked racial discrimination, separation of the African American families, and beliefs of inferiority amongst the African American race (DeGruy, 2005). As a result, DeGruy created an acronym MAP: M stands for “multigenerational trauma together with continued oppression; A- absence of opportunity to heal or access the benefits available in the society; leads to P: Post Traumatic Slave Syndrome (DeGruy,2005).” Post Traumatic Slavery Disorder or PTSlaveryD, is another model, which attempts to provide solutions to heal from traumatic oppression for slavery using a module-based model.

**Key patterns of PTSS behaviors.** After identifying PTSS an ontology, DeGruy (2005), establishes three key patterns of behavior that are reflective of PTSS. These are observed characteristics not to be generalized to the African American people but can be viewed as behaviors exhibited due to PTSS. The first is Vacant Esteem, defined as “insufficient development of primary esteem, along with feelings of hopelessness, depression, and a general self-destructive outlook (DeGruy, 2005).” It is further defined as “the state of believing oneself to have little or no worth, exacerbated by the group and societal pronouncement of inferiority” (DeGruy, 2005, p.125). Behaviors which reflect this concept are actions of hopelessness, self-doubt, and lack of esteem.

The second key pattern of behavior DeGruy (2005) identifies is Marked Propensity for Anger and Violence. This is defined as “extreme feelings of suspicion perceived negative motivation of others. Violence against self, property and other, including the members of one’s own group, i.e. friend, relatives or acquaintances (DeGruy 2005, p.125)”. The third pattern
DeGruy (2005) identifies as “Racist Socialization and Internalized Racism.” This is defined as “learned hopelessness, literacy deprivation, distorted self-concept, antipathy or aversion for cultural/ethnic groups, customs of one’s heritage, and physical characteristics of one’s identified cultural/ethnic group (DeGruy, 2005 p.125).” Behaviors which may exist include violence seen through fighting, use of weapons, or media, criminal activity, aggressiveness in tone of voice and body language.

**Application of PTSS.** DeGruy’s theory has been utilized in multiple articles, criminal cases, and scholarly writing. Mitchell (2004) wrote about her impressions of DeGruy’s theory and its relevance to Portland, Oregon’s gang violence. Mitchell (2004) emphasizes the idea of hopelessness and violent behaviors that black males exude through gang violence and its connection to PTSS. Mitchell (2004) references the significance of PTSS in the Bearerton criminal case. Issac Cortez Bynum, was accused of murdering his two-year-old son, who suffered from a brain injury due to an assault. The Bynum’s attorney argued that he suffered from PTSS, which resulted in the deadly beating death of his son (The Oregonian, 2004).

Consequently, DeGruy (2005) was called as an expert witness to explain PTSS and how the key patterns of behaviors were relevant in Bynum’s case. The defense attorney’s goal was to use DeGruy’s theory in three ways. The first use helped to address the suspect’s interactions with police officers before his arrest due to the historical context of African American men and law enforcement. Second, the theory helped to explain the delayed reaction to seek medical help for his son because of mistrust between health care professionals and African Americans (The Oregonian, 2004). Lastly, DeGruy’s theory aided in exploring Bynum’s mind state towards punishment due to the historical use of “whipping” or spanking used for disciplinary actions (The Oregonian, 2004). She explained that the purpose of her testimony was not to explain or
justify the boy’s death, but to provide historical context regarding the suspect’s thought process or actions prior to the murder (The Oregonian, 2004).

Womack (2016) explores the existence of PTSS and the key patterns of behavior in African American college students. Womack discusses the experiences of an African American as a college student through DeGruy’s key patterns of behavior, listed above, and the long-term effects of historical trauma. The historical trauma has manifested through African American scholars valuing their self-worth less than their Caucasian counterparts. PTSS has caused students to have a negative outlook on their futures and the constant pressure to academically surpass their Caucasian counterparts (Womack, 2016). Womack (2016) encourages professionals to validate the Black student experience and to aid Black students in focusing on their strengths and in viewing themselves as capable and knowledgeable (Womach, 2016). Womack (2016) concludes that healing is essential for Black student experiences.

**Epigentics and PTSS.** PTSS is not exclusively connected to transgenerational trauma but is often compared to Post traumatic stress disorder (PTSD) (DSM, 2013). According to Love (2016), PTSD symptoms typically include intrusive thoughts of the trauma, anxiety, fear of safety, depressions, fear of judgement, avoidance of thoughts of trauma, flashbacks, nightmares and dissociation. PTSD can result in psychosis and can be temporarily or permanently debilitating (Love, 2016). During an Ebony magazine interview, DeGruy states, “living in black skin is a whole other stress level” (George, 2015 p.2). To support this, Dr. Monnica Williams, clinical psychologist and director of the University of Louisville’s Center of Mental Health Disparities, explains that PTSD has a significant presence in the African American community due to racism and oppression, and suggests that the symptoms related to race affiliated trauma
result in avoidance of Caucasian people, anxiety and fears of law enforcement, suspicion and paranoia, and extreme concern for the safety of friends and family (Love, 2016).

While racial oppression roots deepen in psychological research, researchers suggest that multigenerational trauma on African Americans is related to a biological and genetic marking on its victims (Love, 2016). Trauma experiences can become embedded in DNA, which alters genetic makeup and allows transferability between succeeding generations (Love, 2016). Dr. Rachel Yehuda, professor of psychiatry at Icahn School of Medicine has conducted research of epigenetics and the intergenerational transmission of trauma (Blades, 2016). According to Dr. Farah D. Ludin, Associate Professor in the Department of Neurobiology at the University of Alabama at Birmingham, epigenetics is an “interface between the environmental experiences and how the DNA will be interpreted in response to those experience (Love, 2016). Studies have shown that Jewish Holocaust survivors possessed the Fkbp5 gene, which is related to PTSD and depression (Love, 2016). Love (2016) continues to say the generational effect of trauma spans from six to seven generations, 25 years per generation.

Adaptation from the Past and PTSS. The wounds of historical trauma not only left an imprint on genetics, but transmitted centuries of behaviors that parallel behaviors seen during slavery (Ross, 2013). The following are behaviors that stem from the following historical trauma exhibited by African Americans: depression, anxiety, anger, shame and guilt, discomfort around white people, fear and mistrust, loss of sleep, lack of concentration, isolation, substance abuse, violence and suicide (Ross, 2013). These symptoms have manifested in the way African Americans interact with the world due to a lack of healing and understanding of how the historical past influences the present (Ross, 2013). In an interview DeGruy (2005) stated “our ancestors learned to adapt to living in a hostile environment and we normalized our injury.”
One example of an adaptation from past to present was mentioned by DeGruy (2005) is parenting. During slavery, slave owners often complimented young slaves, primarily young slave girls (DeGruy, 2005). The mothers of the children responded by condemning the children, giving them less value to the slave owners to protect the children from being sexually manipulated (DeGruy, 2005). A parenting example relates to disciplinary actions. During slavery, to keep children from being harmed, parents would overly punish their children with aggression, to keep order and discipline rather than being punished by a slave owner (Essence, 2005). Today, corporal punishment is a widely used method to punish African American children (Essence, 2005) as in the case of Issac Bynum, who was beaten to death as a form of disciplinary actions (The Orgenian, 2005). Spanking or “whippings” are another form of disciplinary actions that mimics the act of being whipped during slavery (DeGruy, 2005).

The divide and conquer method used during slavery transcended through generations as it related to skin color and hair texture (DeGruy, 2005). During slavery, slave masters often sexually molested slaves. Some slaves became pregnant resulting in a mulatto, or mixed-race, children. Mulatto babies tend to have a distinct difference in skin color, fair color with less melanin than indigenous African people. The hair textured also varied from kinky hair, associated with pure Africans, versus straight or curly long hair of mulattos. This tactic helped slave owners to assert value over skin color and hair texture: fair skin and straight hair was pretty or better than those with more melanin and kinkier hair. This light skin vs. dark skin dilemma is still evident in the way African Americans view aesthetics and association with what is “good” or “bad” (DeGruy, 2005).

In the 1940s, psychologists Kenneth and Mamie Clark designed and conducted a series of experiments known colloquially as “the doll tests” to study the psychological effects of
segregation on African-American children (Clark & Clark, 1950). Clark & Clark (1950) used four dolls, identical except for skin color, to test children’s racial perceptions. Their subjects were African American and Caucasian children between the ages of three to seven (Clark & Clark, 1950). Each child was asked to identify both the race of the dolls and which color doll they prefer (Clark & Clark, 1950). A considerable number of children preferred the Caucasian doll and described the doll using positive characteristics (Clark & Clark, 1950). Clark & Clark (1950) concluded that prejudice, discrimination, and segregation created a feeling of inferiority among African-American children and damaged their self-esteem. The same test was replicated in the early to mid-2000’s and was created into a documentary called *A Girl like Me* by Kiri Davis (Davis, 2005). The results were astonishing due to their similarities and preference of the Caucasian doll with the same justifications for its preference (Davis, 2005).

The act of segregation continued through the division of African American men from African American women. This was especially seen in the African American households. Through this division, slave owners were able to manipulate the individual genders and breed thoughts and behaviors that served the interests of the slave owner. For example, black men were manipulated to be physical beings, distant, aggressive and hostile, while black women were manipulated to be supportive and strong (Essence, 2005). This evolved into a lack of trust between men and women and the perceptions of men to lack trustworthiness financial, sexually, emotionally, and physically (Essence, 2005).

Planning to fail is a behavior many African Americans display due to vacant esteem (DeGruy, 2005). Due to feelings of inferiority of blacks that slavery nurtured, and the fact that education was condemned, many slaves felt incompetent to pursue education. This results in present day attitudes of expecting to fail and underachievement (DeGruy, 2005). This also is
shown through self-sabotaging behaviors such as getting pregnant, dropping out, or acting out to fulfill what most see as the inevitable (DeGruy, 2005).

The significance of the anger and disrespect of the African American male identity stems from past events seen through the lens of PTSS. Hundreds of years of slavery, Jim Crow era’s laws and practices, police brutality, lynching and the Ku Klux Klan have established a foundation of a cycle of disrespect to the Black minds, bodies, spirits, and dignity (DeGruy, 2005). Because of the constant display of anger and violence showed through these historic events, anger and violence became etched in African American behavioral patterns. Disrespect is a trigger for the African American culture which promotes anger and violent responses, leads to an emotional impact, and results negative consequences. DeGruy (2005) states that “if we continue to be emotionally vulnerable to these acts of disrespect, we will relegate ourselves and our children to a life of victimization (p.716).”

**Mistrust in medicine.** There are significant instances of historical atrocities imposed on African Americans that contribute to the fear and paranoia of medical services (Ross, 2013). DeGruy (2005) explains Dr. J Marion Sims and his unethical gynecological testing of African American slave women. Sims created experiments that tested the pain tolerance of African American women through unsterile procedures without anesthesia (DeGruy, 2005). Sims performed unwarranted hysterectomies and vaginal births also testing pain tolerance, sex organs, and babies as scientific research without consent (DeGruy, 2005) The Tuskegee Airmen study was also used as an example for the roots of mistrust. The Tuskegee experiment was an unethical experiment, injecting syphilis into African American airmen to see the effects of the disease (DeGruy, 2005). This experiment was conduct over several decades without consent or from the participants or medical treatment which resulted in death (DeGruy, 2005).
Ashbury et. al (1994) conducted an empirical study to determine the rate of African American’s participation in rehabilitative services and their rate of attrition. The results illustrated that African Americans’ low attrition rates were due to the following: perception of competence, racial similarity, lack of trust, cultural sensitivity, stigma of mental illness and cultural beliefs (Ashbury et al, 1994). These examples provide the evidence of key patterned behaviors or anger, violence, and vacant esteem that are present today (DeGruy, 2005). The historical trauma undergone by African Americans has created characteristics that acted as coping mechanisms transferred trans-generationally. The aspects of transgenerational trauma were prevalent in different facets. The conceptualization of transgenerational trauma was also formed into other theories and models attempting to explain and provide context to the African American experience.

**Post Traumatic Slavery Disorder (PTSlaveryD).** DeGruy’s work is not the only platform that discusses transgenerational trauma of African Americans. Mims et.al (2008) seek to bridge the gap in mental health services with the understanding that the African American experience requires specialized training. Through Pyramid Builders, a program the three colleagues established, a curriculum was created with nontraditional methods to support the needs of African Americans (Mims et al, 2008). The two social workers and a psychologist created a model to equip other social workers and psychologists with knowledge to provide effective mental health services to African Americans entitled Post Traumatic Slavery Disorder (PTSlaveryD). The goal of their model is to reverse the traumatic effects of chattel slavery through education and adequate training for clinicians. They explain PTSlaevyD as an “umbrella pathology with lost history (p.11).” This was further understood as a broad concept that was embedded in historical context that was considered lost. The model provides symptoms
for PTSlaveryD, which include the following: loss of identity, interpersonal relationships (self-hatred), emotional numbing, and anger/mass aggression. Each symptom triggers defected responses of an individual’s daily perceptions and behaviors. The root cause of PTSlaveryD is conceptualized as “the veil of misconception and an inability to determine humanity (p.50).”

From historical periods ranging from the beginning of slavery in approximately 1619, the termination of slavery in 1865 and the Jim Crow era of 1965 to the present, two components remain consistent: mental homicide and mental suicide (Mims et al, 2008). The combination of terms results in the coined phrase “Mentalcides,” which are defined as “when an individual is estranged from thinking clearly, coherently, and independently due to extreme psychological, physical, emotional violence (p.39).” Increased exposure to these conditions creates a disconnection from learning and knowledge.

Mentalcides branch into three modalities. The first is brainwashing that allows a human being to abuse another being with a range of mild to extreme abuse (Mims et al, 2008). The second is visualization, when one human being visualizes other humans as something other than human. Lastly, efforts made on behalf of human beings to assimilate as a means of protections. As a defense mechanism from “mentalcides”, African Americans viewed themselves as insignificant and small, which leads to drugs, alcohol use, and change in appearance.

When comparing PTSS and PTSlaveryD, the most obvious parallel is the foundation of slavery and oppression and its systemic and psychological effects on the Black culture. Both seek to provide explanations for behaviors and dysfunctions through patterns and modalities. The theory and model further the emphasis of exploring transgenerational trauma through different lens with some overlap. They foster a connection between trauma, as it relates to the psyche and through genetic dispositions.
Programming for African American Youth

To understand the needs of African Americans youth, it is important to explore existing programs that combat community issues. Bandy et.al (2011) conducted research evaluating 53 programs and their interventions relating to vulnerable negative outcomes that were listed as teen pregnancy, low academic achievement, HIV infections, and violent deaths. The goal of the program review was to identify programs that had positive impact on African American youth and programs that had no impact on African American youth. Bandy et.al (2011) focused on eight program areas which included the following: reproductive health, substance use, literacy, physical health and nutrition, social skills, school readiness, externalizing behaviors (behavior problems such as aggression, hyperactivity, or violence), and academic achievement.

Researchers reviewed each area reported positive impacts, negative impacts, mixed findings. Overall, researchers found that 29 of the 53 programs had positive impacts on students. Successful interventions included partnerships between community and schools, familial inclusion, and increased frequency of program meetings.

Another program used to combat low income, urban youth, which included African American adolescents, was the Positive Youth Development Framework or PYD. PYD programs aim to build on existing youth’s characteristics through exposure to protective resources (Forest-Banks et.al, 2016). It also creates opportunities for youth to create positive interpersonal relationships with adults and peers, experience social cohesion, and indulge in a social environment that fosters safety and nurturing. The program framework also allows opportunities for networking, character building, resilience to negative experiences, and adaptation to difficult dilemmas. Lerner (2005) operationalized PYD principles as the 6 C’s (Competence, Connection, Character, Confidence, Caring and Compassion, and Contribution).
Competence is defined by the PYD framework as obtaining a positive view of one’s actions and skills regarding education or social situations (Lener et al., 2005). Connections reflects to positive relationships with institutions or individuals that reflect reciprocal exchanges amongst individuals, peers, families, schools, and the community. Character refers to cultural and societal norms, integrity and morals. Confidence relates to internal awareness of positive self-efficacy and self-worth. Caring and compassion coincides with sympathy, empathy and embracing cultural diversity. Lastly, contribution reflects the responsibility for all to embrace charity by simply giving back to others in one’s community, society, or peer. Their principles epitomize attributes associated with adolescent thriving.

In addition to the PYD Framework, creative art was incorporated into a PYD program. Expressive arts use a multitude of artistic disciplines including visual art, music, dance, writing and drama (Forrest-Banks et.al., 2016). The creative process includes art principles that are used to heal and enhance living conditions, which helps individuals to benefit by exploring emotional problems and to cope with trauma and grief. Using the creative process allows for youth to increase self and social awareness as well as to improve coping skills for stress and trauma. Creative arts help to explore cultural diversity and share cultural experiences. The use of expressive arts has displayed empowerment and emancipatory potential. Research suggest that urban youth in low-income neighborhoods who may have endured physical or emotional trauma due to risk factors may find protective influence from involvement in expressive arts programs.

DeGruy (2017) outlined elements of a successful program for African Americans. She first reflected on programs she developed at Portland University. The following is the criteria that was considered effective: the program’s mission, the level of intervention: individual, family or community level, population served: children, adults, family, evaluation criteria, measurable
methods, protocols, and program longevity. From the information gathered from two of her programs amongst others servicing the African American community, DeGruy (2017), concluded the following elements are necessary for effective programming: having a champion supporter, building strong relationships, parental/family involvement, positive racial/ethnic identity development, working with children, culturally relevant curriculum materials, program consistency and longevity, follow up, on-going evaluation, community involvement and providing achievement opportunities for participants.

**Approaches to Healing**

According to Webster’s Dictionary, healing is defined as “the process of making or becoming sound or healthy again.” Although historical trauma led to negative behaviors amongst the African American culture, there are some positive behaviors that derived from trauma. According to DeGruy (2017), healing is defined as “growing sound; getting well; mending. In its verb for, it is defined as “to bring to an end or conclusion, as conflicts between people groups, usually with the strong implication of restoring former amity; settle; reconcile (p.170).” DeGruy (2017) emphasized that healing from transgenerational trauma is necessary due to the impact on future generations.

One of the first steps to move forward in the healing process is to assess what type of trauma that is experience by the individual, families, and the community (DeGruy, 2017). By understanding and using effective coping skills will help to manage daily stressors as individuals. Additionally, family support is another foundational component of the healing process. DeGruy (2005) provides a distinction between healing, health, and well-being. She states that “healing will take use part of the way working towards health and well-being will take us to our goal (DeGruy, 2005 p.766).”
DeGruy (2005) suggests that the work will require a collaborative approach from those within and outside of the African American community in addition to more contributions to research and from. To begin the healing process, DeGruy (2005) proposes that to shift the unhealthy culture of racism and PTSS, it calls for new and healthier patterns of behavior to build a foundation for growth. As opposed to vacant esteem, the culture must rebuild esteem. Regarding anger, DeGruy suggest that the culture “[...] must be able to create and maintain a state of inner well-being (p.769).” Lastly, to combat racial socialization, “we must consciously and deliberately educate and social them [children] to understand their inherent nobility (p.770).”

Ross (2013) identifies these qualities for healing as resilience, adaptive survival behaviors and evolutionary enhancements. Resilience is identified as “the ability to become strong, healthy or successful after something bad happens (Ross, 2013).” Adaptive survival behaviors utilized increased religion and spirituality as a coping skill. Lastly, Ross (2013) identifies evolutionary enhancements has the “strong gene.” Ross (2013) classified ways to enhance quality of life despite historical trauma through several of the following tasks: acknowledge, confront and work to understand the historical trauma, healing one’s self and community, and releasing pain in through spirituality, social justice, and therapy.

DeGruy (2005) created a study guide designed to encourage individuals, groups, and organizations explore and comprehend the functional and dysfunctional attitudes and behaviors transferred amongst multiple generations. This creates behaviors that are now passed on to others in the environments of home, school, and work the society at large (DeGruy, 2005). The Guide seeks to embrace and further conversations regarding the implications of specific issues that were raised in the book “Post Traumatic Slave Syndrome: America’s Legacy of Enduring Injury
and Healing.” The study guide offers helpful and applicable tools to facilitate and develop skills geared towards dismantling negative attitudes and behaviors into positive ones.

Through the PTSlaveryD model, Mims et.al (2008) created a curriculum to promote education and healing of African American clients. The Anti PTSlaveryD curriculum consist of 12 supports followed by goals, objectives, rationales, and books/materials to provide educational context for the supports. The supports include: Introduction to Support Group, Introduction to Mental Slavery, The continuation of mental slavery, mentalcide Recovery 1-3, PTSlaveryD Recovery 1&2, GOP Economics, prevention of PTSlaveryD relapse, prevention and family, and prevention and community.

DMT has been used in clients experiencing trauma as a healing mechanism in the therapeutic process (Gogliott, 2017). The benefits of DMT and trauma include: safety, increased self-awareness, self-regulation, integration of verbal and nonverbal experiences, sensation and movements that affect symptomology of trauma and promote change, and regaining self-control over body and intrusive thoughts. DMT provides access to implicit memories that are encoded in the primitive brain as sensory imprint due to blocked access to verbal and nonverbal language (Johnson, 1987). The goal of treatment for client suffering trauma include stability, safety, and re-emergence into interpersonal relationships and social settings (van der Kolk, MacFarlane & Alexander, 1996). Body-based techniques such as mindfulness, breath work, mediation and relaxation can directly affect symptoms from traumatic experiences such as hyperarousal, isolation, anxiety, depression and numbing.

**DeGruy’s Healing Domains.** DeGruy (2017) identifies several of the following as issues to address during healing and building blocks to achieve healing: learned helplessness, knowing ourselves, healing from past injuries, building self-esteem, taking control of our inner world,
racial socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership, and evidence-based approaches. For the purposes of this thesis, the building blocks were operationalized as healing domains for the purpose of the program. According to Seligman (1975), learned helplessness is defined as understanding autonomy through performance and/or reinforcement outcomes. In this belief a person assumes or has been conditioned to think that an individual has no control over their behavior; hence, helplessness (DeGruy, 2017). DeGruy (2017) challenges this by combatting learned helplessness with ‘learned self-efficacy (p.177).’ By doing this allows for the ‘lived” experience of self-efficacy to diminish thoughts and feelings of helplessness.

In the section of the PTSS book entitled, knowing Ourselves, DeGruy (2017) identifies traits of African Americans that society has deems suitable and traits that defy those stereotypes. Historically, African Americans have been identified as “stupid, criminals, lazy, unmotivated, underachieving, immoral and undisciplined.” Degruy (2017) highlights characteristics such as being industrious, creative, just, forgiving, spiritual, and loving as qualities to African Americans exude and these qualities should be embrace in the healing process. To heal and become healthy from past injuries, DeGruy (2005) suggests that African Americans must build upon their strengths as a community. She identifies “inner fortitude, resilience and endurance, […] creativity, and industriousness” as some of the strengths of African Americans (DeGruy, 2005 p.767). Lastly, she highlights the need to “avail […] the innate sense of justice” and the “[…] proclivity for acceptance (DeGruy, 2005 p.767).”

Building self-esteem is another vital component to providing effective healing (DeGruy, 2017). Esteem is defined as “value or worth” (DeGruy, 2017). Self-esteem explores personal value and worth. To assess self-esteem, it is beneficial to explore two foundational components:
being valuable and being aware of value produced. One must be aware of their own self-worth value to determine their value. Creating value creates healthier esteem and healthy esteem is created by positive social interaction who provide support and guidance.

Anger and stress were the two factors DeGruy (2017) explains in the section taking control of our inner world. She explains the biological mechanisms of stress such as, hormonal reactions to stress and the stress response also known as “fight or flight.” To manage stress, DeGruy (2017) suggest living a balanced life, which includes activities such as exercise, a balanced diet, financial planning, self-care, quality time with and family. Engaging in these practices may help to decrease stress, help to alter emotional response, and are teachable practices to pass down to children or future generations. These interventions provide healing solutions to combat ever present anger DeGruy (2017) describes as a key pattern of behavior.

Racist socialization is identified by DeGruy (2017) as “one of the most consequences of Post Traumatic Slave Syndrome (p.187.)” The notion of white superiority is embedded in the beliefs of African Americans. This has cause self-hatred and devaluing of natural physical characteristic of African American and desire to alter one’s abilities and qualities to fit the mold of the “America Dream.” Transformative thinking must emerge from racist socialization to racial socialization. This effort promotes exposing and embracing African American strengths, which positions African Americans to thrive. To achieve this, DeGruy (2017), emphasizes education and the responsibility of elders to teach children and adults to seek knowledge independently.

Modeling is a form of social learning in which an individual learns, and repeats behaviors based on environment influences (DeGruy, 2017). Children are mostly susceptible to repeat behaviors seen from primary caregivers or other social environments. In lieu of this, DeGruy (2017) suggest that African American model behaviors that parents want their children to
exhibit. She states that “we [African Americans] must also model a successful navigation through the well-established minefield of racial intolerance (p.191).” This helps to abolish myths concerning powerlessness and establishes a blueprint to obtain life goals. DeGruy (2017) calls for personal examples and efforts in creating seminars or workshops to showcase positive modeling for success, which promotes healing. Acknowledging African American history and personal stories of African American families is another vital component in the healing process (DeGruy, 2017). A family gap in family’s history can be mended by creating resources such as genograms of a family tree, making phone calls to connect family history, or visiting family members to retrieve oral accounts of family history.

Religion and spirituality played a crucial role in the survival of African slaves and their descendants (DeGruy, 2017). DeGruy (2017) states that “faith as a healing agent remains a quintessential paradox for those bastions of science committed to curing human ills (p.200).” In addition, DeGruy (2005) suggests that spiritual connectedness is a way that African Americans have healed in the short-term sense in conjunction with the spirit of kinship, community and interconnectedness. She also proposes that the ability to identify our experience and coining it to a term, Post Traumatic Slave Syndrome, allows for individuals to identify the experience, articulate it, and express it without guilt, fear, blame, or anger is a source of healing and strengthening the African American Community (DeGruy, 2005). Lastly, DeGruy contributes finding God, spirituality and religion as healthy tools to promote healing.

Communal gathering has been an essential component of African culture, and to future the healing process, communal building is essential on different level (DeGruy, 2017). Churches, colleges and universities, African American organizations such as the NAACP, the United Negro College Fund, the National Urban League and the Black United Fund have all served as
examples of communal gathering to promote growth and Black excellence. Through the creation and continuance of strong institutions, social activism, and social services have provided emotional, spiritual, and mental guidance and support for African Americans. Sustaining and furthering healthy skills to heal, DeGruy (2017) suspects that regaining community organizations and expanding their relevancy and energy will promote healing. Reclaim African American neighborhoods, revitalizing community programs, real estate development and other areas of growth will help African Americans thrive and use their community to do such.

Strong leadership is another building block to strengthen healing (DeGruy, 2017). African American representation and leadership is crucial in many areas including politics, law enforcement, education, science, activism business and other specialties. Leadership is needed in African American communities to provide mentorship and positive modeling. DeGruy (2017) describes effective leaders as respectful, cognizant, courageous, audacious and humble servants of their communities. Their leadership should affect the communities they serve, and it behooves the community to provide support for its leaders. Accountability and education are other traits to expect of effective leadership. Establishing leadership helps for the communities to thrive with active support, communities can grow and flourish.

DeGruy’s last building block to establish and promote healing is Evidence Based Practice (EBP) approaches. DeGruy (2017), explains that EBP programming helps to improve or destroy specific social issues in the community such as violence, high school drop-out rates, damaged mental health and other factors. Specifically, DeGruy (2017) presents an EBP called Improvement Science to conduct research that fits a learn-by-doing approach. The overall goal of Improvement Science is to enhance the quality of improvement efforts based on research and implement new strategies to tackle social issues. Improvement Science research hold six core
principles which help promote from research through trial and error and to use these opportunities to learn and further change.

**Dance/Movement Therapy and Healing Trauma.** Dance/movement therapy (DMT) is defined by the American Dance Therapy Association (2006) as ‘the psychotherapeutic use of movement in a process which furthers the emotional, social, cognitive, and physical integration of the individual’. Dance movement therapy uses psychomotor expression as its mode of intervention and change (Levy, 1988). Dance/ movement therapy seeks to combine the expressive and creative aspects of dance with the insights of psychotherapy (Stanton-Jones, 1992). It encourages self-expression and self-exploration while creating genuine communication and interaction between the mind and body (Levy, 1988).

The principle of dance/movement therapy is that ways in which the body movements depicts subconscious body occurrences and changes in movement behavior can lead to changes in consciousness, thus promoting health and growth (Levy, 1988). Psychological understanding is developed through the process of movement and interpretation within the therapeutic relationship (Stanton-Jones, 1992). Achieving a sense of wholeness by experiencing the amalgamation of body, mind, and spirit is one of the goals of dance/movement therapy. DMT uses movement intervention to explore new ways of understanding feelings that are difficult to articulate (Stanton-Jones, 1992). DMT is used in a variety of settings and can be used as a fundamental part of a group work approach to enrich exploration of emotions, conflict resolution, cooperative skill building, and self-esteem. (Goodgame, 2007).

Dance/movement therapy helps the participant process trauma by increasing awareness of a reintegrated a holistic mind and body, creating creative expression to represent suffering or trauma, and collecting personal strengths accessible for recovery (Alan-Harris, 2002). Creative
processing of trauma can provide symbolic expression of feelings that can create shifts in identity and competence. The utilization of creative coping skills given in creative arts therapy sessions helps to strengthen communication in psychotherapy. In lieu of this, David Alan Harris (2002) explored dance/movement therapy approaches with African adolescent torture survivors that created resilience and recovery. Two DMT initiatives in the population were used and the research found that DMT approaches were shown to embody revitalizing psychosocial support post-conflict.

Dance/movement therapy allows depth in clinical work due to the neurological influences in human behavior and healing (Gray, 2017). Amber Gray (2017) created polyvagal-informed dance therapy relating to trauma. The primary function of polyvagal- informed DMT is the “right to embody (p.2).” Her mantra states “all human beings have the right to inhabit their bodies in ways they choose to (p.2).” It embraces the fight, flight, freeze, response to trauma and deems it worthy of celebration instead of being condemned. Music, dance, rhythm and movement, are actions that shift and restore the physiological states. The shift in states can also be expressed emotionally and psychologically. Poly-vagal informed DMT embraces and implements trust and safety as a foundation of human dignity.

**Conclusion**

Transgenerational trauma understood through the lens of Post Traumatic Slave Syndrome (PTSS) provides a connection from past trauma and oppression of African Americans to present behaviors. By creating connection between the aftermath of slavery and its residual effects embedded in present oppression in mental health services, racial discrimination, crime, education, unemployment and other issues helps to support the context of PTSS and provides origin and examples of its manifestation. By exploring DeGruy’s (2017) building blocks
amongst other interventions may create change in the community. The communal and creative nature of dance/movement therapy has been shown effective in trauma work and interfacing with African American issues. Identifying components to healing suggest what goals and outcomes to set and measure in to achieve healing. Intentionally creative programming for teens has provided effective results through creative arts programming. The prevalence of crime, unemployment, and education amongst some Chicago teens suggest that there is a need for programming to address these issues. Creative arts programming provides a unique perspective to addressing community issues and trauma, which addresses communal needs. Based on this research, this program seeks to determine how can PTSS healing domains and dance/movement therapy be integrated to create a program for African American adolescents in Chicago’s Roseland community.
Chapter Three: Methodology

The purpose of this program development project is to integrate Post Traumatic Slave Syndrome (PTSS), using DeGruy’s (2017) healing domains, experiential learning, and dance/movement therapy informed approaches as a creative healing modality to understand, explore, and heal from PTSS and its residual effects on African American youth in Chicago’s Roseland community. This program development utilized a theory approach logic model. The method behind a basic logic model is a visual representation organizing the needs a program addresses, resources available or necessary to implement the program, activities, and expected outcomes (W.K. Kellogg Foundation, 2004). From there, this approach is divided into specific categories: resources/inputs, activities, outputs, outcomes, and impact. A “road map” serves as a visual depiction for the work and intended results of program development (W.K. Kellogg Foundation, 2004, p. 3). This model serves the developer in understanding unforeseen limitations and external factors that the developer could not control but may affect program results.

Collaborators. The collaborators include administrators from a community education program in the Roseland community, a community center in the Roseland community and an African American dance/movement therapist that works with African American youth. These collaborators were selected due to their knowledge of adolescents in the Roseland community, experience in social and educational programming, and their knowledge of working with these adolescents through dance/movement therapy. I gained insight from their personal and professional experiences.

Collaborators were recruited from: (1) my workplace, Arts & Education Department; (2) an existing college readiness program in the Roseland community; and (3) a DMT acquaintance. Recruitment informally began with conversations about my goals, the program development
process, and the significance of the knowledge each collaborator could contribute. After, collaborators were asked to sign an informal agreement and given a Collaborator Reference Guide (See Appendix F) to provide context for the program and to explain my expectations, goals, and process.

Setting. Collaboration took place via FaceTime, phone and face-to-face interviews at the Salvation Army Kroc Center. Video chat services accounted for flexibility in the professional’s availability and geographic location. A survey via Survey Monkey was used to allow collaborators to answer Round 2 questions. Interpretation of interviews, surveys, and the creation of the Logic Model occurred privately in my home.

Information gathering. Information was collected using the Delphi method. The Delphi method is a form of qualitative data gathering which sought to gain a consensus among experts (Hsu & Sandford, 2007). I utilized two rounds of this method, beginning with one round of a semi-structured interview to gather ideas for the structure and needs of the program, followed by one round of qualitative survey (See Appendix C &E). The Delphi method requires that the first round consist of broad questions to more specific questions, followed by drafts of the program logic model and feedback in the final round (Hsu & Sandford, 2007). For the first round of questions, I captured the semi-structured interviews via voice recordings application on my cell phone and conducting face-to-face video chat interviews via FaceTime. I typed responses to any questions in a document, which aided in creating a more specific second round of questions disseminated through Survey Monkey pertaining to the following: logistics of the program, information synthesized in the logic model, additional feedback, and potential pitfalls the program may experience based on the presented documentation.
**Interpretation.** Data were analyzed throughout the process as collaborator input from each round of the Delphi Method. Writing responses and using my creative process through intuiting, curiosity, and asking the question what is missing from this program allowed for new questions to be synthesized. The information became synthesized and organized into questions for following rounds. The feedback from collaborators was incorporated into the logic model for program development (Hsu & Sandford, 2007).

**Ethical Considerations**

To ensure the safety of program collaborators, some factors to consider are confidentiality and power dynamics. Collaborators first were asked to sign an informal agreement outlining project goals and expectations. The agreement also provided an option to remain anonymous. Collaborators allowed their employment sites to be described and employment titles could be used. The decision to remain anonymous will be documented on a file on my laptop, which is passcode protected kept safely at home. Power differential among collaborators are likely to occur in this process. Due to the individual nature of the collaboration and my limited experience, it will be beneficial to create boundaries and a clear understanding of their role as a collaborator will be to contribute ideas based on their individual expertise. A Collaborator Reference Guide (see appendix) was provided to clearly define roles and responsibilities. Bias and assumptions were considered and while processing information from the questionnaire feedback. Due to the variance in experience, bias, and assumptions, I attempted to provide clear questions and definition to help delimit bias and assumptions. Collaborators can use the program; however, they do not own rights to the program or intellectual property. All intellectual property is owned by this writer and collaborators agreed to this via signature on the collaborator agreement.
Chapter Four: Program Development

The purpose of this program is to address issues that are in the African American community, with the focus on specific adolescents in Chicago’s Roseland community. It will integrate PTSS, DeGruy’s (2005) healing domains, experiential education facilitation, and dance/movement therapy-informed approaches as a creative modality to understand, explore, and heal from PTSS. I used the logic model theory in my approach to this project. This method involves using a visual representation to organize the needs that a program addresses, as well as the resources available or necessary to implement the program, activities, and expected outcomes (W.K. Kellogg Foundation, 2004). From there, the approach is divided into five categories: resources/inputs, activities, outputs, outcomes, and impact. A “road map” serves as a visual depiction for the work and intended results of the program development (W. K. Kellogg Foundation, 2004, p. 3). This model helps the developer identify unforeseen limitations and external factors that the developer could not control, and that may affect the program results.

Figure 1. Theory Logic Model
Impact

The logic model’s creators designed the model to work with the end goal in mind. They suggest working inversely by planning the outcomes and impacts so that one may find reasoning later (University of Wisconsin-Extension, 2003). For my program, using the logic model helped me find reasoning in a sequential way. Understanding the resources required, planning activities, and identifying the outputs helped create the outcomes and impact I hoped to see. University of Wisconsin-Extension (2003) describes the outcome section as the direct results or benefits of the program. The outputs, outcomes, and impacts helped me decide what immediate results and behavioral changes may occur, what changes may be seen in one to three years, and what impacts the program will have in seven to ten years. The third section asks about the ultimate impact of the program. The impact is the ultimate consequence or effects of the program.

Ultimately, we determined that the program will have the following impact:

- Program participants will have an increased awareness of job opportunities in Chicago and exposure to future career options.
- Program participants will increase discussion and contemplation on obtaining higher education.
- Program participants will have an increased awareness of crime in the Roseland neighborhood.
- Program participants will have an increased awareness of safety precautions related to crime through friendly engagement with Chicago Police Officers.
- Program participants will have an increased awareness of health disparities among African Americans in Chicago.
• Program participants will have an increased awareness of physical activities and food choices.
• Program participants will have an increased awareness of self-worth and cultural identity.
• Program participants will have an increased awareness of chattel slavery and its present-day effects on the African American community.

Situation/Priorities

The first component of the logic model emphasizes research and findings that support the program’s significance. A community need or problem is explained in the situations portion of the model (University of Wisconsin-Extension, 2003), dissecting a combination of sociopolitical, environmental, and economic conditions that created this need. This information was used to gather information about the priorities of the program, but it was not reflected directly. Despite this, the information is relevant to understanding the factors that helped to create the model.

The communal needs of this program include lack of quality education, mental health disparities, increased crime, and increased unemployment rates. My collaborators could only name two or three programs in the city of Chicago that address these factors. In addition, transgenerational trauma may be a concept that is an underlying factor of communal needs and is unfamiliar to the target population. Increasing awareness on historical content in a new lens may increase awareness of the effects of transgenerational trauma.

Inputs

The inputs of program development are materials and contributions that are necessary for the program’s development and execution (University of Wisconsin-Extension, 2003). Inputs may include money, staff, time, location, number of participants, type of staff, materials, and
various other factors. During round one of my semi-structured interviews, many of the questions revolved around resources. The information from the interviews helped to determine resources for the program. Based on these discussions, the program would serve adolescents that are 12-17 in age and in grades eight through 12. Weekdays were a preferred time, specifically Wednesdays from 4:30pm-6:30pm. The program could take place a community center located in the Roseland community with 10-30 teens enrolled. With this number of teens, there should be a minimum of two staff members and a maximum of four. The teen/staff ratio desired is 12:1. The location needs to have large enough space to accommodate the number of teens and be equipped with tables, chairs, projectors, computers, and a sound system.

Funding was a major concern based on the socioeconomic status of the teens attending the program. The collaborators and I determined that a $50 fee per teen for a 10-week session was feasible, provided that a payment plan and scholarships through grant writing would be available. A fee is commonly used for guests to obtain membership at the facility. For those who are experiencing financial hardship, scholarships are given to subset the cost to offer the child or adult the ability to participate. Discounts are also given for early registration and will be considered when promoting this program. The fee, in conjunction with grant money, will help to fund supplies, small gifts for guest speakers, materials for parent orientation, materials for the gallery, and miscellaneous items.

Parental involvement was highly suggested through an orientation with refreshments to gain their trust and investment in participation. Suggested staff would include a dance/movement therapist, teachers, community workers, program developers or mentors, other mental health professionals, and volunteers. A dance/movement therapist is required to implement this program. Art materials including journals, coloring pencils, markers, glitter, yarn, pens, pencils,
and other creative materials will be needed. Guest panelists and participation from the Chicago Alternative Policing Strategy (CAPS) unit, which is a division of the Chicago Police Department focused on community outreach and programming to foster stronger connections in the areas they serve.

Activities and Outputs

The output section of the logic model describes what is being done and to whom (University of Wisconsin–Extension, 2003). The activities used in a logic model help to create its outputs. Activities for the program would include dance/movement therapy informed techniques, body-based opening rituals, experiential learning, journal writing, creative arts, lecture and discussion, an art gallery for family and friends, and verbal closing discussion. Activities would be designed for 10-30 adolescents ages 12-17 from Chicago’s Roseland community. The outputs that I will deliver, and the amount of intended product and/or service includes the following:

- increased knowledge on the history of African American chattel slavery and its impact on people today.
- increased self-esteem,
- increased self-awareness by understanding cultural identifiers, creative expression, and modeling,
- increased knowledge of the impact of negative patterns of behavior as it relates to crime, health, employment, and education in the Chicago community,
- increased coping skills as evidenced by verbal feedback and utilization of skills in group and other settings,
- increase knowledge of PTSS knowledge and healing domains.
Outcomes

Outcomes are the specific changes in program participants’ behavior, knowledge, skills, status, and level of functioning (W.K. Kellogg Foundation, 2004). In this model, outcomes are divided into three sections: short-term, mid-term, and long-term. Short-term outcomes were integrated in the outputs section listed above as the initial changes experienced by the participants. The mid- to long-term outcomes include the following:

- increased self-awareness and self-esteem by the completion of the program,
- increased leadership roles by the end of program and enrollment in one or more club or organization after the program,
- increased inquiries about obtaining higher education and/or trade school or army by the end of the program, if applicable by age,
- increased interest in community service by the end of the program and engagement in one community service activity after the program,
- increased sharing of knowledge with others within their community by the end of the program and after the program,
- explore personal healing as a result of experiential learning and expressive exploration,

Assumptions and External Factors

According to the logic model (W.K. Kellogg Foundation, 2004), assumptions are the preconceived beliefs about the program and the people involved, and the idea of how it would work (University of Wisconsin-Extension, 2003). After the preliminary outline of the program was developed, factors were taken into consideration regarding the facilitation and operation of the program. There are also preconceived beliefs in the PTSS model that teens may or may not feel is relative to their individual or collective group experiences. For example, the program and
the PTSS theory come as a solution to promote healing in the African American community; however, teens may not identify as being affected by trauma, nor have a need or desire for healing. It is assumed that most adolescents do not engage in deep discussions of feelings and creative explorations, specifically African American males. Exploration in the adolescent years also occurs with sexual curiosity. Sexual curiosity also begins to arise due to developmental and hormonal changes. Being aware of this curiosity and creating safe boundaries within which they may talk and express their feelings is important.

According to the collaborators, school and parents are major external factors. School clubs and prior obligations may impact attendance and a teen’s full engagement in the program. Transportation and providing safe passage to and from the program is crucial to the safety of the teens. Inclement weather can also be a deterrent and safety risk for teens traveling to and from the program. Lastly, family responsibilities may be prioritized over the commitment to the program, affecting attendance rates. Solutions for this problem are imperative; however, they are not addressed in this work.

**Healing in Motion Program**

Healing in Motion is a conceptual program for African American adolescents in Chicago’s Roseland community. It is comprised of 10 sequential modules, which include experiential learning as the primary method of learning, and dance/movement theory-informed techniques and creative activities. The program’s experiential learning and activities utilize visual, auditory, kinesthetic, and tactical learning styles for creative expression. The program’s overarching goal is to create awareness of community issues and explore the need to connect, learn, and heal from transgenerational trauma. From this increased awareness, Healing in Motion’s hope is that participants will have informed discussion about their lives and futures and
understand these aspects of their lives through a form of experiential learning and creative healing. Teens will not only discuss four selected community issues but explore self-esteem and self-awareness through story writing and storytelling throughout the program. A parent orientation at the beginning of the program will also support creating a community between staff, teens, and parents.

This program is not therapy, but educational. It seeks facilitators who have educational and community experience with African American adolescents. The ratio of staff to teens is 12 to one. Experiential learning can be facilitated by all staff; however, body-based activities are to be facilitated by a dance/movement therapist only. Dance/movement therapists have the training to guide the members through an embodied experience and be a container for the emotional and physical content that arises. If content begins to reach outside of the scope of the program, considerations will be made through the guidelines and limitations of the facility.

Facilitators can include, but are not limited to, the following: educators, therapists, dance/movement therapists, community volunteers, community workers, community organizers, teen mentors, and/or people that have jobs working with teens. Facilitators for this program must identify as either African American or Black. They must have experience working with inner-city African American youth, and have the knowledge and skill set to connect to the African American experience. A grounded, thorough exploration of personal identity is vital to the role of the dance/movement therapist as well as the non-dance/movement therapist. Facilitators are expected to model healthy relationships and being physically able, as well as mentally and emotionally self-regulated. They must be well-versed in community issues facing the target population, and experiences working through related adolescent developmental content. The dance/movement therapist must have background knowledge of African American history, a
passion for working with African American youth, and knowledge of transgenerational trauma, specifically post traumatic slave syndrome. Reading the first and/or second volume of DeGruy’s PTSS book is required, and a PowerPoint will be provided to summarize key points of the model before the start of the program. During training, facilitators will engage in conversation about key points of the theory, explore an educational model for cultural identifiers, and model each module of the program. Boundary setting will be explored, and collective created by facilitators and teens. The facilitator is encouraged to be an open, curious, flexible, creative along with their personal strengths of facilitation. The facilitator must be empathetic, person-centered, and be culturally competent and informed about the population and its needs. The facilitators must provide a space of healing to help foster growth and change, be willing to provide a space for openness and vulnerability, and be able to communicate in a way that reaches the youth in an effective manner that includes use of relevant colloquialisms, pop culture, etc.

Activities, including discussions, information related to PTSS, movies, and others, can be facilitated by a staff member and/or a dance/movement therapist. The modules can be negotiated between facilitators to decide who wants to lead what module; however, only dance/movement therapists are equipped to leaded body-based activities or dance/movement therapy-informed techniques. Each topic will focus on an aspect of PTSS and/or an identified community issue. The layout of the modules should be executed sequentially. Some modules will have multiple activities. They do not necessarily correlate to each other; however, they related to the topic of the module. No modules should be skipped by facilitators or rearranged; all activities in the module should be executed. If time permits, additional activities can be added by the facilitators. If teens are not engaged in the activity, facilitators can engage in discussion and alter the activity to meet the needs of the group. If activities become too intense or vulnerable for the participants,
facilitators can either alter the activity for the participant or exempt him/her from the activity. Activities can be altered to meet the physical and mental abilities of the teen as well.

Each module is intended to take place in one two-hour session per week for a total of 10 weeks. Modules can be extended an additional hour or day, such as module seven, if time permits the extension and parents agree to an additional day or hour. This should be arranged prior to the module starting with written notice to and permission from parents. The maximum number of teens should be 30 due to space and staff limitations. Teens can be allowed to miss two sessions due to inclement weather, family emergencies, school requirements, illness, etc. If there are more than two absences, there should be a face-to-face meeting with the parents and teen to discuss what actions are necessary to proceed forward.
Healing In Motion:

A Creative Experiential Learning Program Guide

for African American Adolescents

By Bria Campbell
You may read this and see many accolades, but the journey was not glamorous. You're writing your story each day. Some days will be legendary; others will not compare. Never forget your struggle, because it eventually leads to progress. Difficult is not impossible and through dedication, work ethic, support, and faith, your dreams are within reach. Claim your destiny. It's already written!” by Bria Campbell

Born and raised in Chicago, Bria Campbell began her journey in the Academic Center Program at Morgan Park High School. In 2011, Bria graduated and received a full scholarship to the illustrious North Carolina Agricultural and Technical State University. In May 2016, Bria received her BA in Psychology and moved back home to Chicago. Bria is a recent graduate of Columbia College Chicago after obtaining a MA in Dance/Movement Therapy and Counseling. Upon graduation, she received a full academic scholarship and assistantship, as well as a Research Celebration Award, which will allow her to participate in the 2018 American Dance Movement Therapy Conference, all expenses paid. Bria developed a program for her thesis, which explores transgenerational trauma. She worked with teens in a mental health hospital that had experienced trauma, as well as clients with substance use disorders on a behavioral health unit.

This program was created for the purpose of a master’s thesis for Columbia College Chicago. All rights reserved to Bria Campbell and used only by Bria Campbell. Correspondence concerning this thesis should be addressed to Bria Campbell.
Contact: briac2011@gmail.com
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Program Overview

Healing in Motion is a conceptual program for African American adolescents in Chicago’s Roseland community. It is comprised of 10 sequential modules, which includes experiential learning as primary method of learning, and dance/movement theory-informed techniques and creative activities. The program’s experiential learning and activities utilize visual, auditory, kinesthetic, and tactical learning styles for creative expression. The program’s overarching goal is to create awareness of community issues and explore the need to connect, learn, and heal from transgenerational trauma. From this increased awareness, Healing in Motion’s hope is that participants will have informed discussion about their lives and futures and understand these aspects of their lives through a form of experiential learning and creative healing. Teens will not only discuss four selected community issues but explore self-esteem and self-awareness through story writing and storytelling throughout the program. A parent orientation at the beginning of the program will also support creating a community between staff, teens, and parents.
Healing in Motion: Facilitator Guide

First, thank you for being a critical part of this program. Your facilitation will be the success and connection that your teens need to progress through the healing process. This guide will give you an idea of your role as a facilitator, whether you are a dance/movement therapist or a staff member. This program is not therapy, nor does it provide counseling services. Experiential learning and creative arts with dance/movement therapy-informed techniques, specifically body-based work, creates the foundation of this program. The program is formed into modules.

This program is intended to be co-facilitated with dance/movement therapists and/or people who are either teachers who work with adolescents, community workers that work specifically with adolescents, or members of society who have experience with teen programing. This program requires that there be one dance/movement therapist among the staff. Any facilitator can lead experiential learning activities; however, opening body-based rituals and dance/movement therapy-informed techniques must be led by a dance/movement therapist. Each module has topics, goals, related healing domains, materials needed, and experiential learning and creative activities. Each module can be facilitated by any staff member, except for body-based or dance/movement therapy-informed techniques. Training will include having knowledge of the concept and reading DeGruy’s book and workshopping the facilitation of each module. I would recommend a body-based ritual to begin each module that the dance/movement therapist can select or use their own body-based activity. The program structure’s purpose is to guide you and ground the experiences of the youth. On the next page, I will provide roles and responsibilities. The African proverb “It takes a village to raise a child” is in your hands. Be the village. Uplift our children! Best wishes on your journey.
Facilitator Identity, Preparation and Training

Facilitators can include be, but are not limited to, the following: educators, therapists, dance/movement therapists, community workers, or volunteers specializing in teens. Facilitators for this program must identify as either African American or Black. They must have experience working with inner-city African American youth, and have the knowledge and skill set to connect to the African American experience. A grounded, thorough exploration of personal identity is vital to the role of the dance/movement therapist and non-dance/movement therapist. Facilitators are expected to model healthy relationships and being physically able, as well as mentally and emotionally self-regulated. They must be well-versed in community issues that are facing the target population and be experienced working through content related to adolescent development. Facilitators must have background knowledge of African American history, a passion for working with African American youth, and knowledge of transgenerational trauma, specifically post traumatic slave syndrome. Reading the first and/or second volume of DeGruy’s PTSS book is required, and a PowerPoint will be provided to summarize key points of the model before the start of the program. During training, facilitators will engage in conversation about the key points of the theory, explore an educational model for cultural identifiers, and model each module of the program. Boundary setting will be explored and collectively created by facilitators and teens. The facilitator is encouraged to be an open, curious, flexible, creative and have personal strengths of facilitation. The facilitator must be empathetic, person-centered, and be culturally competent and informed about the population and its needs. The facilitators must provide a space of healing to help foster growth and change, and be willing to provide a space for openness, vulnerability, and to communicate in a way that reaches the youth in an effective manner. including use of knowledge of relevant colloquialisms, pop culture, etc.
# Healing in Motion Facilitator Guide: Roles and Responsibilities

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<th>Dance/Movement Therapist Requirements, Roles, and Responsibilities</th>
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<tr>
<td><strong>Requirements</strong></td>
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<tr>
<td>● Must be over the age of 21</td>
<td>● Must be over the age of 21</td>
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<td>● Must have three or more years of experience working with adolescents</td>
<td>● Must hold an R-DMT or BC-DMT</td>
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<td>● Must be able to facilitate groups</td>
<td>● Must have one or more years of DMT and/or non DMT experience with adolescent population</td>
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<tr>
<td>● Must be able to read and understand content in PTSS Book</td>
<td>● Must facilitate DMT-based groups based on the modules</td>
</tr>
<tr>
<td>● Relatable to teens and their experiences</td>
<td>● Must embrace an eclectic, creative processing style through different modes of art</td>
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<tr>
<td>● Empathetic and compassionate</td>
<td>● Must be able to read and understand content in PTSS Book</td>
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<tr>
<td><strong>Roles and Responsibilities</strong></td>
<td>● Relatable to teens and their experiences</td>
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<tr>
<td>● Each activity will notate if staff and/or DMT can lead, or if DMT only can lead</td>
<td><strong>Roles and Responsibilities</strong></td>
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<td>● Find resources when needed</td>
<td>● Body-based or DMT informed techniques can only be led by a DMT</td>
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<tr>
<td>● Provide a safe physical space for teens to gather</td>
<td>● Find resources when needed, i.e. articles, movies, videos, etc.</td>
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<tr>
<td>● Facilitate activities</td>
<td>● Provide a safe space for teens to gather. Contain and process emotional content if applicable.</td>
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<td>● Keep order in the group</td>
<td>● Facilitate experientials/activities</td>
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<td>● Engage with teens</td>
<td>● Engage with teens</td>
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<td>● Manage space, time, and organization of activities</td>
<td>● Manage space, time, and organization of activities</td>
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<td>● Provide materials</td>
<td>● Provide materials</td>
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<td>● Be resourceful for teens</td>
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Healing in Motion Parent Orientation

● Welcome address
● Overview of program
  o Goals
  o Introduce brief background of PTSS
  o Topics of module
    ▪ Family night Art Gallery at the end of the session
  o Introduce staff: Explanation of roles and responsibilities
  o What is creative arts therapy?
    ▪ Dance/movement therapy explanation
    ▪ Small experiential
● Logistics
  o Day and time of program: Wednesdays, 4:30-6:30
  o Ten-week program
  o Pick up/drop off procedures
● Sign up
  o Forms for permission
  o Payment options ($50)
    ▪ Minimum $10 at registration
    ▪ Onetime $50 fee
    ▪ Payment plan
      ● $10 every two weeks
      ● $10 over five consecutive payments before the 10th session
● Refreshments and mingle
### Healing in Motion: Module One Overview

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<tr>
<th>The Build Up: Acknowledging Self-Esteem</th>
<th>Activity</th>
</tr>
</thead>
</table>
2. Mask Experiential: Teens will explore emotions that they hide versus emotions they show and will engage in identifying and being witnessed in those emotions per their discretion through an embodied experience.  |
| **Goal:** To explore sense of self and evaluate self-esteem. | |
| **Healing Domains:** Telling Our Story. | |
| **Materials Needed:** Journals, pens, colored pencils, crayons, markers, Self-Esteem Checklist, sticky notes, Feelings Wheel, introduction about program purpose | |
| - Explain dance/movement therapy.  
- Create group norms and group rules.  
- Discuss art making and the art gallery at the end of the program.  
- Icebreaker: Getting to know each other.  
- Opening ritual (see resources page).  
- Pass out materials journal, self-esteem inventory. |
Module One: The Build Up - Acknowledging Self-Esteem

Opening Ritual: Name and Movement
- Facilitator will begin with their name and a movement
- Facilitator will invite teens to repeat the facilitators name and movement
- Facilitator will invite teen to the left or the right of them to state their name and movement and have teens repeat the name and movement
- Teens will repeat the first name and movement and the second name and movement
- This process will repeat around the room with teens names and movements and teens will repeat the sequence of names and movements in order starting with the facilitator’s movement until all teens have had a turn

Activity One: Group Discussion About Self-Esteem
- Facilitator will as what does self-esteem mean and how does it feel physically, emotionally, cognitively?
- Teens will complete Self-Esteem Checklist and designate specific time boundaries (ex. five minutes to complete, 10 minutes to complete, etc.).
- Facilitator will ask to share if willing.
- Facilitator will ask to keep their score from evaluation in their journal provided.

Activity Two: Mask Experiential
- Facilitator will pass out a blank mask and pass out coloring pencils, markers, pens, popsicle sticks and pencils.
- Facilitator will invite teens to imagine that the mask represents them. Cut holes in the mask to represent eyes.
- Facilitator will invite teens to write words or emotions that they show outwardly to others. Provide a Feeling Wheel to help with a vast array of emotions.
- Facilitator will invite teens to write on the back of their mask emotions they tend to hide. Glue popsicle stick to the bottom of the mask.
- Facilitator will invite teens to pick two emotions that they show and two hidden emotions and write them on a sticky note. Ask teens to identify a place in their body where they feel the hidden or seen emotion.
Facilitator will invite teens to stand in a circle and share, if willing, emotions written on their mask or the four emotions they wrote on their sticky notes. Invite teens to move around the room with their mask to their face, showing both sides of their mask when prompted.

Facilitator will invite teens to stand in the circle and be witnessed by the outsiders of the circle.

Facilitator will invite witnesses to say positive affirmations to the member in the middle of the circle.

Verbally discuss the experience, and invite and save space for movement reflections, journal writing, and art making. Store artwork in personal file for Module 10 ten
# Healing in Motion: Module Two Overview

<table>
<thead>
<tr>
<th>Topic: Self-awareness and self-reflection</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To explore sense of self through self-reflection and to explore cultural identifiers.</td>
<td>1. Cultural Identifier Model: teens will learn a cultural identifier model as a way to culturally self-identify and reflect on the benefits and disadvantages of their identifiers.</td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Knowing Ourselves.</td>
<td></td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Journals, pens, colored pencils, crayons, markers, cultural identifier model.</td>
<td></td>
</tr>
<tr>
<td><strong>Body-based Opening Ritual</strong></td>
<td></td>
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</tbody>
</table>
Module Two: Look into the Mirror - Knowing Ourselves Through Self-Reflection

Opening Ritual: Body Scan and Connecting the Dots

- Facilitator will lead teens through a body scan either from head to toe or toe to head.
- During connecting the dots, each week the facilitator will recap the topic and information from the previous week and at the end of each session will have a closing discussion to connect information from the current module to the previous module.

Activity One: Group Discussion

- Facilitator will ask teens to define culture.
- Facilitator will provide teens with different types of cultural examples.
- Facilitator will invite teens to create cultural norms based on their definitions and group norms from the first module.

Activity Two: Cultural Identifier

- Facilitator will teach the cultural identifiers.
- Facilitator will invite teens to use the model to illustrate their cultural identifiers.
- Facilitator will discuss the cultural identifiers as a group and discuss identifiers that the group share and what may differ.
- Facilitator will invite the creation of art making through visual art, poetry, storytelling, rapping, singing, etc., and to represent their written cultural identifiers.
- Facilitator will invite teens to pick their most important cultural identifier and create a movement phrase, gesture, and/or posture that represents it.
- Facilitator will allow time to share and process the experience.
- Store artwork in personal file for Module 10.
- Facilitator will end with connecting the dots closing discussion.
# Healing in Motion: Module Three Overview

<table>
<thead>
<tr>
<th>Who Holds the Power?</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> Self-awareness and self-esteem.</td>
<td>1. <strong>Discussion on Power and Being Powerful:</strong> Teens will discuss the concept of power and how they feel empowered or disempowered.</td>
</tr>
<tr>
<td><strong>Goal:</strong> To explore sense of self and increase self-awareness.</td>
<td>2. <strong>Body Connectivities,</strong> Bartenieff’s Fundamental Principles, Yield/Push Reach/Pull Patterning, and Weight: Teens will learn the above movement techniques and principles to integrate somatic and psychological implications of power and associated terms: strength, will, empower, etc.</td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Taking Control of Our Inner World</td>
<td></td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Journals, pens, colored pencils, crayons, markers.</td>
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</tr>
<tr>
<td><strong>Opening Ritual</strong></td>
<td></td>
</tr>
</tbody>
</table>
Module Three: Who Holds the Power?

Opening Ritual: SMIFT
  • Facilitator will explain SMIFT (sensations, memories, images, feeling, and thoughts)
  • Facilitator will lead teens through a mediation using SMIFT or a body-based exploration of the facilitator’s choosing using SMIFT
  • Connecting the dots opening recap

Activity One: Discussion on Power and being Powerful
  • Facilitator will invite teens to define what power means and what it means to be powerful.
  • Facilitator will invite teens to express who in their lives possesses the power they previously defined.
  • Facilitator will invite teens to discuss empowerment versus disempowerment.
  • Teens are invited to create movement phrase, gesture, or posture that depicts power and disempowerment.
  • Facilitators and teens are invited to discuss the movement.

Activity Two: Body Connectivities, Bartenieff’s Fundamental Principles, Yield/Push Reach/Pull Patterning, and Weight (DMT required)
  • Facilitator will explain the fundamental patterns of total body connectivity and embody them.
  • Facilitator will focus on core/distal and head/tail connection and how it relates to inner connectivity/outer expressivity, our sense of weight, and the psychological implications of sensing self and the spine.
  • Facilitator will explain Bartenieff’s Fundamentals, inner connectivity/outer expressivity, and embody them.
  • Facilitator will explain and embody yield/push reach/pull patterns. Explain their connections to weight and power through the psychological implications.
  • Facilitator will explain and embody the effort quality of weight and its psychological implications.
  • Facilitator and teens will compare and contrast the movement representing power and the yield/push reach/pull pattern verbally.
  • Facilitator and teens will discuss the experience.
  • Allow for journal time and/or art marking about the experience. Keep artwork in personal file for Module 10.
  • Connecting the dots closing discussion
# Healing in Motion: Module Four Overview

<table>
<thead>
<tr>
<th>What is PTSS?</th>
<th>Activities</th>
</tr>
</thead>
</table>
| **Topic:** Introducing and exploring Dr. Joy DeGruy’s Post Traumatic Slave Syndrome (PTSS) theory.  
**Goal:** To educate and apply PTSS to present-day interactions.  
**Healing Domains:** Knowing Ourselves, Telling Our Story.  
**Materials Needed:** Film, articles related to PTSS, PTSS book, PTSS Workbook, PowerPoint on PTSS, journals, art materials, pens.  
**Opening Ritual** | **1. Lecture and Open Discussion:** Teens will be provided with contextual background of PTSS and how it has manifested from past to present occurrences.  
**2. PTSS Workbook:** At facilitator’s discretion select one or two activities from the PTSS Workbook to work with teens. |
Module Four: What is PTSS?

Opening Ritual: Chacian Body Part Warm Up

- Facilitator will lead a Chacian style body part warm up
- Connecting the dots opening recap

Activity One: Lecture and Open Discussion

- Facilitator will present a brief overview of PTSS.
- Facilitator will lead a group discussion to allow for a Q&A.
- Facilitator will provide film or excerpts of films and discuss aspects in them that are related to PTSS.
  - Film materials are up to facilitators’ discretion.
- Facilitator will invite teens to discuss and process the material.

Activity Two: PTSS Workbook

- Facilitator will choose one to two activities from the PTSS Workbook.
- Facilitator will guide the exercises selected.
- Facilitator will invite to teens to process the experience through journaling, art making, movement, poetry, etc.
- Store artwork in personal file.
- Connecting the dots closing discussion
# Healing in Motion: Module Five Overview

<table>
<thead>
<tr>
<th>Knowledge is Power: Education in Chicago</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> Education in Chicago and post-secondary education options.</td>
<td>1. Open Discussion/ Learning about Historical Content: Teens will learn historical content from PTSS book and talk about thoughts of education.</td>
</tr>
<tr>
<td><strong>Goal:</strong> To educate teens on the historical context of education in the African American community, as well as this history’s relationship with today’s education in the community. Explore education options beyond their elementary and high school diplomas.</td>
<td></td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Learned Helplessness, Leadership, Building Self-Esteem.</td>
<td>2. Research Project: Teens will research future career choices and education requirements for the career.</td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Excerpts from PTSS book, art materials, computers/library.</td>
<td></td>
</tr>
<tr>
<td><strong>Opening Ritual</strong></td>
<td></td>
</tr>
</tbody>
</table>
Module Five: Knowledge is Power - Education

Opening Ritual: Movement Signatures

- Facilitator will explain Tortura’s Movement Signatures and help teens to explore and identify their own movement signatures
- Connecting the dot opening recap

Activity One: Open Discussion/Historical Content

- Facilitator will provide excerpt from the PTSS book on education, which will be discussed after presenting the information, (facilitators can choose how they want to disseminate the information).
- Facilitator will invite teens to process information creatively through art making modality of their choice and store in personal file.

Activity Two: Research Project

- Facilitators will have an open discussion about future career options teens aspire to and why.
- Facilitator will invite teens to find three colleges that specialize in their intended field of study and educational requirement for the institution.
- Students will report back to larger group to discuss findings.
- Invite teens to process information creatively through art making modality of their choice and store in personal file for module 10
- Connecting the dots closing discussion
# Healing in Motion: Module Six Overview

<table>
<thead>
<tr>
<th>Secure the Bag: Financial Literacy and Employment</th>
<th>Activities:</th>
</tr>
</thead>
</table>
| **Topic:** Financial Literacy, Employment Versus Unemployment.  
**Goal:** To promote and discuss financial literacy, employment options for teenagers, and precipitating factors to unemployment.  
**Healing Domains:** Building Self-Esteem, Modeling, Strong Leadership, Racial Socialization.  
**Materials Needed:** Guest panelists, articles on unemployment rates in Chicago amongst teens and young adults, art materials, journals.  
**Will require additional time (hours or day)**  
**Opening Ritual** | 1. Open Discussion/Article Reading: Teens will discuss content from a given article of facilitator’s choice on unemployment in Chicago.  
2. Financial Literacy discussion: Facilitator will provide materials or a guest speaker to talk about components of financial literacy  
3. Past and Present: Education’s connection to career. Teens will explore the link between education in the chattel slave era to educational opportunities today and how it relates to employment vs. unemployment.  
4. Guest Panel: Facilitators will gather a panel group of different African American professionals. |
Module Six: Secure the Bag - Financial Literacy and Employment in Chicago

Opening Ritual: Progressive Muscle Relaxation (PMR)
- Facilitator will explain PMR and guide teens through PMR
- Connecting the dots opening recap

Activity One: Open Discussion/Article Reading/Vision Board
- Facilitator will select an article to read on the topic of unemployment
- Facilitators will invite teens to read and have an open discussion about the article.
- Teens will create a vision board of life goals and careers then envision and store in personal file for Module 10.

Activity Two: Financial Literacy Discussion
- Facilitator can either provide a guest speaker that specializes in financial literacy or find written materials to read and discuss.
- Create art-work around the experience and store it in personal file for Module 10.

Activity Three: Past and Present - Education’s connection to careers from past to present
- Facilitator will provide teens with reading materials from PTSS book on education and unemployment.
- Facilitator will invite teens to read and discuss content.
- Facilitator will invite teens to connect education and unemployment from slavery to present in small groups.
- Share out in large group.
- Facilitator will invite teens to create artwork around the experience and store in personal file for Module 10

Activity Four: Guest Panel
- Facilitator will create a guest panel of African American men and women in different professions.
- Facilitator will create guided questions for panelist to answer.
- Have a Q&A session for teens.
- Facilitators will invite teens to create artwork about the experience and store in personal file for Module 10
- Connecting the dots closing discussion
# Healing in Motion: Module Seven Overview

<table>
<thead>
<tr>
<th>The Wealth in Health</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> Importance of a healthy mind, body and spirit, as well as health disparities in the African American community.</td>
<td>1. Discussion on health and wellness: Teens will be provided information on health, wellness, and health disparities and historical content from PTSS book.</td>
</tr>
<tr>
<td><strong>Goal:</strong> To educate teens on the importance of a healthy mind, body, and spirit, and of the health disparities in the African American community. To explore health in a historical context of from past to present.</td>
<td>2. Move Ya Body: The art of movement through yoga, Tai Chi, and Zumba. Teens will experience three different physical forms of exercise to integrate mind, body, and spirit.</td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Taking Control of Our Inner World.</td>
<td>3. <em>What the Health:</em> Teens will watch a documentary on health food choices.</td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Excerpts from PTSS book, art materials, journals, film or article on health, wellness, and health disparities, the Wellness Model, life chart, instructors or video material for yoga, Tai Chi, and Zumba, and a signed waiver.</td>
<td></td>
</tr>
<tr>
<td>Will require additional time (day or hours)</td>
<td></td>
</tr>
<tr>
<td>Opening ritual</td>
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</tbody>
</table>
Module Seven: The Wealth in Health

Opening Ritual: Chacian Body Part Warm-Up including Group Rhythm

- Refer to Module Four’s Opening Ritual. In addition, incorporate group rhythm within the warm up
- Connecting the dots opening recap

Activity One: Discussion on Health and Wellness

- Facilitator will discuss historical content from PTSS book on health.
- Facilitator will select materials (videos, article, etc.) to highlight the difference between health and wellness. Facilitator will teach the Wellness Model.
- Facilitator will provide a life balance chart for teens to assess their life balance, (chart provided in Appendix).
- Facilitator will provide materials (article, videos, etc.) about health disparities in the African American Community.
- Facilitator will invite teens to discuss the above content.
- Facilitator will invite teens to create art around the experience.

Activity Two: Move Ya Body - the art of movement through yoga, Tai Chi, and Zumba

- Facilitator will find either three instructors to teach yoga, Tai Chi, and Zumba, or find videos in these specialties with which to follow along.
- Facilitators may also choose different physical fitness or mindfulness activities.

Activity Three: What the Health - Teens will watch a documentary on health food choices

- Facilitator will show What the Health film on Netflix through a personal account.
- Facilitator will invite teens to discuss film
• Facilitator will invite teens to create art around the experience. Store art in personal file for Module 10.

• Connecting the dots closing discussion
# Healing in Motion: Module Eight Overview

<table>
<thead>
<tr>
<th>I’m Not Your Statistic: Crime in Chicago</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Goal:</strong> To explore and discuss crime in Chicago, specifically in the Roseland community. To explore the meaning of safety and how to seek safety in the mind and body. To explore historical content of crime from past to present.</td>
<td>2. Seeking Safety Part I: Our relationship with law enforcement. Teens have open dialogue with Community Policing officers from (CAPS.)</td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Learned Helplessness, Taking Control of Our Inner World, Healing from Past Injuries, Racial Socialization, Knowing Our Story</td>
<td>3. Seeking Safety Part II: Exploring safe boundaries in body and mind. Will explore boundaries through body connectivities, kinesphere, and proximity.</td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Excerpts from PTSS book, art materials, Chicago Community Policing: CAPS member, article, film/videos.</td>
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<tr>
<td>Additional time needed (an additional day)</td>
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<tr>
<td>Opening Ritual</td>
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</tbody>
</table>
Module Eight: I’m Not Your Statistic Crime in Chicago

Opening Ritual: SMIFT

- Refer to Module Three’s Opening Ritual
- Connecting the dots opening recap

Activity One: Crime Time - Open discussion

- Facilitator will discuss historical content on crime from PTSS text.
- Facilitator will provide an article and/or film to discuss the violence and crime in Chicago.
- Facilitator will invite teens to reflect upon the materials and their personal interactions with conflict.
- Facilitator will discuss information through creative modalities: art making, poetry, storytelling, music, or movement.
- Store art in personal file for Module 10

Activity Two: Seeking Safety Part I - Our relationship with law enforcement

- Facilitator will invite Chicago Police Officers in the CAPS department to speak with teens on the interaction between teens and law enforcement.
- Facilitator will discuss information through creative modalities: art making, poetry, storytelling, music, or movement.
- Store art in personal file for Module 10.

Activity Three: Seeking Safety Part II - Exploring safe boundaries in body and mind

- Facilitator will invite teens to discuss what safety means and feels like. Pass out Feelings Wheel
- Connecting the dots closing discussion
# Healing in Motion: Module Nine Overview

<table>
<thead>
<tr>
<th>The Autobiography: Creating a New Story</th>
<th>Activities</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> Creating a new story.</td>
<td>1. <em>I Knew Then, I Know Now:</em> Teens will reflect on information they knew at the start of the program compared to now.</td>
</tr>
<tr>
<td><strong>Goal:</strong> To explore if there have been shifts since the teens first wrote their stories in Module one and allow them to edit and rewrite their stories through the creative process.</td>
<td>2. <em>The Rewrite:</em> Based on all the previous modules and knowledge, teens are invited to rewrite or edit their story through different art modalities.</td>
</tr>
<tr>
<td><strong>Healing Domains:</strong> Telling Our Story and Knowing Ourselves.</td>
<td>3. <em>Art Gallery:</em> Teens will look through their work over the course of the sessions and select the pieces they would like to share in the gallery.</td>
</tr>
<tr>
<td><strong>Materials Needed:</strong> Journals, and art materials.</td>
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<tr>
<td><strong>An additional hour needed</strong></td>
<td></td>
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<tr>
<td><strong>Opening Ritual</strong></td>
<td></td>
</tr>
</tbody>
</table>
Module Nine: The Autobiography - Creating a New Story

Opening Ritual: Body Scan

- Refer to Module Two’s Opening Ritual
- Connecting the dots opening recap

Activity One: I Knew Then, I Know Now

- Allow teens to look through their artwork over the course of the session.
- Facilitators will invite teens to fold a piece of paper in half. Have them title the left half “I knew then” and the right half “I know now.”
- Facilitators will invite teens to write on both prompts.
  - Facilitators will have an open discussion and reflection on the activity
- Allow time for art making on the activity for Module 10.

Activity Two: The Rewrite

- Facilitator will invite teens to look at and reflect upon their initial story from session one.
- Facilitator will invite teens to rewrite or edit their existing story based on the knowledge they now have.
- Facilitator will prompt the rewrite to start in written form, and move to verbal, art piece/drawing, music, to movement.
- Connecting the dots closing discussion of all nine modules

Activity Three: Art Gallery Prep

- Allow teens time to select the pieces they want to share in the gallery from previous modules
- Allow for teens to decide if they want to share live performance work, such as songs, raps, and dances
- Decide on the show order.
- Explain the process of the Art Gallery
## Healing in Motion: Module 10 Overview

<table>
<thead>
<tr>
<th>The Unveiling: In Motion to Heal</th>
<th>Activity</th>
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</thead>
<tbody>
<tr>
<td><strong>Topic:</strong> To display artwork over the course of the program.</td>
<td>1. Art Gallery: Family and friends will experience the teens’ visual and live art, and bear witness to their experiences of past, present, and future</td>
</tr>
<tr>
<td><strong>Goal:</strong> To tell the individual stories of the teens and display the transition through past, present, and future through their creative process.</td>
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<tr>
<td><strong>Healing Domains:</strong> Telling Our Story, Building Self-Esteem, Creativity, and Knowing Ourselves.</td>
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<tr>
<td><strong>Materials Needed:</strong> Artwork, family members, and friends.</td>
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<td><strong>Additional time needed</strong></td>
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<tr>
<td><strong>Opening Ritual</strong></td>
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</table>


Module 10: The Unveiling - In Motion to Heal

Activity One: Art Gallery

- Facilitator and teens will set up 30 mins before program
- Teens stand by their work and explain their process if they choose to
- Live performances by teens
- Mix and mingle with family
- Art pieces will return with teens
- Refreshments served
- Closing remarks and a wrap-up
Healing in Motion: Resources

- PTSS BOOK and workbook
- Cultural Identifier Model
- Feelings Wheel
- Mask sheets
- Self-Esteem Checklist
- Film
- CAPS
- Body-Based Rituals
  - Daniel Siegel’s SMIFT
  - Body Scan
  - Progressive Muscle Relaxation
  - Tortora’s Movement Signatures
  - Name and Movement
  - Chacian Body Part Warm-up
Appendix

Appendix A. Feeling Wheel
Appendix B. Self-Esteem Check List

Self-Esteem Check-Up

Directions: Rate from 0 to 10 how much you believe each statement. ‘0’ means you do not believe it at all and ‘10’ means you completely believe it.

<table>
<thead>
<tr>
<th>Statement</th>
<th>Rating</th>
</tr>
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<tbody>
<tr>
<td>1. I believe in myself</td>
<td></td>
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<tr>
<td>2. I am just as valuable as other people</td>
<td></td>
</tr>
<tr>
<td>3. I would rather be me than someone else</td>
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<tr>
<td>4. I am proud of my accomplishments</td>
<td></td>
</tr>
<tr>
<td>5. I feel good when I get compliments</td>
<td></td>
</tr>
<tr>
<td>6. I can handle criticism</td>
<td></td>
</tr>
<tr>
<td>7. I am good at solving problems</td>
<td></td>
</tr>
<tr>
<td>8. I love trying new things</td>
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<tr>
<td>9. I respect myself</td>
<td></td>
</tr>
<tr>
<td>10. I like the way I look</td>
<td></td>
</tr>
<tr>
<td>11. I love myself even when others reject me</td>
<td></td>
</tr>
<tr>
<td>12. I know my positive qualities</td>
<td></td>
</tr>
<tr>
<td>13. I focus on my successes and not my failures</td>
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</tr>
<tr>
<td>14. I’m not afraid to make mistakes</td>
<td></td>
</tr>
<tr>
<td>15. I am happy to be me</td>
<td></td>
</tr>
</tbody>
</table>

Total Score

Overall, how would you rate your self esteem on the following scale:

0 I completely dislike who I am                          10 I completely like who I am

What would need to change in order for you to move up one point on the rating scale? (i.e. For example, if you rated yourself a “6” what would need to happen for you to be at a “7”?)
Appendix C. Mask Sheet
Appendix D. Parent Permission Slip.

Parental Consent

Your son/daughter is invited to take part in ________________ on the __________/20______. I am asking for your consent to allow your son/daughter to take part in this ____________________ (state activity).

If you allow your son/daughter to participate, we will ____________________ (describe your responsibilities to the child).

You may keep a copy of this consent form.

By signing below, you have decided to let your child participate in ________________ on the __________/20______.

Please do not hesitate to contact us in case you change your mind or for more information.

<table>
<thead>
<tr>
<th>Name of child</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Name of parent/legal guardian</td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Signature</th>
<th>Date</th>
<th>School (principal signature)</th>
<th>Date</th>
</tr>
</thead>
</table>

sampleforms.org
Appendix E Life Balance Chart

- spiritual and personal growth
- romance
- leisure
- money
- career
- family and friends
- physical environment
- health

YOU
Appendix F. Progressive Muscle Relaxation

Progressive Muscular Relaxation

(originally created by Jacobson in 1905)

We all have characteristic patterns of muscular tension that we hold throughout our body. This muscular tension can add to your feelings of stress and change your body’s biochemistry.

Practicing regular relaxation techniques can assist you in identifying these patterns more easily and result in you changing the tension when you notice it developing.

It is a choice to remain tense. You can make a difference by changing how you move!

PMR:

Tense each of the following body parts and hold as you inhale your breath, counting approximately 4 seconds. Then release the body part on the exhalation of your breath.

Notice the difference between holding the tension in this body part and letting it go?

Is this a familiar area in which you chronically hold your stress?

The progression of tension and relaxation will begin with your face and work downward towards your feet.

FACE: Squint your eyes and wrinkle your nose as you purse your mouth and inhale to a count of four. Then release the muscles around your eyes, nose and mouth as you exhale. Notice the difference between holding the tension
and letting it go. RELEASE and RELAX.

**NECK:** Hyperextend your neck by jutting out your chin, as you grit your teeth and make a wide smile. Do this as you inhale to a count of four. Then release the muscles around your neck as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**UPPER BACK:** Raise your shoulders up towards your ears as you inhale your breath and count to 4. Then release the muscles around your upper back as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**ARMS:** Raise your arms straight out in front of you while flexing your wrists as you inhale your breath to a count of 4. Release the muscles around your arms as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**HANDS:** Make a fist with your hands as you inhale your breath to a count of four. Release the muscles of your hands as you unclench your fists and exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**PELVIS:** Suck in your belly and squeeze the muscles in your buttocks as you inhale to a count of four. Then release the muscles around your belly and bottom as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.
**LEGS:** Lift your legs straight out in front of you as you flex your feet toward the ceiling and inhale your breath to a count of four. Then release the muscles in your legs as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**FEET:** With your feet remaining on the floor curl your toes downward under your feet as you inhale your breath to a count of four. Then release the muscles in your toes and feet as you exhale. Notice the difference between holding the tension and letting it go. RELEASE and RELAX.

**FULL BODY:** To end this exercise we will tense every muscle in your body as you inhale to a count of four. Then release all the muscles throughout your body as you exhale your breath. Notice the difference between holding tension throughout your body and letting go. RELEASE and RELAX.

Take one last full breath as you gently and gradually open your eyes and return your focus to the room.
Chapter Five: Discussion

The development of this program created in-depth discussions between community members and me resulting in a body of work is reflective of the needs of the population being targeted. A creative approach that incorporated experiential learning with verbal, written, and artistic approaches was strongly suggested. The collaboration process through the Delphi model helped me to fine-tune, and it provided structured details, especially regarding the logistics in resourcing the program. Through this collaboration, I was also able to understand the need for and purpose of the modules in the program. I made the choice to create modules once I recognized the need to provide structure for the dissemination of the information in the program.

The structure of the logic model’s activities section created the foundation for the modules. For instructional purposes, I decided to create a packaged product which has modules that are consecutive and cannot be done as separately. In the development of the modules, providing specific instructions in the “Facilitator Guide” helped facilitators to understand their roles, responsibilities, and the purpose of each module. I also wanted to implement modules to reflect the dance/movement therapy concept of phrasing: having a beginning, middle, and end. I decided to form the modules sequence in the form of story-telling. Storytelling is prominent in African culture and in healing (DeGruy, 2017). Conceptualizing one’s story allows the teens to have choice in what is said and depicted about them, and reflects their self-awareness, goal-setting abilities, and ability to explore a creative process. It also can be used as an assessment tool, allowing us to observe shifts throughout each module.

My DMT collaborator helped to shape the order of the modules by suggesting that self-esteem and self-awareness needed to be addressed first, as they are foundational concepts. Once teens grasped this idea, many of the other healing domains could be further explored, creating
opening rituals were body-based components utilized to engage with the body to help increase awareness, promote grounding, and to bring kinesthetics into the program. Movement is also developmentally, and the initial form of communication and I wanted the communication pattern of the program to mimic basic human communication development. Connecting the dots recap and closing discussion was used to create continuity between each module.

After exploring self-awareness experientials in the first two modules, the facilitators would integrate the PTSS content. This would happen in the first five weeks and would include: building rapport; create a safe space for vulnerability; establishing group norm; and exploring the group’s dynamics. Coupling the PTSS material with the community issues reflected the literature’s structure of connecting past and present incidents. The education module was put before the employment module to help connect education discrepancies and desires that may lead to employment opportunities. The health and crime modules were a part of the community issues portion of the modules.

The last two modules provided closure to the program and an opportunity to rewrite or edit the teens’ original story. It also provided an opportunity to the teens to showcase several art projects in the form of open mic poetry, storytelling, movement, song, drawings or paintings, or other creative representations of their choosing. Allowing teens to rewrite and edit their story again reinforced the idea of having a choice. Acquiring knowledge can help to shape their goals and the stories by which they wish to be remembered. Rewriting their stories also displays an increase of self-awareness and self-esteem. Lastly, it allows the teens to be authors of their reality, and to share their stories creatively. The idea of an Art Gallery involving family was suggested by collaborators to incorporate family support and involvement, helping create a
successful teen program. For this reason, a parent orientation was added and suggested by the
collaborators, which will allow the parents to be a witness to the continuity of the program and
share in the experience of their teen’s art-work. Family was also emphasized in the PTSS book,
as was the importance of the familial connection.

**Theory into application**

Dance/movement therapy approaches for the African American community have
provided opportunities for teens to express themselves and share experiences though creativity
and body-based awareness. Each approach is used in the modules stated as opening rituals,
which allow teens to ground into the experience by connecting to their bodies, observing their
present moment, and create a body baseline to refer to if shifts occur during each module.
Gathering this awareness can help teens to use the initial information for creative exploration at
the end of each module. Additionally, DMT informed approaches helped to enrich the
experiences and create unity and group cohesion, which is an important aspect of DeGruy’s
Healing Domain. The power of the connection of movement helps strengthen the connection of
the cohort, which may encourage teens to create relationships outside the program using
movement as a form of connection and expression.

Along with DMT, the literature suggests an emphasis on programming and its effect on
community issues. The creative style of programming and components, which include family
involvement, leadership, and creative arts, tend to help African American adolescents thrive.
There is a need for a community program that allows adolescents to gather in safe spaces, to be
accountable to a scheduled activity, and to reduce idle time. DeGruy (2017) outlined elements of
a successful program for African Americans which include the following criteria: the program’s
mission, the level of intervention: individual, family or community level, population served:
children, adults, family, evaluation criteria, measurable methods, protocols, and program longevity.

DeGruy (2017), concluded that the following elements are necessary for effective programming: having a champion supporter, building strong relationships, parental/family involvement, positive racial/ethnic identity development, working with children, culturally relevant curriculum materials, program consistency and longevity, follow up, on-going evaluation, community involvement, and providing achievement opportunities for participants.

Based on the above criterion, Healing in Motion is clear on its mission to use creative, experiential learning to address community issues and to learn, connect, and heal from transgenerational trauma. The program involves a specific population but connects to the individual through modules: family involvement through the orientation and Art Gallery, and community involvement through facilitator’s involvement, word of mouth, and the Art Gallery. Evaluation criteria were created to measure the effectiveness and success of the program, which are discussed in a later section. Because the program is envisioned to be implemented in a community center, the champion support from the facility would allow access to the target population and other populations providing support, marketing, funding, supplies, and community interest. The program consistency and longevity will ultimately reveal its effectiveness. Next, we will discuss why repetition is imperative for seeing these results.

**Repetition and expansion of Healing in Motion program**

The importance of repetition of this program is to help evaluate its effectiveness and determine how to create longevity and impactful change. In theory, repetition is a tool for remembering and creating an engrained experience to later accept as inner knowledge. This knowledge can help with decision making, behavior change, teaching others, healing, and role
modeling. In addition, expansion of this program to different communities can help increase the program’s goal and impact teens in different areas in Chicago. This program can be a vantage point from which to connect teens to employment and educational opportunities. This could help to create a cohort of alumni to serve as mentors to existing members and/or future facilitators of the program. This form of active engagement creates expansion and frequent interaction, with the program taking a leadership role and community service.

Because the program is based on a 10-week timeline, decisions around the shifting and continuation of the program are necessary to ensure longevity. There are several options to ensure that repetition of the program occurs based on the return of the original cohort of teens. If the original cohort of participants re-enroll, the facilitators have an option to use the existing module structure and topics; however, they will have to find additional information to expand upon the existing knowledge. Resources for addition iterations of the modules may come from DeGruy’s workbook. For modules with panelist, new panelist can be added to the original group such as CAPS members or new panelist can be used to provide a unique perspective. If there is an increased enrollment that included the majority of the original cohort or participants, the participants can divide into two cohorts: the original cohort will work from the adapted modules, and the new cohort will explore the original modules in two separate spaces. If there is a new cohort with less than five original cohort members, the existing modules will be executed, and existing members can either take leadership roles, which will reflect modeling, and/or have modules adapted for them. For new and existing participants, new modules with new topics can be created by the author. Additional iterations of the modules can be created by the author beyond this thesis.
Implementation

Finding a central location in Roseland would be the first of many steps in the implementation process, in addition to obtaining funding options. Gaining funding from stakeholders will require empirical evidence of the need of this program, and evidence of how similar programing is essential and beneficial for the target population. The program would also need evaluations of the effectiveness of the program for funding purposes and marketing. One intervention that could help to measure outputs is the artwork of the teens, as well as pre- and post-surveys. These surveys give the facilitators a baseline and evidence of effectiveness of the program’s facilitation. Finding staff members would also be important in the implementation process. I would be involved in the training process and implementation of the program and training would include reading and researching the PTSS book as well as collaboration and a dry run-through of how each module would be facilitated.

Based on funding outcomes, staff members may need to be volunteers instead of employees, with the hopes to accumulate revenue for eventual paid employment. This program could also be branded as a non-profit program, which may also help with outside funding. Space considered for this program is the park districts in Roseland and the Salvation Army Kroc Center. These spaces would be ideal because they could provide many of the resources, such as art supplies, food, and private rooms.

Reviewing the current program, I would consider either expanding the time-frame of one session or creating two sessions per week. This would be contingent on the group process and the facilitator’s creative will to build upon the existing modules. If teens wanted to continue with the program in following sessions, I would consider either extending the content and experientials to deepen them for the next session or create a next curriculum with new topics.
related to a community issue specified by the teens that could be applicable to the PTSS theory. Other considerations would be adding additional modules to the program, having small groups with different facilitators based on the number of participants, and considering expanding the program to a younger or older population.

**Beyond Healing in Motion: Scaling the scope of the program**

In creating this program, it was important to create a scope that provided perimeters to meet the goals and ensure safety of the participants. Although the program has a perimeter, it is important to discuss entities beyond this scope to acknowledge that they exist and to offer validation, suggestions, solutions, and/or that more discussion and research should be done in these areas.

**Cultural difference and interest outside the scope of the program.** It is imperative to model respect for cultural difference and how the culture of the group can affect the teen’s culture within their households and school setting. When accepting participants, I would need to consider if teens who do not identify as African American desires to participate, how would that shift the culture of the group or the non-African American’s teen experience of the program. It is a great concern because I do not want to discriminate by ethnic or racial identification; however, I do want to create genuine healing experience for the proposed culture. This could create a module of the program to invite other racial and ethnic cultures to experience PTSS from a separate perspective to integrate dialogue between African American and non-African American teens. Other scholars in community work also can create programming for specific races and ethnicities to explore issues in their communities and promote healing using other relevant transgenerational trauma models. Overall, it would be my hope that more open dialogue between African Americans and Caucasian Americans about community issues and transgenerational
trauma be held beyond this program, which may create a program based on healing relationships affected by transgenerational trauma.

**When therapy is needed.** I recognize that working with this population and the proposed trauma not only identified in PTSS, but personal traumas may surface through sharing of the teen’s stories. It is important that facilitators, parents, guardians, and teens are aware that this program does not provide therapy. If teens seek therapy or disclose information that requires a higher level of care, it is important to establish a protocol to follow up on this need. This would include parental involvement and therapy referrals. Trust is a crucial component to building relationships with teens; therefore, breaking trust by communicating with a parent or guardian should be considered carefully. Safety is a priority and facilitators should use their judgement to make safe and sound decisions on the well-being of the participant when deciding about breaking confidentiality. Therapists and educators are mandated reporters of abuse; therefore, it is important to consider the severity of the trauma in making these decisions, and if DCFS needs to be involved.

**Evaluation suggestions**

To evaluate this program for future implementation, formative and summative evaluation through pre- and post-test will be implemented to assess the following:

- Increased knowledge of history African American chattel slavery and impact on people today.
- Increased self-esteem.
- Increased self-awareness by understanding cultural identifiers, creative expression, and modeling.
• Increased knowledge of the impact of negative patterns of behavior as it relates to crime, health, employment, and education in the Chicago community.
• Increased coping skills as evidenced by verbal feedback and utilization of skills in group and other settings.
• Increased PTSS knowledge and healing domains.

There will also be information gathered about cultural identity, healing domains, and a written narrative of goals teens wanted to achieve at the beginning of the program, as well as goals they have met after the completion of the program. Teens will continue by elaborating on the benefits of the program in a survey, suggesting what can be incorporated in the next iteration of the program and what should be excluded. Staff would also be an imperative factor in program evaluation through formative evaluation and verbal feedback. They would be surveyed about benefits and drawbacks of the program, how to be prepared more effectively as a facilitator, what could make the program more valuable, and what community issues or adolescent-based issues are important to consider for the next session of the program. Facilitators, teens, and parents will also be surveyed about logistics such as time, date of program, location, resources, organization, staff, cost, and resources.

Conclusion

Mental health of African Americans is a grave issue in our society in which systematic platforms and historic pitfalls have allowed this population to suffer. The exploration of transgenerational trauma as a component of mental health shows the amount of diligent research needed, increased cultural competent care, creative programming, and open dialogue about the needs and fears of mental health in the African American community. The liberation in healing that Dr. Joy DeGruy’s theory adds to the literature provides context to the African American
experience, and conceptualizes the hurt, pain, and prescription to heal generational wounds. From this exploration, it is my hope that more clinicians, teachers, doctors, lawyers, mental health professionals, and everyday citizens explore the needs of their community and understand how they intersect. It is time to be problem solvers and healers to take back the pain and suffering that consumes the African American community and be the change agents in one’s own community.

I plan to implement this program within the next few years. The next steps to bringing this into fruition are more self-exploration and grounding in my process as a novice clinician, and more resources and like-minded colleagues to build and implement the program. I would like for this program to be assessible to other clinicians and dance/movement therapist after piloting the program and receiving feedback. From there, I would like to train other African American dance/movement therapists and facilitators in the theory and modules. broadening the scope to other inner-city African American youth across the country. It takes a village to raise a child, and my wish for this body of work is to inspire others to give back to their villages to raise their children.
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Appendix

Appendix A. Definition of Key Terms


Dance/Movement Therapy. Through my personal exploration, dance/movement therapy (DMT) helps to connect the experience in the present moment of one’s self and others through movement to bring implicit content in to the explicit moment, which begins to shift awareness through the body to promote healing and change of the mind, body, and spirit. Dance movement therapy uses psychomotor expression as its mode of intervention and change (Levy, 1988). Dance/ movement therapy seeks to combine the expressive and creative aspects of dance with the insights of psychotherapy (Stanton-Jones, 1992). It encourages self-expression and self-exploration while creating genuine communication and interaction between the mind and body (Levy, 1988).

Healing. According to DeGruy (2017), healing is defined as “growing sound; getting well; mending. Verb: To bring to an end or conclusion, as conflicts between people groups, usually with the strong implication of restoring former amity; settle; reconcile (p.170).” DeGruy (2017) emphasized that healing from transgenerational trauma is necessary due to the impact on future generations.

Healing Domains. DeGruy (2017) identifies several of the following as issues to address during healing and building blocks to achieve healing: learned helplessness, “knowing ourselves”, healing from past injuries, building self-esteem, “taking control of our inner world,” racial
socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership, and evidence-based approaches.

**Post Traumatic Slave Syndrome.** Degruy (2005), defines PTSS as “a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora (p.510-511).” She further defines PTSS as “…a condition that exist as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery” (DeGruy, 2005).

**Trauma.** According to the American Psychological Association (APA), trauma is defined as when a “person’s experience, witnessed, or was confronted with an event or events that involved actual or threatened death or serious injury, or threat to the physical integrity of self or others (APA, 2017).”

**Transgenerational Trauma.** According to Goodman (2013), transgenerational (also called intergenerational, multigenerational, or historical) trauma is defined as a disbursement of trauma from one generations to another. Coyle (2014) relates it to “[…] a genocide of a people, where some major event is aimed at a particular group because of their status as an oppressed group.” The framework of transgenerational trauma includes the “transmission of resilience” amongst generations. Families and cultures, such as African Americans who faced discrimination, persecution, oppression and a substantial history of trauma use protective factors (Goodman, 2013).
Appendix B.

Collaborator Agreement

I __________, agree to collaborate with the program developer, Bria Campbell, on her program development which seeks to answer the following question: How can dance/movement be used as a form of healing to address the healing domains in PTSS for the African American adolescents in Chicago’s Roseland community participating in the Salvation Army’s Teen Zone? I understand that my involvement in this project will consist of participating in one semi-structured interview, followed by one rounds of questionnaires, with the possibility of one additional round. I understand that purpose of my role is to provide feedback relative to my expertise in my perspective field to assist the program developer, Bria Campbell, in the formation of her program. I understand that intellectual property belongs to the program developer, Bria Campbell and my input will be used to help formulate ideas for the program developer’s program. I understand that the organization/location that the program is being developed for will not be named, only described in my final thesis. I understand that this collaboration is free of charge and no compensation will be given.

I understand that the program developer, Bria Campbell, is responsible for the following:

- Setting up interviews
- Meeting set deadlines between the myself and the program developer, Bria Campbell
- Creating and distributing questionnaires
- Flexibility with schedule

Signature________________ Date________________

I understand that I have the option of remaining anonymous if I so choose and that I have the option of rescinding my involvement in this project at any time.
Remain Anonymous (initial and date) ________________

Permission to use my name (initial and date) ________________

*If you would like to remain anonymous, Sign Collaborator (Letter Given) Ex. Collaborator A
Appendix C

Round 1 Questions: For Salvation Army Kroc Center and Target H.O.P.E

1. Based on common themes addressed through Post Traumatic Slave Syndrome, I have identified the following themes to incorporate in the program goals and objectives: to identify key patterns of behavior, understanding knowledge of the African American incidences in the United States dating to the trans-Atlantic slave trade as it relates to the present, concerns in the African American community specifically health, education, crime, and unemployment, and creative expressive therapy modalities used as a healing intervention. Through these themes, I will also like to focus on the following healing domains to address the above themes: learned helplessness, “knowing ourselves”, healing from past injuries, building self-esteem, “taking control of our inner world,” racial socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership, and evidence-based approaches. What others themes might be present? What seems to be the most important to address?

2. Based on the themes and healing domains provide, do you address any of the themes in your organization and how do you work with them?

3. What kind of programming has been beneficial for African American adolescents in the Roseland community?

4. What recruitment techniques should be explored for participation?

5. What are ways to engage parental support in the program?

6. How do you see this program as supplementing or distracting from the work that you do?

7. What cultural factors need to be considered for the recruitment and implication of this program?
8. What resources are necessary for the program?
   a. What space could be used?
   b. What staff presence would be necessary?
   c. What time of day would work best?
   d. How long/how many sessions should the program be?
   e. What is a feasible session length?
   f. Should sessions build on each other consecutively or be stand alone?
   g. What schools or community programs should be used to recruit from?
   h. What is minimum/maximum number of participants?

9. What should the ideal attendance rate be?

10. What factors should be considered in marketing the program for adolescents in Chicago?

11. What safety concerns might need to be considered for a program like this?

12. What external factors might affect the planned work and/or program results?

13. What obstacles might be present in implementing a program like this?

14. What protective factors might support implementing a program like this?

15. Do you have any other thoughts or questions for me?

   Rounds 2 questions will be derived organically based on Round 1 answers.

Round 1 Questions for DMT

1. Based on common themes addressed through Post Traumatic Slave Syndrome, I have identified the following themes to incorporate in the program goals and objectives: to identify key patterns of behavior, understanding knowledge of the African American incidences in the United States dating to the trans-Atlantic slave trade as it relates to the present, concerns in the African American community specifically health, education,
crime, and unemployment, and creative expressive therapy modalities used as a healing intervention. Through these themes, I will also like to focus on the following healing domains to address the above themes: learned helplessness, “knowing ourselves”, healing from past injuries, building self-esteem, “taking control of our inner world,” racial socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership, and evidence-based approaches What others themes might be present? What seems to be the most important to address?

2. Based on the themes and healing domains provide, do you address any of the themes in your work as a dance/movement therapist and how do you work with them?

3. What may have you encountered with African America adolescents participating in dance/movement therapy?

4. What interventions have you seen be effective while working with African America adolescence addressing the themes above?

5. What facilitation style works well with African American adolescents in your experience?

6. Is there a theoretical approach or dance/movement style that you’ve seen be effective with this population?

7. Based on developmental research, adolescents are typically transitioning, and some behaviors associated with this age group is defiance and resistance. Is this true in your experience? How did/does dance/movement therapy combat this?

8. In addition to DMT, what other Expressive therapies techniques should I consider?

9. What resources are necessary for the program?

   a. What staff presence would be necessary?
b. How long/how many sessions should the program be?

c. What is a feasible session length?

d. Should sessions build on each other consecutively or be stand alone?

e. What is minimum/maximum number of participants?

10. What should the ideal attendance rate be?

11. What obstacles might be present in implementing a program like this?

12. What protective factors might support implementing a program like this?

13. Do you have any other thoughts or questions for me?

   Rounds 2 and 3 questions will be derived organically based on Round 1 answers.
Appendix D Logic Model (W.K Kellogg Foundation, p.3)

If you accomplish your planned activities, then you will hopefully deliver the amount of product and/or service that you intended.

If you accomplish your planned activities to the extent you intended, then your participants will benefit in certain ways.

If these benefits to participants are achieved, then certain changes in organizations, communities, or systems might be expected to occur.

Resources/Inputs ➔ Activities ➔ Outputs ➔ Outcomes ➔ Impact

Your Planned Work

Your Intended Results
Appendix E

Questionnaire Timeline

Week One

- Sign Consent Form
- Round one semi structured interviews done within one week
- Analyze and draft round two questions through logic model

Week Two

- Send questionnaires to collaborators for round two due at the end of the week

Week Three

- Analyze responses
- Determine if a third round of questions are needed
- If needed, conduct a face to face meeting via Video Chat or In Person
  - To discuss third round of questions
- Determine final information from questions
- Begin to create program
Appendix F

Collaborator Reference Guide

Name: Bria Campbell

Title of Proposed Project: Past, Present, Future: Exploring Transgenerational trauma through the Lens of Post Traumatic Slave Syndrome (PTSS) Using Dance/Movement Therapy As a Healing modality.

Purpose: The purpose of this program is to address issues that are presented in the African American community, specific adolescence in Chicago’s Roseland community participating in the Salvation Army Kroc Center’s Teen Zone Program, characterized by PTSS and use DeGruy’s (2005) healing domains and dance/movement therapy as a creative modality to understand, explore, and heal from PTSS and its residual effects on targeted population.

Research Question(s) and/or Hypothesis(es):

How can PTSS healing domains and dance/movement therapy be integrated to create a program for African American adolescents involved in the Salvation Army Kroc Center’s Teen Zone in Chicago’s Roseland community?

Collaboration Goals

- To share feedback about experiences in your field of work
- Collaborate based on you experience to set parameters for the program
- To support and provide insight on the proposed program

Expectations

The purpose of the collaborator role is to provide expertise in your perspective field. I would like your feedback to help develop this program. I would like to encourage open communication if there is any confusion and if a deadline cannot be met. This will ensure a smooth and time effective process.
Process

This process will take approximately three to four weeks to complete. Our first encounter will consist of either a face-to-face interview in person or via Video Chat. Our interview will be recorded as data and be kept in a password protected device. Thereafter, I will send via email a follow up questionnaire based on your interview responses through Survey Monkey. This process will continue at least once more and if a fourth round of questions are needed, I will set up face-to-face meetings.

Definitions of key terms.

*Post Traumatic Slave Syndrome*. DeGruy (2005), defines PTSS as “a theory that explains the etiology of many of the adaptive survival behaviors in African American communities throughout the United States and the Diaspora (p.510-511).” She further defines PTSS as “…a condition that exist as a consequence of multigenerational oppression of Africans and their descendants resulting from centuries of chattel slavery” (DeGruy, 2005). After identifying PTSS and its origin, DeGruy (2005), establishes three key patterns of behavior that are reflective of PTSS.

Key Patterns of Behavior

- The first is “vacant esteem,” defined as “insufficient development of primary esteem, along with feelings of hopelessness, depression, and a general self-destructive outlook (DeGruy, 2005).”

- The second key pattern of behavior DeGruy (2005) identifies is “Marked Propensity for Anger and Violence.” This is defined as “extreme feelings of suspicion perceived negative motivation of others. Violence against self, property and other, including the
members of one’s own group, i.e. friend, relatives or acquaintances (DeGruy 2005, p.125”).

- The third pattern DeGruy (2005) identifies as “Racist Socialization and Internalized Racism.” This is defined as “learned hopelessness, literacy deprivation, distorted self-concept, antipathy or aversion for cultural/ethnic groups, customs of one’s heritage, and physical characteristics of one’s identified cultural/ethnic group (DeGruy, 2005 p.125).”

**Dance/Movement Therapy.** Through my personal exploration, Dance/movement therapy (DMT) helps to connect the experience in the present moment of one’s self and others through movement to bring implicit content in to the explicit moment, which begins to shift awareness through the body to promote healing and change of the mind, body, and spirit. Dance movement therapy uses psychomotor expression as its mode of intervention and change (Levy, 1988). Dance/ movement therapy seeks to combine the expressive and creative aspects of dance with the insights of psychotherapy (Stanton-Jones, 1992). It encourages self-expression and self-exploration while creating genuine communication and interaction between the mind and body (Levy, 1988).

**Healing Domains.** DeGruy (2017) identifies several of the following as issues to address during healing and building blocks to achieve healing: learned helplessness, “knowing ourselves”, healing from past injuries, building self-esteem, “taking control of our inner world,” racial socialization, worldly truths, modeling, telling our story, faith and religion, the spirit of community, establishing strong leadership, and evidence-based approaches.

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I ___________, agree to collaborate with the program developer, Bria Campbell, on her program development which seeks to answer the following question: How can dance/movement be used
as a form of healing to address the healing domains in PTSS for the African American adolescents in Chicago’s Roseland community participating in the Salvation Army’s Teen Zone?

I understand that my involvement in this project will consist of participating in one semi-structured interview, followed by one rounds of questionnaires, with the possibility of one additional round. I understand that purpose of my role is to provide feedback relative to my expertise in my perspective field to assist the program developer, Bria Campbell, in the formation of her program. I understand that intellectual property belongs to the program developer, Bria Campbell and my input will be used to help formulate ideas for the program developer’s program. I understand that the organization/location that the program is being developed for will not be named, only described in my final thesis. I understand that this collaboration is free of charge and no compensation will be given.

I understand that the program developer, Bria Campbell, is responsible for the following:

- Setting up interviews
- Meeting set deadlines between the myself and the program developer, Bria Campbell
- Creating and distributing questionnaires
- Flexibility with schedule

Signature________________ Date________________

I understand that I have the option of remaining anonymous if I so choose and that I have the option of rescinding my involvement in this project at any time.

Remain Anonymous (initial and date) ________________

Permission to use my name (initial and date) ________________

*If you would like to remain anonymous, Sign Collaborator (Letter Given) Ex. Collaborator A
## Appendix G

**Program: Healing in Motion: African American Teen Program for healing through the arts Logic Model**

<table>
<thead>
<tr>
<th>Resources/Inputs</th>
<th>Activities</th>
<th>Outputs</th>
<th>Outcomes</th>
<th>Impacts</th>
</tr>
</thead>
<tbody>
<tr>
<td>Certain resources are needed to operate your program:</td>
<td>If you have access to them, then you can use them to accomplish your planned activities:</td>
<td>If you accomplish your planned activities, then you will hopefully deliver the amount of product and/or service that you intended:</td>
<td>If you accomplished your planned activities to the extent you intended, you're your participants will benefit in certain ways:</td>
<td>If these benefits to participants are achieved, then certain changes in organizations, communities, or systems might be expected to occur:</td>
</tr>
<tr>
<td>- African American teens ages 12-17</td>
<td>- Use of &quot;layered programming&quot;</td>
<td>- Increased knowledge on History African American chattel slavery as evidence by verbal feedback by mid session</td>
<td>- Increase self-awareness and self esteem by the completion of the program</td>
<td>- Decrease African American unemployment rates</td>
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<tr>
<td>- 10-13 weeks</td>
<td>- Use multiple tools, such as written materials, music, painting, art making, journaling, and movement to create activities</td>
<td>- Increased self-esteem as evidence by verbal and nonverbal congruencies in speech and body language by end of program</td>
<td>- Increase leadership roles by the end of program</td>
<td>- Increase African American matriculation through higher education</td>
</tr>
<tr>
<td>- 10 week program</td>
<td>- Dance/movement therapy interventions</td>
<td>- Increased awareness of self as evidence by art making products weekly</td>
<td>- Actively seeking interest in obtaining higher education and/or trade school, Army by the end of the program</td>
<td>- Decrease crime in African American adolescents and adults</td>
</tr>
<tr>
<td>- Meet once a week on Wednesday from 4:30-6:30 pm</td>
<td>- 10 modules with experiential and activities with each</td>
<td>- Increased knowledge of Crime, Health, Employment, and Education as evidence by art making and verbal feedback during weeks 5-8</td>
<td>- Increase interest in community service by the end of the program</td>
<td>- Decrease African American Community leadership and service</td>
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<tr>
<td>- Local Community programs, Churches, Local Elementary and High Schools</td>
<td>- These topics will explore DeGray's healing domains as a framework to invite the creative arts process to serve as the modality of creative healing</td>
<td>- Increased coping skills as evidence by verbal feedback and utilization of skills in group and other settings per the participants by mid session</td>
<td>- Share knowledge with others within their community by the end of the program</td>
<td>- Decrease health disparities in the African American community</td>
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<tr>
<td>- Dance Movement Therapist</td>
<td>- Have parent orientation</td>
<td></td>
<td></td>
<td>- Increase African American cultural self-worth and self-esteem</td>
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<tr>
<td>- Two staff members (volunteers or paid employees)</td>
<td>- Coping skills for healing</td>
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<tr>
<td>- A facility to run the program in Row Center or Closed Office spaces in Roseland</td>
<td>- Chicano group structure</td>
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<tr>
<td>- Social activities</td>
<td>- went to obtain</td>
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<tr>
<td>- Parental Support</td>
<td>- Hawkins use of the creative process and priorities</td>
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<td>- Marketing tools</td>
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<td>- Transportation</td>
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<tr>
<td>- Incentives: foot masses</td>
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<tr>
<td>- Program cost $100 dollars or $50 dollars a week</td>
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<tr>
<td>- Art supplies, paper, pens, pencils, music, speaker, etc</td>
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</tr>
</tbody>
</table>

### Assumptions:

- Post Traumatic Slave Syndrome
- African American Community Issues: Health disparities, Unemployment, Crime, and Education