Emotional Emancipation Circles℠
Healing Circles for People of African Ancestry
Preliminary Data in California

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Brief Overview of EECs

A Community Based Self-Affirming Self-Help Process
EEC℠ Objectives

• Create conditions for healing conversations that lead to individual and collective recovery and wellness
• Present material to expose the lie and increase awareness, knowledge, & understanding of the various forms of and history of racism
• Deepen our understanding of the impact of our history and mis-education on our behaviors, attitudes and beliefs, emotional lives, and relationships
• Foster a more authentic sense of community
• Emphasize the core strengths and virtues we hold as individuals, families, and communities to support resilience
• Revitalize participants  (Leader’s Guide – 2.0, 2016)
Why EECs?
Marginalization and Oppression
The Historical, Social, & Psychological Case for Emotional Emancipation
It is why we can’t breathe!
Watts, 1965 Couldn’t Breathe
Residents wait on a rooftop to be rescued from the floodwaters of Hurricane Katrina on Sept. 1, 2005.
Ferguson still can’t breathe…….
Flint still can’t breathe....
Baltimore still can’t breathe.......
Our children can’t breathe in school
Columbia, South Carolina  2015
Since our enslavement, our communities haven’t been able to breathe!
Black folk have not been able to breathe for a long time in America......
"We revolt simply because, for many reasons, we can no longer breathe." -- Frantz Fanon
(July 20, 1925 – Dec. 6, 1961)
“Somebody told a lie one day….

They made everything black, ugly and evil.”

Dr. Martin Luther King, Jr.
The Struggle To Be... James Baldwin

“The American ideal of progress is measured by how fast I become white.”
“If you are silent about your pain, they’ll kill you and say you enjoyed it.”
-Zora Neale Hurston
Emancipate yourselves from mental slavery.

None but ourselves can free our minds.

(Bob Marley via Marcus Garvey)
EEC℠ and Relational Well-being

- Ubuntu: *The essence of being human*…
- Communalism/community-centered
- Support (emotional and practical)
- Affection
- Bonding
- Cohesion
- Collaboration
- Respect for diversity of
  - Opinion
  - Insight and awareness
- Democratic participation
African-Centered Principles

- African language – use of proverbs, spoken word, wit, oral tradition, etc.
- Music
- People orientation – communal emphasis
- Kinship Patterns
- Interaction vs. reaction
- African thought (significance of intuition/hunches)
- Spontaneity
- Respect for elders
- Generosity
- Cooperativeness/Mutual Help
- Community
- Centrality of Spirit and the Divine
EEC SM Model

• 8 to 11 Circle Sessions - Can continue beyond this number based on interest and need of the circle
• Circle Meetings - Organized around 7 Keys (Affirmations)
• Menu of Activities – Listed in EEC Leader’s Guide to stimulate discussion, insight and growth
• Circles can be held anywhere – In community or clinic settings (churches; libraries)
• Circles can be led by anyone of African ancestry - para-professionals, community leaders, case managers as well as licensed therapists
• Circles have a set structure - A beginning, middle, and end
Segments of an EE Circle™

1. There are 5 core sections/segments to every EEC
   a. Setting the Stage
   b. The Opening
   c. The Activity
   d. The Closing
   e. Evaluation

2. These are explained in the Leader’s Guide and are accompanied by Leader Instructions and Participant Handouts
Development of the Emotional Emancipation Circles℠ California Professional Initiative (EEC-CPI)
CIBHS Rationale for Focus on Community Defined Practices

- Concern about “business-as-usual” mental health services
- Concern about how well evidence based practices fit clients from various different cultural and linguistic backgrounds
- Concern about “imposition” of practices on communities
- Concern about need to identify and support practices that work for diverse communities
Community-Defined Evidence Definition

“A set of practices that communities have used and determined to yield positive results as determined by community consensus over time, and which may or may not have been measured empirically but have reached a level of acceptance by the community.”

– (Martinez, Callejas, & Hernandez, 2010)
The EEC-CPI Initiative

The California Institute for Behavioral Health Solutions (CIBHS) entered into a collaboration with Community Healing Network, Inc. (CHN) and The Association of Black Psychologists, Inc. (ABPsi) to support the implementation of a community defined evidence practice utilizing the Community Development Team model for achieving model adherent, sustainable implementation of a practice designed by and for people of African ancestry…

*Emotional Emancipation Circle*SM (EECsSM)
GETTING THE INITIATIVE STARTED

• CHN and ABPsi Conversations (EEC Developers)
• Exploration with CIBHS
• Establishing MOU
  – Individual vs. organizational issues
  – Clarification of roles
• Centering the Fidelity of EECs
  – Shift in paradigms; use of language/concepts
  – Active collaboration
• Team Leads
EEC-CPI Objectives

1. Explore how EECs\textsuperscript{SM} can be conceptualized as a community defined evidence practice.
2. Pilot implementation of EECs\textsuperscript{SM} within professional and/or work-day settings utilizing the Community Development Team Model.
3. Explore applicability of measures in documenting potential outcomes and/or experiences of those who participate in EECs\textsuperscript{SM}
4. Consider potential next steps and/or replication outside CA.
Community Development Team Model

- A training and technical assistance process to promote adoption of a practice
- Often consists of a team of agencies committed to adopting a practice in common
- Combines four features
  - Training
  - Administrative supports
  - Site specific planning
  - Peer-to-peer assistance
Community Development Team
Goals for EEC-CPI

- High quality, model adherent (high fidelity) and sustainable implementation of the Emotional Emancipation Circles\textsuperscript{SM}
  - Prepare both behavioral health practitioners and community members to become proficient facilitators in the use of the EEC\textsuperscript{SM}
  - Prepare agencies/teams to support and sustain the EEC\textsuperscript{SM}
Community Development Team
Features of EEC-CPI

• Training and Consultation by CHN and ABPsi
  – 3 Day EEC-CPI Facilitator/Participant Training (*Extended*)
  – 1 Day EEC-CPI Booster Training (*New*)
  – Monthly EEC-CPI Consultation Calls (*New*)
  – Online EECSM Portal (With EEC-CPI specific resources – *New*)

*Revised Leader Guide*

• Pre-Implementation Planning with Implementation and Administrative Support by CIBHS
  – Introductory and Pre-Planning EEC-CPI Meetings/Webinars
  – Monthly Administrator/Conductor EEC-CPI Conference Calls
  – Outcome Evaluation Support
  – Site/Team Specific EEC-CPI Technical Assistance

• Various Channels of Communication to support Peer-to-Peer Team Learning, Support, Assistance
Participants in EEC-CPI

- 19 teams in California invited to participate in Pre-Implementation Webinars for EEC-CPI
- 11 teams attended three-day in-person EEC Facilitator/Participant Training
  - 55 people completed training
  - Teams/members from
    - Wellness Centers
    - Community Based Organizations
    - Churches
    - Mental Health Associations
- After initial training – Teams launched EECs in local communities and began participating in monthly EEC-CPI calls
Launching the EECs™
EEC-CPI Booster Sessions

- Established Booster Protocol (after doing EECs)
  - Broader benefits
- Increased attention to development of facilitator and facilitator partnerships
  - Clinicians and non-clinicians
- Immediate resource for Immediate Issues
- Working with minors
- Diverse and/or predominately White institutions
- Use of EEC Portal: Increased resources
EEC-CPI Participation

• 8 Teams offered EECs in following areas:
  – Sacramento
  – Oakland/Bay Area
  – Los Angeles
  – San Diego

• EEC-CPI Collected feedback about experiences with EECs℠

• Expected facilitator/participants and participants to be changed
Evaluation Process

Objective: We “know” EECs\textsuperscript{SM} work but want to answer these questions (and more):

- How are the Circles benefitting participants (and communities)?
- What feedback can participants provide that can help improve the fidelity of the Circles?
Emerging Questions

Context: The *lies* (white superiority/black inferiority) have impacted ALL persons of African ancestry yet do not necessarily manifest as a ‘problem’ according to Western lens (EECs SM are not a treatment model).

- *How to measure benefits of EECs SM if limited by current evidence-based tools that are more problem-focused (quantitative)?*
- *How can we shift to documenting the outcome of EECs SM based on persons’ experiences & cultural-congruency (qualitative)?*
EEC-CPI Data

Preliminary Results
Qualitative Data

• Invited Facilitator/Participants Feedback on Measures
  – Collective Collaboration (general “concern” about data collection - culturally relevant)

• Inclusion of Qualitative Questions
  – Pre
  – After each circle
  – Post

• Examples:
  – What are you hopes and expectations for your participation in the EECs?
  – What did you like/not about the EECs?
  – How was the EEC helpful/not to you?
  – Now that you’ve experienced EECs, how does it compare to your initial reasons and hopes to participate?
# Overview of EEC-CPI Measures

<table>
<thead>
<tr>
<th>Data Sources</th>
<th>Participant Information Form</th>
<th>Facilitator Attendance Log</th>
<th>Racism and Life Experience Scale (RaLES)</th>
<th>K6+ (items a thru f)</th>
<th>MWA-Brief (all 15 items)</th>
<th>MWA – Awareness and Pro-social behavior subscales</th>
<th>EEC Evaluation Form</th>
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<td><strong>Description of Data</strong></td>
<td>• Age</td>
<td>Completion status: • Stayed in Circle • Left Circle</td>
<td>Measure of experience of racism</td>
<td>Measure of Well-Being</td>
<td>Measure of Well-Being</td>
<td>Measure of Well-Being (subscales)</td>
<td>Self Assessment of Circle Benefit</td>
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<td>• Gender</td>
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<th>Data Collection Intervals</th>
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<th>Completion status: Last Circle</th>
<th>First Circle (pre) Last Circle (post)</th>
<th>First Circle (pre) Last Circle (post)</th>
<th>First Circle (pre) Last Circle (post)</th>
<th>First Circle (pre) Last Circle (post)</th>
<th>After each Circle</th>
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Selected Qualitative Responses (Pre)

How do you hope to benefit from participating in the circle?

1. “That we will continue to grow, to begin to heal?”

2. “I hope through this intervention a relationship can be developed with others who are doing the same work so we can serve our community better.”

3. “Learning tools to recognize more quickly what I am receiving and respond appropriately.”

4. “Some level of emotional healing and support both personally and professionally.”

5. “I need to learn some new tools for addressing and living with irritation and frustration. I use a lot of tools already, (healthy eating, exercising, friendship, journaling, etc.), but I need more because I feel like they’re not working well anymore.”
Selected Qualitative Responses (Post)

Now that you have experienced the EEC’s, how does it compare to your initial reason for choosing to participate?

1. “I am glad I came, I became part of a caring team who all got stronger from attending. I feel stronger that I want to continue to heal, grow, and participate in our group.”

2. “It far surpasses the reasons to participate. Each week there is something to learn and take away and reflect on.”

3. “The EEC met my expectations and increased my desire for more connection with my community.”

4. “Initially I had no desire to participate, it felt like another, ‘thing’ or a chore I had to do. I understand now how absolutely necessary this time was for me both personally and professionally”.

5. “Overall excellent, really need tangible tools to address issues, feelings, etc. I think that a more one on one session would be best although this was great.”
Reaching out…

• Community Healing Network, Inc. (CHN): http://www.communityhealingnet.org/

• The Association of Black Psychologists, Inc. (ABPsi): www.abpsi.org

• California Institute for Behavioral Health Solutions (CIBHS): www.cibhs.org