

ABSTRACT

Esther M. Combs, AUTHENTIC ENGAGEMENT: A RURAL COMMUNITY'S JOURNEY TO CROSS-SECTOR AGENCY COLLABORATION (Under the direction of Dr. Matthew Militello). Department of Educational Leadership, May 2020.

Bringing a community together for the purpose of healing creates a vision of hope. Translating this hope into a commitment for change requires intentional action and consistent reflection. Few models detail such a transformational process with cross-sector partners in a rural community. This study hoped to enrich the knowledge base, while contributing to my own leadership. This project presented opportunities for local community collaboration; tying cross-agency organizations to a singular focus: the local impact of trauma. The overarching research question, "To what extent can cross-sector collaboration lead to enhanced services for families and children impacted by trauma?" The qualitative data collected included meeting agendas, artifacts and minutes, interviews, surveys, reflection memos, and email correspondence. Analysis of these, generated three main themes: (1) enacting trauma-informed principles creates an optimal space for adult learning; (2) contextualizing trauma created a catalyst for working cross-sector; and (3) relationships sustain professionals and enable transformation. Recasting through existing frameworks for trauma-informed principles (Substance Abuse and Mental Health Services [SAMHSA], 2014), relational trust (Bryk & Schneider, 2002), and organizational leadership frames (Bolman & Deal, 1991) broadened the perspective, looking at changes in practice, my own leadership, and in relational to participants. The project's findings included strong evidence of changes in my leadership and in the strength of the relational network among participants. Sightings of cross-sector collaboration were rising. While this study leaves much for future discovery, the transformation of organizational networks and the emerging community benefits indicate positive implications for future practice, research, and policy.

AUTHENTIC ENGAGEMENT: A RURAL COMMUNITY'S JOURNEY
TO CROSS-SECTOR AGENCY COLLABORATION

A Dissertation

Presented to

The Faculty of the Department of Educational Leadership

East Carolina University

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of the Requirements for the Degree

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by

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TO CROSS-SECTOR AGENCY COLLABORATION

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Early in my journey. Marginally graduating from high school and failing miserably at entry level factory positions I knew I would need to expand my opportunities for employment. Being raised in a blue-collar family, postsecondary education was not a topic at the dinner table. My Uncle Paul, a devoted educator, saw potential and encouraged me to use my talents to go to school, even suggesting pursuing a doctorate degree. He believed; all doors can open through education. Anchored in his suggestion, I started sharing with family that someday I would have a doctorate degree.

Fast forward 27 years, two degrees in hand, still talking about my goal, a friend shared after wrapping up his dissertation, “Some people talk about it and other people do it” (Jake, May, 2011). This challenging phrase has played in my head, taunting like an old friend and nudging me to put action behind my words.

Over the years many people have provided influence and support as I have dreamt, talked, and acted in this pursuit. Today, I would like to express a deep appreciation to Dr. Matt Militello, the mastermind behind ECU’s International EdD program. His vision for creating leaders of change opened the door of opportunity. Through this discovery I had the great fortune of meeting Lynda Tredway instructor extraordinaire. Her stance for equity and social justice permeated every piece of literature and information she shared. Fierce in her beliefs, also came a heart of care, as she would endlessly edit my writing in efforts to share her gift of prose. I am humbled and honored to be part of her long list of scholars to cross the doctoral finish line.

ECU Cohort One provided the camaraderie needed to continue this journey as the road changed due to a tragic car accident. Finding myself in a two yearlong detour of rehabilitation, forgoing the last class series in Thailand, and missing graduation I still felt their support. Of particular mention during this time: Michigan Jodi, instrumental in keeping me connected through hospital visits, sharing resources and including me in her dissertation defense. Singapore Christie generous in sharing literature reviews supporting my learning during a time of limited capacity. California Janette, a constant voice of encouragement as she would call, text, email and arrange times for sharing about topics other than our dissertations. Taiwan Lori, sharing multiple writing examples, through her influence I am certain lessened the edit load for Lynda. Finally, I am extremely grateful to the support Washington Lihi has given. My debt to her goes beyond repayment as she spent countless hours talking about my research, proofreading, and providing writing support. Tireless in her efforts to seeing me through the completion of my dissertation, she has also become a cherished friend.

I would be remiss if I did not mention the support my co-researcher Julianna offered as our initial research agreement changed. She continued to move the research forward after my accident providing me an opportunity to stay engaged. The research project has ended; however, our work together continues to flourish gaining new professional partnerships and expanding community outreach.

Family is the compound that holds me together; pliable, flexible, accommodating and strong. This doctoral experience has pulled at the elasticity to which I owe the greatest amount of gratitude and debt. Always supportive, my parents and husband's

family through countless acts of encouragement. My daughters Corbin and Kelsey coming together when life throws us a curve ball. I have learned so much from them as they both give in unique ways. Corbin, demonstrating how to stand tall during adversity hitting a challenge head on. And Kelsey, generously giving of herself as she suspended her own education to care for me.

To my husband Marty, my primary source of strength creates music when times are difficult. Through it all, Marty has been a calm in the storm. He is a constant reminder of unconditional love. Thank you for being the element that holds us all together.

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CHAPTER ONE: THE FOCUS OF PRACTICE

2018 Daily News Headline: Rural Community Trend - Students who are economically disadvantaged or homeless are being out-performed by every subgroup on state assessments. The trend line for child abuse and neglect, and special education referrals are on the rise.

2021 Daily News Headline: Community of Hope - A small rural community is setting the standard for becoming one of the first to offer cross-agency collaboration to support families and children exposed to trauma. This healthy resilient community refers to this effective initiative as 360° of Hope: the support that circles the community.

These fictitious headlines create a vision I embraced and began cultivating 30 years ago as a special education paraprofessional. Today, my charge continues with the same passion, only with different actors. To that end, this research study embraces district administrators and community stakeholders, bringing them together in hopes of fostering emotional and social growth in families and students. Connecting resources has forever posed the problem of trust and collective commitment. Funding structures, federal guidelines, specialized interests, and problems too complex for the system create a sense of failure making future commitment for collaboration dismal. Through this qualitative research project, I explored ways to bridge current systems' boundaries into a cohesive service to offer collaboration for families and children.

The chapter outlines the beginning stages of the research project. The first section details the need established during community meetings as organizations came together in efforts for systems change. Building on that, in section two I explore the processes that helped me analyze the focus of practice and the frameworks that informed the theory of action. Mintrop (2016) highlights community assets and opportunities that can enhance community understanding.

Following the assets and opportunities is the improvement goal leading to a purpose statement. Next, I introduce the research questions and design to give insight into the community dynamics providing deeper understanding to the section on the significance of the focus of practice. The chapter concludes by foreshadowing to the remaining content and an introduction to the Chapter Two literature review. In the next section, I share current story about a community brave enough to look beyond current service delivery practices in hopes of revealing assets yet to be discovered.

Coming Together Through a Focus of Practice

In June 2017, the Montcalm Area Intermediate School District (MAISD) made a commitment to support and collaborate with the Local Educational Agencies (LEAs) in Montcalm County. Approximately 1,300 students receive special education services within the MAISD service area. Approximately 330 of those students are not attending class within the local school and instead attend center-based MAISD programs. These programs support students with medical and mental health challenges. Prior to attending a center-based program, a MAISD staff person needs to evaluate a student. This process requires the student and family to participate in numerous meetings, some with outside agencies needing to evaluate, diagnose, create plans, and come together in some manner to share information. The intent of having educators and agencies working together for the benefit of the family is good; the challenge is using a consistent framework for the evaluation and follow-up services. The current system puts demands on families that exacerbate their current situation, leaving feelings of frustration and confusion and, all too often, failure.

In addition to providing resources and services, the MAISD hosts monthly meetings for superintendents, principals, curriculum directors, counselors, and community agencies. Through

this communication point, a common realization emerged: *We are not prepared to fully support the families and children who are entering our schools today.* Every agenda contained an item about additional support for students exhibiting intense behavioral challenges. The first solution was usually to build more classrooms and remove these students until they could learn how to do school. Recognizing this solution was not feasible on multiple levels, community agencies joined monthly meetings to exchange information with superintendents and offer suggestions to the current challenges. This appeared on the surface as a collaborative effort for additional support; however, communication lagged and frustration remained due to the lack of ability to obtain needed resources and the exasperation that continued to fester as a result.

Community collaboration is not a new topic of interest within the MAISD, the seven LEAs in the county, nor the community agencies. In fact, established lines of communication, meeting dates, and funding responsibilities have been an ongoing point of discussion. Yet, despite the purported commitments, agencies, school districts, and the county office maintain individual silos in which they operate. A well-established group of community stakeholders, the Montcalm Human Services Collaborative (MHSC), already meets monthly to work on issues of collaboration. However, members continued to voice a sense of frustration and confusion, while recognizing what we know: Collaboration could and should optimize resources and address complex problems (Woodland & Hutton, 2012).

Members of the coalition are long-standing community members. The 30-40 MHSC community members are proud of their reputations and of their target goals of collaboration and communication. The MHSC is interwoven with intergenerational connections and seen as a key resource in the county. Closer up, however, many members, including myself, witnessed a disconnect. While conversations often focused on a desire for innovative and interconnected

interventions, in reality, families were still approached with the same limited set of resources and connected options.

After a particularly painful meeting at one of MAISD's school districts, I turned to like-minded individuals within the MHSC with a new proposition: We broached the topic of becoming a trauma-informed community focusing on the more productive implications for Montcalm County. Concurrently, the MAISD Superintendent took a determined stand by acknowledging to community partners and stakeholders that, as an organization, we would move forward with a commitment to learning more about trauma-informed practices. He stated, "As an organization we will train, collaborate, and hire people who can move the initiative forward in concert with LEA partners, stakeholders, and community organizations. The families and children that we serve deserve a more effective community approach to service" (E. Combs, research memo, July, 2017). Thus, in 2016-17, MAISD began the school year with a new position of Community Outreach Liaison that was filled by this researcher, emphasizing trauma awareness and community collaboration.

In this role, I worked to deepen the relationships of established partnerships and build new ones to support children and families. My hope was that, with a focus on trauma-informed care and practices, we could rally around to address the larger issue of coordinated services for families and children. However, what I wanted to steer clear of was yet another initiative that offered a "magic bullet" solution without the ability to successfully implement it (Cuban, 1990). Admittedly, the MAISD was already involved in leading a multi-tiered system of support initiative with the LEAs, so initiative fatigue was truly knocking on the door (Fullan, 2001). As an organization, the MAISD was willing to take the lead in creating a vision for our rural community of authentic engagement, and as our superintendent would say, "There really is no

playbook for this effort” (E. Combs, research memo, August, 2017). The openness created the perfect space for the focus of practice (FoP).

The unique opportunity for cross-agency collaboration offered a dynamic and potentially fruitful action space for the proposed participatory action research project. Often, in rural setting, organizations, despite the need, do not effectively work together. In fact, the action space for the project is common (i.e: multi-generational rural poverty, broad geographical reach, homogeneous demographics, and resource fatigue), the action research created an opportunities to influence future organizational practices. The project sought to inform our rural community and other rural communities about the processes for establishing authentic engagement and collaboration among agencies, community partners, and educational organizations.

Organizations working together is not a new concept; however, the FoP proposes that establishing authentic cross-agency collaboration can better support families and children of rural communities; by interrupting the standing trend of lack of collaboration, we could offer a process for changing the trajectory of rural community success.

Processes for Understanding the Focus of Practice

In this section, I describe the processes I undertook to more deeply understand the focus of practice. As part of the process, I explored the assets and opportunities, which resulted in a fishbone. Based on the analysis, I developed an improvement goal.

Exploration: Community Assets and Opportunities

As part of this initiative, I attended many community meetings, thus most of the preliminary evidence and assets presented for the FoP came through observation, memos, conversation, and informal interviews. The evidence was largely qualitative, and analysis during this initial phase yielded critical patterns. For example, our rural community faced challenges

that were connected to rural living; everyone knew each other promoting a predisposition based on heritage and family name. This challenge played out in ways that stymied collaboration; an agency might have had in-depth knowledge about a family, including pre-determined ideas about the family's limitations, while the school system was basing its work with the family or child on a different need or asset. Interventions often lacked thoughtful responses, resulting in a reactions to a crises with minimal preventative strategies. A deficit approach that was clear from the comments of many potential participants often clouded our work with families; this approach is more fully described in the diagnostic evidence in Chapter Three.

Yet, there were multiple assets. The MAISD three-part mission statement served as an asset to the project: "Collaboration without Boundaries, Exceptional Leadership, and a Catalyst for Strong Communities" (Retrieved from www.masid.com). The MAISD mission statement and the leadership commitment acted as a foundational building block for this action research project. Due to the Superintendent's word, we started developing community-wide awareness of trauma. Between September 2016 to June 2017, I facilitated seventy-five presentations to different audiences throughout Montcalm County with the purpose of developing four key concepts:

- understanding the impact of trauma on learning (Flannery, 2017; Garrett, 2014; Perry, 2006)
- operationalizing practices that support children and families impacted by trauma (Bulanda & Byro Johnson, 2016; Crosby, 2015; McIntyre, Simon, Petrovic, Chafouleas, & Overstreet, 2016)
- creating a common language when discussing trauma (Anda, Felitti, Bremner, Walker, Whitfield, Perry, Dube, & Giles, 2006)

- bringing together community statistics regarding the Adverse Childhood Experience study (ACEs) (Dong, Anda, Dube, Giles, & Felitti, 2003)

The research is more formally discussed in Chapter Two and forms the body of evidence that informed the research study. It is through this venue that the community agencies and stakeholders started to seek out the MAISD for additional support and the action space for cross-sector collaboration appeared.

The assets and opportunities that informed the FoP were designed through a fishbone tool (Bryk, Gomez, Grunow, & LeMahieu, 2015) and adapted by program coordinators from Mintrop (2016) and Rosenthal (2019). In looking at the reasons that often result in agency disengagement or limited cross-agency success, the fishbone considered the assets and opportunities in hopes of identifying the low-hanging fruit for the implementation of immediate positive change.

Analyzing the information gathered from the meetings and interviews by understanding the micro (agency and school personnel and operations), meso (systems), and macro (policies) contexts, I organized the structures influencing cross-agency collaboration in Figure 1.

Assets from a macro lens, including the “Every Student Succeeds Act (ESSA)” and other federal and state initiatives, supported the work of developing cross-agency collaboration. The federal and state policy ESSA served as both an asset and a challenge as a push came from the top for agency collaboration, while allocations of funding resources did not change. Nationally, challenges in funding often foster a competitive undertow that inhibits the development of trust and collaboration. These became important factors for the CPR team to consider as we worked together to answer the funding obstacles that might otherwise have interfered with collaboration.

The direction of policy and alignment of funding supported a change in philosophy for service structure, priming the conditions for multi-agency involvement. Even before the onset of

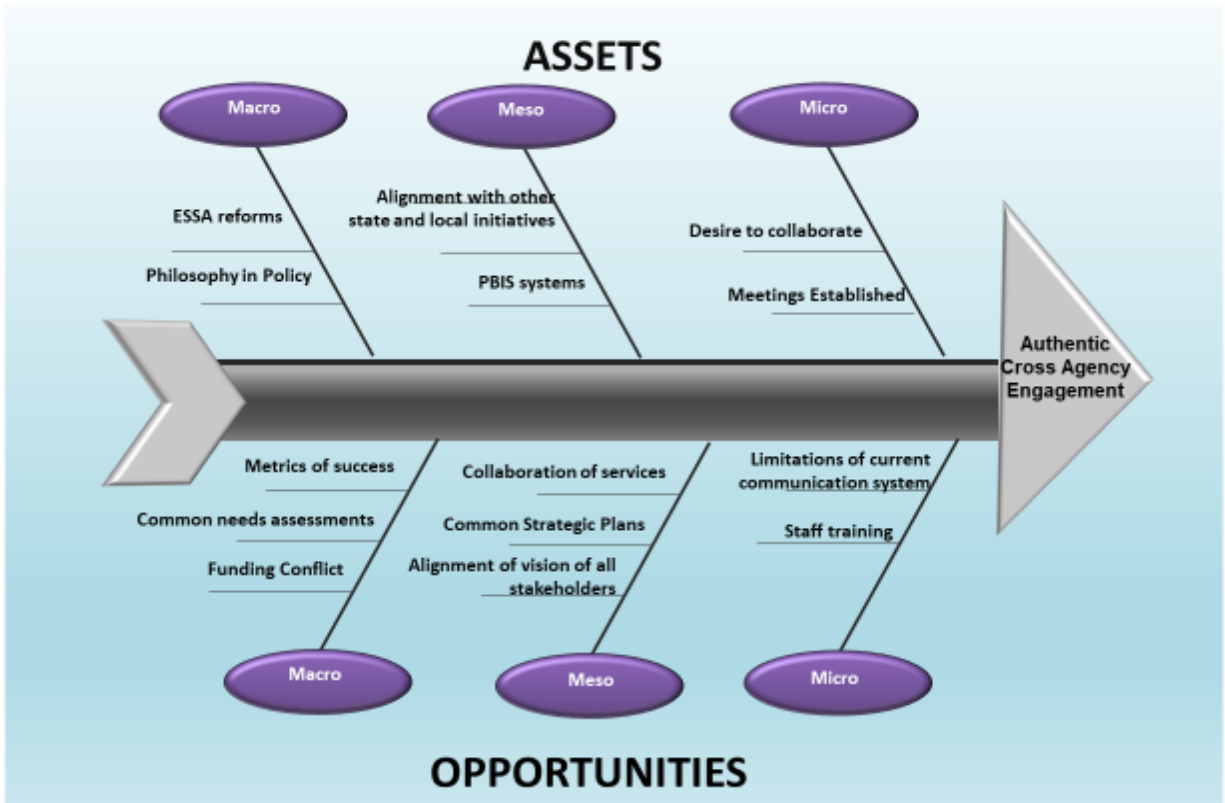


Figure 1. Fishbone diagram: Assets and opportunities for addressing the focus of practice.

this work, agencies and educational organizations had turned to tiered systems of support. While we were using different language to describe our systems (i.e., home-based wraparound, wellness and health intervention, positive behavior supports, family system support, and child study team), the framework remained similar: the higher the need, the more resources directly applied. Wraparound services, for example, was an established system of collaboration that took place with extreme cases and only when other interventions proved unsuccessful. This approach exemplifies the fail-first concept that Bryson, Crosby, and Stone (2006) warns against for effective collaboration. My hope was the research study might transform the current system of fail-first interventions to instead provide a continuum of collaborative support across sectors, highlighting prevention or intervening early to the maximum extent possible.

Overarching Supports for FoP: Improvement Goal and Driver Diagram

Two practices from the improvement sciences anchored my ability to clarify the focus and engage other in the process: setting an improvement goal that is also the aim statement on the fishbone and creating a driver diagram that was designed to keep us focused on the aim statement of the research. Both of these are not necessarily for the full group, but helped me to understand how to manage the project and move the work forward.

Improvement goal. Designed by the exploration of assets and opportunities, the improvement goal of this research: To intentionally implement a well-planned and purposeful structure for authentic engagement across agencies, including educational agencies and community partnerships, to better serve children and families. However, the project required more attention to the frameworks and systems such as the community of practice (CoP) model to build on coherence and interdependence capable of increasing collaboration and interconnectedness of cross-sector staff (Lave, 1991; Lave & Wenger, 1991). To harness the

creativity and commitment needed to implement a cross-agency approach to trauma, we addressed individual practitioners' motivations in order to achieve strong relationships within our organizational structure (Baer, 2012). The action research team, including co-practitioner researchers (CPRs) and myself, built on the assets of desired collaboration and current state-level policy initiatives as identified in Figure 1. We cultivated a new way of learning together in Community Learning Exchange (CLE) process that was interactive, that valued the wisdom of the people in the local context, and that focused on strengths and assets of the groups engaged in the learning (Guajardo, Guajardo, Janson, & Militello, 2016).

Driver diagram. Bringing together complex systems required a nuanced understanding of their different components. To achieve this, the Driver Diagram Figure 2 was created to describe the primary goal of the action research project within the context of its embedded systems. The primary drivers, I hypothesized, would have an initial impact on achieving the goal of authentic engagement. The drivers were independent and interdependent variables in enacting the action research project as a focus of collaborative leadership, community engagement, trauma-informed awareness, and policy that came together to achieve an overall goal.

Initially the CPR team operated in the project to activate and keep track of the primary drivers we considered important for influencing the success of this project. We first came together in a CoP to focus on leadership skills and explore effective elements of authentic engagement. Together, we then planned for a CLE in order to move toward our common goal. It was the intention of the learning exchange that, from the wisdom generated, we could provide reflection and growth for three cycles of inquiry. The original design of three cycles of inquiry using participatory action research methodology was interrupted due to a motor vehicle accident necessitating a change in the research design and a longer period of research punctuated by

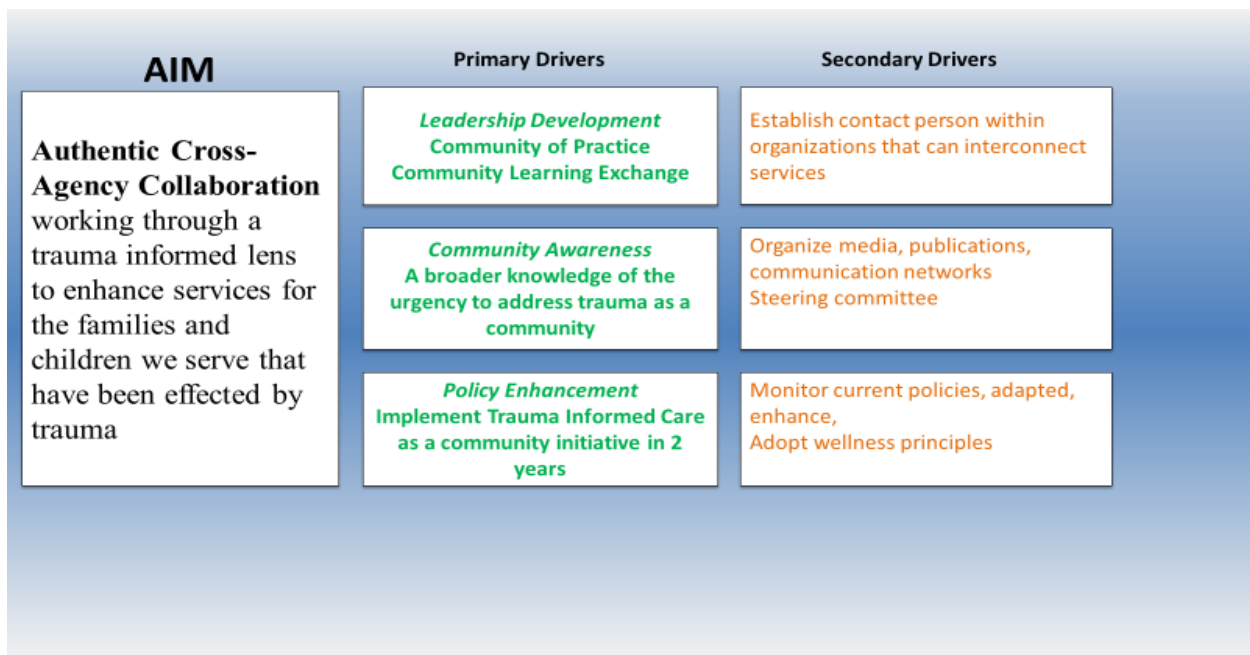


Figure 2. Driver diagram: The roadmap for this exploration.

health-related absences. Thus, I could fully engage as a participant observer in the action research inquiry. Throughout the period of research, CPR team members continued to engage in their professional practices within individual organizations, and then came together to focus on shared elements that could lead to collective impact.

Building on community assets and a shared recognition of needs, the purpose of the action research project was to establish authentic engagement through a cross-sector collaboration. Through participating in CoPs and a CLE, community organizations and community members had opportunities to collaborate in authentic ways that honored the power of place and the collective wisdom and experience of the community partners, cultivating hope for community wellness and pathways to resiliency.

Frameworks Contributing to the FoP

Building a community that valued compassion and care was a core value of my CPR team, who named themselves the Trauma Champions Network (TCN). I have always resonated with the idea that how we treat our weakest, most marginalized, sickest and neediest is a moral litmus test of a community (Dewey, 1938; Lear, 2006). As both an education and mental health therapist, this concentrated my efforts on building the strengths of organizations to support authentic collaboration and a growth mindset thereby enhancing service delivery to those most vulnerable. My research identity as a leader for compassion and social justice had been a driving force for every professional opportunity I ever pursued.

In Figure 3, the frameworks contributing to the FoP are integrated; exploring four frames that had direct and tangential influences on the chosen FoP and action research journey. First explored were the socio-economic-cultural factors, as they overlapped and intersected with the tensions that shaped the philosophical/psychological framework and drove the political

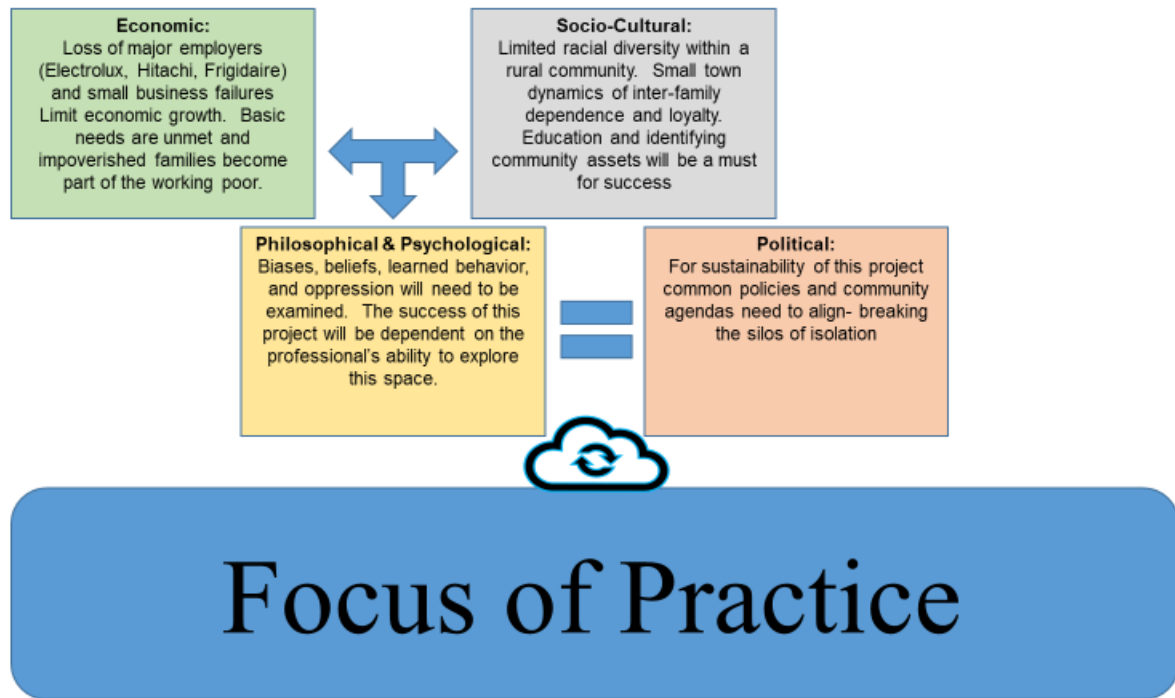


Figure 3. Frameworks contributing to the FoP.

framework. Explored more deeply in the literature review in Chapter Two, the frameworks here are introduced, as they influenced the decisions about the FoP.

Socio-economically, Montcalm County is a rural impoverished community that has lost three major manufacturing operations in the last fifteen years. The community is still in recovery of those businesses leaving and moving jobs overseas, as local businesses are dismantled. The United States Census Bureau (2019) reports respectively 15% of Montcalm County live below the poverty level. Currently, Montcalm County is experiencing growth in employment, federal/state funding, and economic development, yet the existing social conditions exacerbate the ability of many people to take advantage of this economic growth. While all of these developments appear to be assertions of positive momentum, they also create a climate of economic challenge. Inertia can replace motivation when a community feels defeated and abandoned thereby influencing the socio-culture of recovery. The socio-cultural system in Montcalm County can be categorized as a society of White, majority Republican, English-speaking, non-migrating, mostly high-school educated people of traditional conservative values. The United States Census Bureau (2019) highlights the social and cultural tensions divide the county “the haves and have nots,” as there is a large discrepancy in the median household income (\$44,651) and poverty level (\$17,120). Less than 15% of the population holds a bachelor’s degree or higher and 55% of the population make up the labor force. Building on the economic tensions, schools, hospitals, prisons, and mental health agencies are the primary employers of the area, creating a social structure of the professional class largely serving the impoverished, incarcerated, or working class. Intergenerational poverty is common, fueling an expectation that the systems provide ongoing supports. Families enmeshed in the system seek support for basic needs (food, shelter, electric, gas, clothing) and this is considered “normal.”

According to the United States Census Bureau (2019) Michigan is ranked second in the nation for substance abuse and Montcalm County is not exempt from contributing to the data. The community has high substance abuse rates, with families living in conditions that jeopardize children. While family connections are valued and small communes of trailers dot the county in efforts to keep families together, hypocrisy between community traditional values of self-sufficiency and the normalization of system dependency continue to erode the larger systems of support. “Who failed whom” is a common blame game and “who is responsible for what” continues to be a concern.

At the beginning stages of this project a concern arose from a mental health clinician in the community. She indicated, if we are successful in creating a community of healing and resilience, we also will be putting professionals like myself out of a job. I have always indicated that would be great, but now thinking it could be a reality feels threatening. My guess, others will feel the same, creating community tension as we bring people together for healing (E. Combs, research memo June 2017). Self-preservation, change, and maintaining status-quo are all part of the process of community change. Freire (1970) identifies the issues we are confronting when he states;

The oppressed who have adapted to the structure of domination in which they are immersed...are inhibited from waging and the struggle for freedom so long as they feel incapable of running the risks it requires. Moreover, their struggle for freedom threatens not only the oppressors, but also their own oppressed comrades who are fearful of still greater repression. When they discover within themselves the yearning to be free, they perceive this yearning can be transformed into reality only when the same yearning is aroused in their comrades. But while dominated by the fear of freedom, they refuse to

appeal to others, or to listen to the appeals of others, or even to the appeals of their own conscience. They prefer gregariousness to authentic comradeship; they prefer the security of conformity with their state of unfreedom to the creative communion produced by freedom and even the very pursuit of freedom (pp. 47-48).

Freire (1970) captures the essence of the philosophical and psychological aspects of Montcalm County as the community responds to their situation. Professionals philosophically believe there is a general moral imperative to act in service of these families and children in need and psychologically feel fulfilled and a sense of purpose when doing so. For those who are dependent or utilize the system, philosophically, they believe the system is in place for this purpose and are torn psychologically between the benefits and the limitations. Community members' comments reinforce this framework and there is a belief that the community has always operated as such and there is no harm in continuing with the status quo. As an example, common community member comments that are often heard include the following:

- If it was good enough for me, it is good enough for them.
- Hard work never hurt anyone; they just need to get it together.
- I pick up my "paycheck" at the mailbox (referring to state or federal aid).
- Why would my son want to go to college, does he think he is better than us?
- The people on the system know how to manipulate and abuse the system.
- Having another baby will increase your "income" (government aid).
- They would rather stay home and smoke pot than get a real job.
- She is just like me, pregnant at 16 and a great mom.

(E. Combs, observation memo June 2017)

The CPR team needed to understand and address beliefs, biases, oppression and learned behaviors throughout the research in order to have open discussions for future collaborative solutions. However, a shared understanding remained underdeveloped throughout the research project.

The final framework addresses policy and legal dimensions. At the start of the research, little collaboration existed between agencies and educational systems to address the continuity necessary to respond to federal and state mandates. As a CPR team, we needed to come together to explore a common policy to address those most adversely affected by zero-tolerance laws, truancy expectations, and other political elements that sustain the status quo of inequity and poverty while also unintentionally traumatizing our most vulnerable community members. Within the intentional focus from the CPR, and with the political climate remaining the same, the concept of cross-agency collaboration would be just another craze of new reforms like those we have seen come and go. By harnessing the power of cross-sector collaboration as we hoped to do, we deepened an awareness of the benefits of common policy and agency agreements to enhance community services.

Significance of the FoP

As an educator and mental health provider working in Montcalm County, it had become evident there was a systemic problem. Systemically, the helping organizations were not able to influence sustainable community change. Health systems, educational systems, law enforcement, and manufacturing served as the four corners of our community, and they were expected to foster hope, capability, safety, and trust, often imposing and exacerbating community issues of poverty and poor economic development. In response to infractions, agencies often dropped critical services as a result of substance use, school expulsion for truancy, incarceration for lack of child

support, and removal from employment, which all have long-term effects on community development. Without a cross-sector commitment to the community as a whole, the most easily disenfranchised would continue to be denied adequate supports. Thus, the action research project focused on bringing agencies together in authentic engagement to better serve families and children most affected by trauma.

Unique to this FoP was the methodology used to bring agencies together and the inclusive involvement in the planning process. The rural setting in which the project takes place provides a prime location to better understand the difficulties and consequences of systems working in silos and the benefits of cross sector collaboration. As expected, in a rural setting, the systems are stretched thin as there are multiple opportunities for care while service providers face compassion fatigue, funding restrictions, and a sense of isolation. The practice of authentic engagement, through structures such as a cross-sector Community of Practice (CoP) and a countywide Community Learning Exchange (CLE), provided a structure that could be replicated for many different organizational and systems change endeavors. This information could prove vital to changing the trajectory for rural families experiencing multi-generational trauma and receiving systems support. Asset-focused, revived systems could replace the all too common depleted resources many rural communities experience due to minimal funding, vast geographical area coverage, and stretched services professionals experiencing fatigue. It was the hope of this researcher that the project informs other rural communities embarking on cross-sector efforts to create system change.

Research Questions and Design Overview

The CPR team explored the effectiveness of utilizing a (CoP) to enhance agency collaboration. The overarching question: “To what extent can cross-sector collaboration lead to enhanced services for families and children?” I identified two sub-questions for exploration:

- “How does a cross-sector community of practice influence agency professionals relationally?”
- “How does my work with the community of practice contribute to new leadership understanding and practice?”

Stringer (2014) asserts that action research is a way to engage people in careful, systematic exploration to resolve complex issues in individual, group or community settings and in doing so improve the quality of their lives. One of the primary outcomes of the action research is to improve the quality of life for the people who live in the rural community of Montcalm County. Initially through my work as coordinator of a trauma-informed community and outreach liaison, I was primarily involved in presenting information regarding trauma to the community and participating in many collaborative team meetings. My role from a presenter to an agent of change would evolve through the entire process.

Chapter Four explains the full methodology of the project; in sum, I expected to form a CoP to look at a universal theme: trauma within our community. The team of practitioners forming my community of practice represented community agency sectors of mental health, economic development, and post-secondary education. Our collaboration took place over an 18-month window of time. When possible, I played the primary role in coordination and facilitation of this project; however, due to interruptions related to a car accident, I relied heavily on one co-researcher to serve as a facilitator and close collaborator. As the lead practitioner-researcher, I

hoped to see the results of the cross-agency collaboration on the community. The CPR team engaged in continuous feedback, analysis, and reflection through meeting memos, share-outs, journaling, and field note observations. While our path ultimately differed significantly from the one I intended, the outcome of the CoP and resulting cross-sector collaboration transcended individual participants and organizations and rippled through the county as a whole.

Summary

ACEs, trauma-informed care, and trauma-informed practices may be new concepts and potentially new “buzz words. However, the importance of enacting practices that serve communities is a vital need. A common headline across the nation continues to highlight concerns with the rates of poverty and poor educational and health outcomes. As the community described, Montcalm County, a rural community, was and is faced with high poverty, poor academic achievement, and limited business development. A cross-agency collaboration presented a local solution for addressing these factors. Drained of resources or potential solutions, Montcalm County agencies and local educational entities were primed to take on the challenge of a cross-agency collaboration. Collaborative like-minded leaders were in place who were bold, innovative, and knowledgeable of community needs, and who recognized that agencies in isolation could not address the factors alone. These labels represented the fictitious headline “Community of Hope” as we began our work together in the action research project bridging systems and uniting cohesive services to change the trajectory of families and children in our rural community.

In the following chapters, the complex details of the process of bringing together the CPR team and forming a CoP incorporating a cross-sector of community agencies are explored. The benefits of relationships and leadership, enriching extant literature, and other collaboration and

community development efforts informed this study. The understanding of youth and families who have experienced trauma, while deepening knowledge of CoPs, cross-sector collaboration, integration efforts between mental health services and education, and my leadership development captures the key learning for and of the project. The particulars embedded in the following chapters further develop the context by detailing the people, places, and nuances that created the opportunities and tensions in the research. Chapter Four presents a deeper and broader understanding, of the research, data collection, and methodology is explained. Chapters Five and Six present the analysis of evidence for setting up the study and engaging in action research to determine the emerging themes. The final chapter concludes with a re-analysis of the findings through the lens of the literature from Chapter Two and summarizing key findings and implications for practice, policy, and future research.

CHAPTER TWO: LITERATURE REVIEW

Leaving the child study meeting about Michael, a student at a rural elementary school in central Michigan, left a pit in my stomach. I had participated in many of these meetings, but this one forced me to look at the gaps in the system and inspired this research project. The facts about Michael's life are not uncommon for the children we serve in the seven districts of the Intermediate School District county office: five years old, no family transportation, parents with cognitive deficits, a new baby in the home, limited pre-school experience, third generation poverty, a parent previously incarcerated for criminal sexual conduct, maternal depression, and suspected domestic violence in the home. Michael has had multiple traumas in his life, and I knew that his family system could not adequately care for him and that our educational system was not prepared to support him.

Everyone on the child study team was frustrated, and the educational blame game was beginning to surface. Two weeks prior, Michael was observed hitting his principal and using profanity that made his teacher blush; he was running away, pushing children and finally being physically restrained. The school responded with removal and sent Michael home for the day. Due to the family not having a vehicle, the transportation director drove Michael home. When the director returned, he shared Michael's mom had a black eye, the house was dark, and it looked like she had just awakened at midday. This validating information prompted a call to Child Protective Services (CPS).

CPS had knowledge of the family; however, they were unable to share more in-depth information due to confidentiality concerns. After Michael did not return to school the following three days, the school asked if they could do a drop-in to check on him. The CPS worker did

follow up with the district and let them know Michael was staying with his aunt because his mom needed support when the system removed him from school.

As time went on, Michael continued being kicked out of school and his home. His aunt delegated care to her boyfriend with the belief he could provide ongoing, harsh discipline. Sadly, Michael's behaviors placed him in the hands of adults who were unprepared and unable to support him and inadvertently participated in re-traumatizing him. I would like to say that this story has a positive end. However, in Michael's case it appeared he continued to be suspended from school until eventually Michael's mom removed him completely and decided on a home-schooling option, which in fact, likely means no schooling at all.

Introduction

This situation is not isolated in our rural area. To help contextualize this chapter, I use Michael and one other young person to ensure the voice of the community's youth, thousands of whom are confronting trauma histories. Their stories and the multiple systems' attempts and failures to meet their needs are at the heart of this dissertation. Michael is one of many; in fact, our county exhibits many of the national trends regarding the often-devastating effects of trauma: poverty, abuse, neglect, mental illness, economic status, and homelessness. It was not always so. It is not uncommon to hear stories of times when the community was full: every parking lot had cars and local businesses were making money. Locals love to share stories of days when high school kids worked in the grocery store while their younger siblings played in nearby parks. Jobs were plentiful, people earned an honest wage, and Friday nights meant high school sports, dinner gatherings, and visits with neighbors while the kids played outside. The community was alive with strong families, strong schools, and a strong economy.

The sights and stories shared today are different: vacant buildings, “For Rent” signs along Main Street, “Now Hiring” signs on the few remaining businesses, a high distribution of working poor and substance abuse, and low academic achievement. Community leaders recognize this reality, continuing to meet on behalf of students like Michael in hopes of ensuring things improve. They recognize community problems are too large and cannot be solved by one entity, thus the purpose for coming together. They know that working together is complex, and an increased problem complexity requires a different way of thinking. This is the space that this research study occupied: exploring and developing a richer understanding of professionals participating in an authentic cross-sector CoP focused on the critical community issue of trauma, in hopes that doing so may benefit future collaborative endeavors.

At the heart of this work is the search for solutions that intentionally interrupt the cycles of trauma and the systems that maintain those cycles. This led me to explore existing professional literature to inform my primary research question: *To what extent can cross-sector collaboration lead to enhanced services for families and children impacted by trauma?* My exploration of the research question is intended to help contribute to the understanding of youth and families who have experienced trauma and to deepen my knowledge of trauma-informed practices, of community engagement with mental health services and education, and of my own leadership development.

According to Maxwell (2006), it is helpful to approach a research study with a conceptual or theoretical framework in mind. A conceptual or theoretical framework is a "tentative theory of the phenomenon" that can inform the design of research questions and methodology (Maxwell, 2006, p. 31). Specifically, I wanted to know what the literature had to say about the function of a

CoP as a vehicle for bringing together agencies in a rural community to implement an initiative of becoming a trauma-informed community.

Figure 4 highlights the literature exploration areas that helped to inform the action research project and are further detailed in this chapter. The trio of exploration areas capture the necessary elements to build momentum for change. Focusing on three informing sections, I first examine literature on trauma and the impact it has on children, families, and communities. Second, I explore the nature and benefits of cross-sector collaboration. Third, I examine literature that explores more authentic and intentional organizational and community collaboration. Specifically, the first section reviews current research that defines trauma; delineates the types of trauma, predictors and incident levels; discusses effects on education; and shares promising trauma-informed practices that could augment current recommendations in the trauma-informed research. The second section of the literature review examines collaboration models, their benefits, and their possible outcomes. In the final section on authentic and intentional forms of organizational and community collaboration, I explore two areas more deeply: communities of practice and the CLE processes. I conclude the chapter with an analysis of themes emerging from the literature.

My preliminary theory of action stated: *If rural community agencies come together in authentic collaboration to address the impact of trauma and if they use a community of practice approach for sharing of wisdom and resources, then the community would be able to experience cross-sector collaboration, building a community of healing and resilience.*

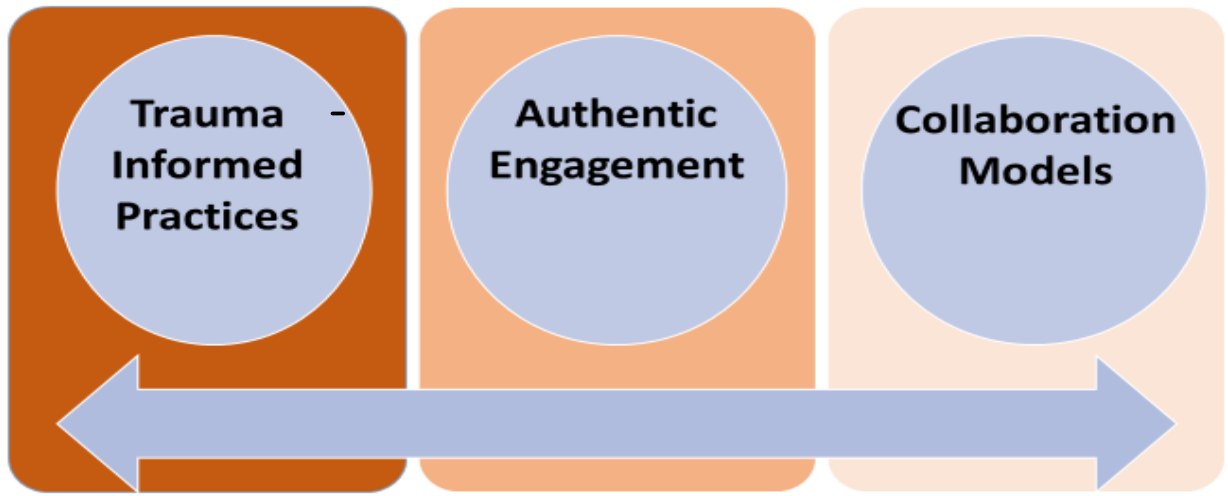


Figure 4. Literature exploration themes for enhancing family services.

Figure 5 depicts how the literature review represents a nested process. First, knowledge of trauma as a phenomenon that results in adverse effects is at the core of building an understanding in a community of practice. Then, expanding internal resources through authentic collaboration can directly influence the professional practitioners with whom we work, thereby contributing to healing and continuing to build a resilient community. The three areas of literature I explore are the impact and incidence and effects and useful practices of trauma, the value cross-sector collaboration, and characteristics of authentic collaboration.

Trauma: Impact and Incidence and Effects and Useful Practices

Michael was only five years old when we first met. He was running and screaming profanities through the hallways while teachers gave chase. When I observed him in the classroom, the other children stayed away from him and gave him questioning looks. His name was the only name I heard throughout the hour and a half I was there. After my observations, I joined a team meeting where I learned more about his home life. When he came to school, he was often disheveled, but sometimes he did not make it all and on days he was there, he would regularly be sent home early. At school, I heard Michael described as “naughty,” “disrespectful,” or “headed to jail.” In reality, he was a young boy who had learned how to adapt to an environment that was not nurturing nor conducive for learning and that was not a place of healthy social and emotional development. Like far too many American schoolchildren, Michael was an extraordinary survivor, working his hardest to contend with a life of overwhelming trauma.



Note. Healing and resiliency only happen with understanding the impact and incidence of trauma, organizing cross-agency-collaboration and engaging in authentic collaboration.

Figure 5. Trauma nest of the four research topics.

Trauma is recognized as a national health epidemic. It is widespread, and there is mounting research regarding the short and long-term impact of trauma on social, emotional, neurological, physical and behavioral health of children and youth (Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2009; Lee, Veach, Macfarlane, & LeRoy, 2015; Potter, Pion & Gentry, 2014; SAMHSA, 2014). Unstable living arrangements are associated with family and community trauma, and such instability exacerbates children's physical and mental health problems (Bruskas, 2008; Casanueva, Dozier, Tueller, Dolan, Smith, Webb, Westbrook, & Harden, 2014). Currently, 20% of school-aged children across the nation have a diagnosable mental health condition and only a fraction of them receive sufficient interventions (Merikangas, He, Brody, Fisher, Bourdon, & Koretz, 2010; Powers, Eiraldi, Clarke, Mazzuca, & Krain, 2005). Children who have experienced trauma often face additional challenges related to poverty; socioeconomic status is a predominant factor in delinquency and lower academic performance (Widom, 1989). Further still, student suspension and expulsion rates are disproportionately high for students with disabilities or those coming from low-income backgrounds, which again are associated closely with students who have experienced trauma. The long-term impact of these suspensions and expulsions are even greater for them than for their peers who have not experienced trauma (Wolpow, Johnson, Hertel, & Kincaid, 2009).

The sheer number of factors that put youth and students in rural, high-poverty communities at risk for trauma is daunting (Showalter, Klein, Johnson, & Hartman, 2017). Fundamentally, this is an issue of equity, as the most marginalized of our students and families suffer increasing risk of trauma and its attendant adversities. The effect of multiple, often intergenerational, traumas are compounding. The presence of just one adversity factor increases the risk of having another factor, which in-turn links adverse experiences to poor behavioral,

emotional, and cognitive outcomes (Dong, Anda, Felitti, Dube, Giles, Williamson, Thompson, & Giles, 2004). The implications of trauma cannot be overstated; in the short term, it jeopardizes any child's ability to fully engage in school, and in the long term it jeopardizes that child's life chances for work, a stable family life, and full participation as a citizen in society. Some of the implications have been recently recognized through the Adverse Childhood Experience (ACE) study (Bellis, Lowey, Leckenby, Hughes, & Harrison, 2014). The study identified a direct correlation between poor educational and employment outcomes and higher numbers of ACEs (Bellis et al., 2014).

Trauma: Impact and Incidence

I define and discuss trauma as a phenomenon and analyze primary trauma on children and youth and the implications primary trauma has on families and communities at large. Areas addressed include the definition of trauma, the types of trauma that regularly manifest in children and youth, the incidence levels for childhood trauma, and the special considerations needed to address trauma within rural settings. From there, I explore the general results and effects of trauma, and specifically its impact on learning. A concerted focus is given to the effects on education, particularly special education and the associated mental health systems that support traumatized individuals. I conclude by examining how deepening individual and collective understanding of trauma-informed practices can change the trajectory of children and families who have experienced trauma.

Primary trauma for children and youth. The future depends on the youth of today, including Michael and others who are at times suffering at the hands of primary caregivers. The consequences of inadequate care can lead to lifelong challenges and consequences. Trauma and complex trauma are terms used to describe these consequential types of interactions. In education

and the mental health field, it is easy to recognize the devastation of trauma on children and youth. Unfortunately, there are many identified sources of trauma for children and youth - abuse, divorce, and poverty. The physiological and psychological effects influence life functions and can be predictors of educational outcomes and life longevity.

Trauma definitions. Several definitions are necessary to be clear about what we mean by trauma, abuse, complex trauma, and neglect. The Substance Abuse and Mental Health Services [SAMHSA] (2014) defines trauma as: “experiences that cause intense physical and psychological stress reactions. It can refer to a single event, multiple events, or even ‘a set of circumstances that is experienced as harmful or threatening, having lasting adverse effects on the individuals physical, social, emotional, or spiritual well-being’” (SAMHSA, 2014, p. 2).

The U.S. Department of Health & Human Services (DHHS), Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau (2017) uses the term child maltreatment not trauma. The similarities in the definitions would seem to indicate that the terms are interchangeable; however, according to the U.S. Department of Health & Human Services (DHHS), Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, each state has its own definitions of child abuse and neglect that are based on standards set by federal law. Federal legislation provides a foundation for states by identifying a set of acts or behaviors that define child abuse and neglect. The Child Abuse Prevention and Treatment Act (CAPTA) (U.S. Department of Health & Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children’s Bureau, 2017), (42 U.S.C.§5101), as amended by the CAPTA Reauthorization Act of 2010 (P.L. 111-320), retained the existing definition of child abuse and neglect as, at a minimum:

Any recent act or failure to act on the part of a parent or caretaker which results in death, serious physical or emotional harm, sexual abuse or exploitation; or an act or failure to act, which presents an imminent risk of serious harm. Most states recognize four major types of maltreatment: neglect, physical abuse, psychological maltreatment, and sexual abuse” (p. 6).

The National Child Traumatic Stress Network [NCTSN] Schools Committee (2008) defines complex childhood trauma as:

Children's exposure to multiple or prolonged traumatic events and the impact of this exposure on their development. Typically, complex trauma exposure involves the simultaneous or sequential occurrence of child maltreatment—including psychological maltreatment, neglect, physical and sexual abuse, and domestic violence—that is chronic, begins in early childhood, and occurs within the primary caregiving system. Exposure to these initial traumatic experiences—and the resulting emotional dysregulation and the loss of safety, direction, and the ability to detect or respond to danger cues—often sets off a chain of events leading to subsequent or repeated trauma exposure in adolescence and adulthood.

The National Child Traumatic Stress Network Schools Committee indicates that child neglect occurs when a parent or caregiver does not provide the developmentally appropriate care that a child needs, even though that adult can afford to give that care or is offered help to give that care. Neglect is the most common form of abuse reported to child welfare authorities.

All of the definitions have similarities that, when combined, contribute to a comprehensive definition of trauma. Common components include trauma as an act that is imposed on someone who is not able to defend or take care of himself or herself and which

causes harm emotionally, psychologically, and physically, typically by the primary caregiver; it can be a single incident or prolonged over an extended period.

Types of trauma for children: Abuse and neglect. Child abuse is a deliberate act of intentional harm by means of physical, psychological, and/or sexual abuse. Hitting, slapping, denying food, sexual assault, and slanderous yelling are all considered to be types of abuse. Each year millions of children and youth across the United States experience trauma by primary caregivers through acts of commission (child abuse) or omission (neglect) of care (Brown & Shillington, 2017). Intentional or unintentional, child neglect is defined as not meeting the physical, emotional, medical or educational needs of the child as well as the failure to protect by exposure to harm and insufficient supervision. Ignoring children, leaving them alone for extended periods of time, propping up baby bottles, and using technology excessively for entertainment can all be considered neglect (American Psychological Association, 2008).

Other forms of trauma in our society result from oppressive behaviors that more often affect persons of color and persons of lower economic classes. For example, Steele (2011) uses the terms stereotype threat and micro-aggression to talk about trauma related to individual or repeated incidences of marginalization. This is in the form of verbal and nonverbal acts, environmental slights, brushoffs, or slurs (whether deliberate or unintentional) that communicate hostile, disparaging or negative messages based on their marginalized group membership. Since trauma is a deliberate act of intentional harm that may attack the identity of a person as a member of a group (gender, sexual orientation, race, culture, religion, able-ness), any act or reaction that questions the personhood of a child or youth can have lasting impact on learning and development (Gay, 2000).

We often associate childhood trauma with abuse and neglect, but it can also result from the larger socio-economic contexts that stem from family poverty, food insufficiency, homelessness, and family separations. In Michael's case, his trauma was compounded not only by poverty, but also by his mother's cognitive impairments and mental health issues, by domestic violence in the home, by inconsistent housing and school attendance, and by frequent transitions. The long-term effects of trauma have a devastating impact on functioning, well-being, and overall academic and vocational outcomes. According to Hodas (2006), trauma in association with the child's age, prior vulnerability, and the response of primary caregivers predict the extent to which "child maltreatment and traumatic exposure may result in vastly different outcomes" (p. 5).

Incidence levels. As this is a burgeoning field of study, many organizational reports are documenting the incidence of trauma. The increase of incidence is associated with geographical location, and rural children or children in lower socio-economic neighborhoods are more susceptible. The U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau (2017) 2015 Child Maltreatment reports that during 2015, CPS agencies across the nation received an estimated 4.0 million referrals; this a 15.5% increase since 2011. The national estimate of 4.0 million referrals, including approximately 7.2 million children, is based on a national referral rate of 53.2 referrals per 1,000 children in the population (U.S. Department of Health and Human Services, Administration for Children and Families, Administration on Children, Youth and Families, Children's Bureau, 2017, p. 6). According to the report, Michigan exceeds the national statistics reporting 149,114 referrals with a rate of 68 per 1,000 children. The child victimization rates have increased by fifteen percent, reporting approximately 35,000 children. The increased

incidents of abuse continue to become a larger societal concern as science is giving a better understanding to the overall impact on growth and development. Neurosciences indicate that early life experiences whether positive or negative contribute to the neurological development of the child (Dong et al., 2003).

The early onset of sexual abuse indicates how predatory an act it is, with abuse more likely to occur in children between the ages of nine and ten with the average age of onset for girls being 9.3 years of age (Dong et al., 2003). The U.S. Department of Justice data indicate that twenty-three percent of reported cases of sexual abuse were perpetrated by individuals under the age of eighteen (National Child Traumatic Stress Network Schools Committee, 2008).

Incidence in rural communities. Geography should not determine opportunities; however, students who grow up in rural communities are often limited to the equal access of those in urban areas (Baglivio, Wolff, Epps, & Nelson, 2017). The *Why Rural Matters* report (Showalter et al., 2017) cites that the challenges students face in many rural places are staggering and policy makers are simply unaware and unfamiliar with rural community challenges. They point out that close to half of the rural students in the US attend schools in just 10 states. The authors claim that this reality can lead to the marginalization of these students and perpetuate multigenerational poverty. They identify several factors make the rural climate uniquely problematic:

- *Lack of resources:* despite the higher cost for services associated with traveling long distances, only 17% of state education funding goes to rural districts; this is disproportionate to the funding given to those in urban settings.
- *Teacher recruitment and retention:* low pay, rural location, and the demands of the position create problems for recruitment and retention.

- *Shortage of early childhood programs:* the distance and lack of quality of these programs bear tremendous costs in the long run because of a stifling of the likelihood of early intervention.
- *Opiate/Heroin abuse:* this abuse has increased 80% faster in these settings in comparison to non-rural settings. This is becoming evident in the number of babies experiencing opioid withdrawal symptoms at birth.
- *Food insecurity:* insecurity and an uncertainty about the source of one's next meal is exacerbated due to increased cost of nutritious food, a limited supply of it, and a lack of means to obtain it, such as transportation.

Unstable living arrangements exacerbate children's physical and mental health problems (Bruskas, 2008; Casanueva et al., 2014). The Asset-Limited, Income-Constrained, Employed study (ALICE) reports on household financial instability defined as households that earn more than the Federal Poverty Level but less than the basic cost of living. Focusing on the local data, in Montcalm County, Michigan, 17% of the families live at or below the federal poverty level, indicating a family income of less than \$24,250 for a family of four, and 32% are considered the working poor (Hoopes, Abrahamson, Anglin, Holdsworth, & Treglia, 2017).

Socioeconomic status plays a major role in overall development affecting relationships, parenting, and self-ideation. Widom (1989) finds that socioeconomic status is a predominate factor in the relationship between child abuse and neglect creating outcomes of delinquency and violence. In my experience, children from families that are economically disadvantaged are more likely to have lower performance academically than those of higher economic status. Low-income women self-report an ongoing lifetime of anxiety, domestic violence in relationships, and other mental and physical health disorders (Cambron, Gringeri, & Vogel-Ferguson, 2014), which

in turn causes trauma environments for their children. Nearly 50% of low-income mothers with young children show elevated rates of depressive symptoms (Chemtob, Grigging, Tullberg, Roberts, & Ellis, 2011). Maternal depression during early childhood years of offspring is the most consistent predictor of trajectories of antisocial behavior during adolescence(Winstead, 2011).

Statistics, research, and outcomes create a compelling story for the importance of early intervention and for the importance of understanding the impact of complex trauma with a focus on the systems of micro-aggression. As research continues to mount in understanding the breadth and depth of what trauma means and the multiple sources of traumatic experiences that in turn affect psychological and physical development, we are charged with recognizing the epidemic levels of trauma and how they impede societal health and wellness.

Trauma's Effects and Useful Practices

Trauma in the early stages of development have detrimental effects impeding social, emotional, physical, and academic growth (Lacoe, 2013; Steele, 2011). The ACE study cites increased understanding of the physical and social emotional effects of trauma. In addition to the physical health outcomes later in life, several studies report the impact of trauma in early childhood (i.e., in utero, infancy and latency years) and brain development (American Psychological Association, 2008; Anda et al., 2006; Dong et al., 2003; Flannery, 2017). The developmental changes within the brain for traumatized children is similar to that of a soldier who participated in combat and has a diagnosis of post-traumatic stress disorder (PTSD). Think back to the story of Michael and his response to the classroom. His brain was in constant battle mode prepared to fight and far too stimulated to learn. When attending a conference, I remember hearing Dr. Anda state in his keynote address, "Prolonged stress on a child will alter brain

development resulting in decreased well-being causing life-long impairment” (E. Combs, research memo, August, 2017). ADHD, failure to thrive, depression, aggressive behavior and learning difficulties in children and adolescents are all physiological and psychological responses to adverse childhood experiences. In this section, I discuss the physiological, psychological and learning effects of trauma and then cite trauma-informed practices that are useful in addressing trauma.

Physiological responses. Complex trauma consequences are long-lasting and can cause major disruptions to typical neurological growth, leaving a person feeling vulnerable and dysfunctional (Anda et al., 2006). Increased heart rate and stress hormones, restricted blood flow to the cortex of the brain, and neurotransmitter malfunction all happen within our bodies with minimal consciousness and can create strong effects (Garrett, 2014). Emotional dysregulation is a common outcome of prolonged exposure to trauma and is especially evident if the trauma occurs at a young age (Van der Kolk, 2014). As stated, trauma affects the brain and the central nervous system keeping the body prepared for the next encounter of trauma by enabling its fight or flight response. Some of the body’s natural preparation presents as anxiety, impulsive anger, and erratic emotions. Again, this reminds me of Michael as the team listed the primary behavioral concerns.

Psychological responses. NCTSN, SAMSHA, and DHHS all recognize the adverse impact on the lives of individuals who experience complex trauma over time. Common themes within the definitions regarding trauma and complex trauma are a loss of safety, loss of direction, and the ability to detect or respond to dangerous cues. These themes are easy to understand when the traumatic event or events are initiated by an intimate caregiver that is expected and trusted to provide safety and well-being. Our ability to perceive and understand the environment that we

operate in allows us to learn and function at our peak performance. Children who suffer from complex trauma fall victim to altered psychological and physiological development. Trauma-informed approaches are necessary to help support these developmental deficits so that children are ready to learn when entering school.

Learning effects. The effects on learning are exemplified in this story from a student, “Emily 13 year old,” who has experienced the effects of trauma:

I can’t concentrate, my stomach is upset, I have to share my bedroom with my cousin until they can move back with my uncle’s girlfriend and my feet won’t stop moving. I am wondering if my teacher knows my parents fight all night and I cannot remember if she said today was gym. Then I remember it does not matter because I forgot my gym shoes. That is when I stop trying to listen and start to get mad. As if driven by a motor, I cannot stop myself, because the next thing I do is stand up and yell, ‘This is bull--- and no one cares about this stupid class’ (E. Combs, research memo, Sept. 2017).

Trauma has a direct impact on learning. Students impacted by chronic stress have difficulty academically and behaviorally, struggling with attention, memory, planning, and new skill learning. These are the cornerstones to academic success. Exposure to the chronic stress from trauma can change the structural design of different regions of the brain (e.g., amygdala, hippocampus) that, in turn, impact an array of functions: attention, stress regulation, memory, planning, and learning a new skill (Shonkoff, Garner, & Committee on Psychosocial Aspects of Child and Family Health, 2012). In the school setting, the impact of ACEs often results in a state of hypervigilance to any perceived threat (e.g. teacher asking a question) or danger (e.g. not understanding a direction) which can manifest in negative behaviors. Learning a new activity is stressful for everyone; however, the traumatized student’s level of stress is maximized and

interferes with processing, leaving little room for a challenging task. This skewed perception of the environment can provoke a response of “fight” (engaging in violence or aggression) “take flight” (dropouts; absenteeism), or “freeze” (withdraw; shutdown) (Dannowski et al., 2012; Ford, 2009).

A day at school for the neuro-typical brain is about learning and social engagement; however, a day at school for a student who has experienced traumatic stress can be like a constant walk through a haunted house just waiting for something to jump out (Fescer, 2015). This hyper-vigilant state of mind interferes with thought processes that allow successful day-to-day navigation of transitions. It creates difficulty in forming relationships and understanding verbal and non-verbal cueing as well as limits ability to look at things from another person’s perspective (Terrasi & de Galarce, 2017). In my experience, students who cannot view things from another’s perspective have difficulty with in-group activities, demonstrating empathy, and understanding the “evil eye” a teacher may use for classroom management.

Understanding this deficit allows teachers to see behaviors that are oftentimes mistaken for selfish, rude, or disrespectful, as opportunities for relationship building through direct instruction. Utilizing this strategy affords positive outcomes and affects the current trend of students who experience three or more ACEs score lower than their peers on standardized tests, are 2.5 times more likely to fail a grade, are suspended or expelled more often, and are more likely to be placed in special education (Wolpow, Johnson, Hertel, & Kincaid, 2009). As education develops a deeper understanding of the immediate and long-term effects of trauma, we will need to respond with a system of care to support the learning process.

Developing systems that take into consideration an understanding of the impacts of trauma are vital. Trained education professionals who understand and can respond more

appropriately to children who have traumatic experiences positively affect their educational growth. They are more likely to avoid microaggressions and can be more affective in helping to support children who encounter trauma (Terrasi & de Galarce, 2017). Implementing trauma-informed practices in educational settings can contribute to the development of safe environments in which traumatized students find accomplishment (Cole O'Brien, Gadd, Ristuccia, Wallace, & Gregory, 2005; Wolpow et al., 2009).

Trauma's decades-long impact on individuals' health and wellbeing, as well as its intergenerational nature make it a large problem from which no one is exempt. Trauma crosses boundaries, affecting individuals across life domains, compounding within communities and across generational lines. The need for intervention is clear. There is compelling research that indicates the kind of trauma-informed practices that are effective in addressing this epidemic. Following are the practices and the frameworks that encourage their successful implementation.

Trauma-informed practices. A trauma-informed system requires commitment and buy-in from all levels within the organization (Oehlberg, 2008). A commitment to cultivate and maintain an environment in which all staff as well as students are calm, relaxed, and intentional in preparing for the learning is essential to the progress (Perry, 2006). Implementation of trauma-informed practices is anchored in knowledge of complex trauma as well as nurturing different skill sets and affective responses (Murphy & Torre, 2013). However difficult this may be to enact, these principles offer a framework that can assist professionals to construct professional learning to include these guidelines:

- High expectations need to be the standard demonstrating the value of the students and the desire for students to obtain optimal growth socially and academically (Wolpow et al., 2009)

- Whole group lessons of teaching skills of self-regulation, social-emotional learning and behavioral management is less stigmatizing when it is presented in the classroom (Terrasi & de Galarce, 2017)
- Ancillary staff can immediately impact students with Trauma-informed practices by their direct interactions on a daily basis (Crosby, 2015). Their knowledge of typical development can support the learning of other staff.

Teachers who understand the dynamics of complex trauma also understand how it can manifest in student behavior. Clear boundaries and consistent behavioral expectations can foster a predictable and safe area for learning. Classrooms can support resiliency by providing a nurturing environment designed to teach specific social-emotional skills that will enhance self-regulation and academic learning. Cole, Eisner, Gregory, and Ristuccia (2013) provide a framework to support educators through the process of becoming trauma-informed. When developing this culture, they recommend the following areas for specific attention:

- *Leadership* must facilitate the vision of trauma-informed practices and remove barriers for strategic planning for implementation and aligning current best practices.
- *Professional development* needs to cover three core areas: strengthening relationships, understanding the vital role staff play as caring adults and identifying outside resources to help children learn how to self-regulate their emotions.
- *Service linkage* with other mental health professionals to develop comprehensive trauma-informed approaches will benefit the school, families, and community.
- *Strategies and techniques* for classrooms (academic and nonacademic) will support individual needs of physical and psychological safety with an understanding of the effects trauma has on learning.

- *Policies and expectations* reflect a culture of trauma awareness as indicated in school discipline policies and communication procedures focusing on safety and security.
- *Family engagement* is essential to create a healthy, safe environment for all. Schools are the community hub and utilizing that influence can connect families, educators, and other organizations.

Ecological settings are a major factor in the implementation of trauma-informed practices. Environments that encourage compromise, problem solving, choices, and shared ownership enhance the healing of a traumatized student (Crosby, 2015). Oehlberg (2006) indicates teacher satisfaction increases in a trauma-informed building having a direct impact on student performance, behavior, attendance, and the overall school climate.

Summary of Impact of Trauma

Many teachers today spend a fair portion of their day managing students like Michael and Emily with limited resources and knowledge of the impact of trauma. Often, the students who struggle the most to cope with daily events display challenging, explosive and unpredictable behaviors that teachers are ill-equipped to manage (Fecser, 2015; Oehlberg, 2006; Sutherland, McLeod, Conroy, & Cox, 2013). This becomes a larger problem when recognizing Felitti and Anda's data indicating that more than half of the students enrolled in public education have experienced trauma, and one in six are challenged with complex trauma. A disruption in this status-quo can be a meaningful catalyst for change (Parker, Patton, Madden, & Sinclair, 2010). To get there, meaningful collaboration is a must. "[N]o single discipline or individual has all the tools to understand or alter the course of development that arises from complex interactions among systems at multiple levels" (Masten, 2003, p. 172). Moving forward we need a linkage for sharing information, resources, initiatives, and organization capabilities that collaboratively

designs joint outcomes that could not and have not been accomplished by individual sectors (Bryson et al., 2006). It is clear from the research on trauma-informed practices that successful intervention is both possible and complicated. Because trauma crosses so many boundaries, its treatment is enabled by cross-sector collaboration. To deepen my understanding on bringing together diverse organizational actors, I reviewed the literature on cross-sector collaboration models.

Authentic Engagement

Michael continued his trek of destruction as he moved through various agencies and support systems, burning bridges with most of the caring adults he encountered. His family was asked not to return to church until his behavior improved; mental health services became part of his family support, and the local school district qualified him for special education. As a result, the family doctor placed him on medication, and the police knew the family on a first name basis. All of these supports operated in independent silos, placing increased demands on a family that was already emotionally, mentally, and financially exhausted.

The concept of cross-sector collaboration is not a new idea; it is just a difficult concept to bring to fruition without strategic processes (Melaville & Blank, 1991). Developing an understanding of a multiple agency collaboration required me to expand and deepen my knowledge of results-focused multi-agency partnerships. Specifically, in this section, I explore the current literature that addresses collaborative cross-sector alignment, options and barriers, and a summary or recommendations for implementation.

Aligning the Systems

The literature on achieving cross-sector collaboration speaks to the complexities of achieving a level of collaboration that fully supports individuals, schools, health agencies, and

other nonprofits who are devoted to improving the life trajectories of vulnerable children and families. My vision for cross-sector collaboration, depicted in Figure 6 links partners working together like a well-oiled machine, and education as the common connection point.

Bringing together two or more agencies for a collaborative outcome, in a case like Michael's, is far more beneficial than agencies and educational organizations trying to develop a sustainable solution independently. Cross-sector collaboration, as Bryson et al. (2006) indicates, is a process that links information, resources, activities, and capabilities by individual organizations to achieve an outcome that none could achieve alone. To expect a large-scale social change, we must come together in a cross-sector collaboration moving toward a common agenda to create collective impact (Kania & Kramer, 2011). These authors suggest the following elements as a framework essential for effective cross-sector collaboration:

- *Nurturing partnerships* that involve government, business, nonprofits, philanthropies, communities, and the public
- *Linking mechanisms* such as general agreements on the problem and formal agreement regarding the broad purpose
- *Ensuring communication* that is deliberate and intentional
- *Focusing on trust building* activities that are on-going processes that enhance understanding of roles
- *Cultivating strong leadership* that is both formal and informal

Marek, Brock, and Salva (2015) claim collaboration is recognized as an effective means to address multifaceted community issues. Though effective when done right, successful collaboration is difficult to achieve, and failure is prevalent. In their study, they identified that in order to effectively collaborate, individual parties must be able to identify their strengths and



Figure 6. Cross-sector model showing the agencies that must collaborate.

weaknesses within their own efforts. This vulnerability – talking about perceived or real internal challenges - makes it even more difficult for agencies to come together for a common goal.

Kania and Kramer (2011) also outline challenges that inhibit integration and coherence of collaboration including:

- *Failing* at the first attempt and not making an effort to iron out clear agreements
- *Forcing collaboration* through grant mandates or federal regulations
- *Engaging in power struggles* that can derail efforts if they cannot resolve differing opinions on vision and purpose
- *Forcing isolation* as a result of funding sources and reimbursement of services mandates

At the core of these failed efforts is often a lack of the relational trust necessary for moving forward in all reform efforts (Bryk & Schneider, 2002; Grubb, 2009; Grubb & Tredway, 2010). Collaboration can also be interrupted when agencies cannot agree on how to provide supports and services for communities (Lawson, 2004). There are specific challenges that present in rural communities. According to Miller, Scanlan, and Phillippo (2017), rural cross-sector collaboration has unique characteristics within communities like mine that need to be considered. “In rural settings that are relatively small and geographically isolated, collaboratives are prone to homogeneity in race, worldview, and life experience. This facilitates bonding but inhibits bridging” (Miller et al., 2017, p. 198). While there is an undeniable need for addressing this, useful frameworks and processes have been successfully utilized in some rural communities, but that does not always mean that in a new context, it will succeed. Each effort requires contextual understanding and using iterative evidence to make decisions about how to proceed. For a large-

scale change, systems need to focus on the broad-sector impact, monitoring the collaborative intervention not the isolated individual organization goal (Kania & Kramer, 2011).

Although collaboration is a complex intervention with multiple components according to Lawson (2004), the author claims it “has the potential to yield multiple benefits” (p. 225) and categorizes these as:

- *Effectiveness*: improving results and increased problem solving
- *Efficiency*: removing the overlap of services
- *Resources*: increasing funds due to reducing overlap and co-funding
- *Capacity*: utilizing strengths of other providers and mitigating professional gaps
- *Legitimacy*: uniting for a common cause increases power and authority
- *Social development*; catalyzing a social movement (p. 225).

To better prepare for the sort of cross-sector collaboration capable of delivering these results, I turned to recommendations from the field.

Options and Barriers

Schools are the perfect setting for community collaboration with approximately 95% of children and youth in America attending school (Lewallen, Hunt, Potts-Datema, Zaza, & Giles, 2015). School-linked services are a way to promote connectivity between family, school, and community resources (Jozefowicz-Simbeni & Allen-Meares, 2002). The authors describe school-linked services as “innovative systems of delivering services in which community agencies and schools collaborate to provide a variety of health and social services to children and their families at or near school sites” (p. 129). The connection of health and well-being have been separated for far too long, acting in silos of isolation both logistically and philosophically (Lewallen et al, 2015). The Centers for Disease Control and Prevention (CDC) authored “Whole

School, Whole Community, Whole Child (WSCC)” to increase practitioners’ understanding of the importance of integrated health and educational services. In it, Lewallan and colleagues (2015) present their call to action:

We call on communities—educators, parents, businesses, health and social service providers, arts professionals, recreation leaders, and policymakers at all levels—to forge a new compact with our young people to ensure their whole and healthy development.

We ask communities to redefine learning to focus on the whole person. We ask schools and communities to lay aside perennial battles for resources and instead align those resources in support of the whole child. Policy, practice, and resources must be aligned to support not only academic learning for each child, but also the experiences that encourage development of a whole child— one who is knowledgeable, healthy, motivated, and engaged (p. 5).

While schools are a natural hub for holistic service coordination, limited interdisciplinary teamwork can lead to communication barriers as common language used in each practice differs in meaning. Time for collaboration and cross-training among agencies or providers is often sparse, lending to a lack of common understanding of the regulations, boundaries and evidence-based practices unique to each individual sector. Lack of time together creates a deficit in relational trust, and unintended consequences such as competition or resistance may arise. “In working together... different professionals represent diverse disciplines, displaying a sense of territoriality. This may stem from different goals for and approaches to the program varying responsibilities and/or concerns about job security” (Weist, Mellin, Chambers, Lever, Haber, & Blaber, 2012, p. 99).

For example, at Michael's meeting, his school social worker had specific goals for his success while the outside agency indicated they had different goals they perceived as more important. When the meeting was over, Michael still had two different goals and no path to achieve them. This is an example of what Weist et al. (2012) refers to as restricted coordination of mechanisms. This phenomenon creates real risk in coordinated service delivery. Services are provided in isolation of each other and reflect a fragmented, inefficient approach. Lack of coordination creates a disconnect in the treatment plan of the student lessening the impact of care.

Organizational support for interdisciplinary teams is critical to the success of any collaboration; philosophical support from administrators, time, and resources can affect the ability of professionals to effectively coordinate services. Pre-existing responsibilities and demanding schedules, along with a lack of professionals with the necessary specializations and appropriate technology, represent just some of the barriers to real coordination of services (Weist et al., 2012, p. 100).

Other often-cited challenges are confidentiality concerns, reflected in differing rules and regulations regarding student records and access. This barrier can interfere with the seamless flow of communication needed to provide efficient and effective support. Despite these challenges, the benefits of collaboration make the struggle worthwhile. Weist et al. (2012) offers suggestions and strategies. Again, the suggestions primarily focus on developing relationships and include:

- *Promoting relationship development across interdisciplinary teams* by having meetings in multiple formats and investing early in relational development. Be quick

to share resources, knowledge, and experiences. Develop a community where it is common to hear all voices and where all understand acronyms.

- *Building effective teams and coordination of mechanisms* by establishing concrete goals at the onset. Designate roles and responsibilities to ensure a joint effort is expected and needed for success. Meetings must occur regularly and frequently, typically at least twice per month with a structure, focus, and be as brief as possible (Weist et al., 2012, p. 101).
- *Promote policy change and resource enhancements* by specifically creating a cogent agenda that people believe in, mutual support, and systematic processes in building high quality programs and services that achieve valued outcomes and in turn influence policies. These concepts are embodied in CoPs (Weist et al., 2012, p. 103).
- *Protecting student and family confidentiality* by establishing a communal release of information that gives power to all of the parties involved to promote the most effective way to provide seamless support.
- *Addressing marginalization* by working effectively to build strong teams that utilize evidence-based practices that enhance social emotional growth as well as align with academic standards.

Cross-sector collaboration is an approach that links resources in an organized way and directly and indirectly changes behavior in dynamic ways. For success, however, the delivery system needs to be organized, comprehensive, efficient, flexible, and share support financially (Jozefowicz-Simbeni & Allen-Mears, 2002).

Summary and Recommendations for Cross-Sector Collaboration

Developing a framework for authentic cross-sector collaboration is not only expedient, it is also acknowledged in the research and through conversations with organizational leaders as a vision for future service support. Step one is building relational trust so that when we encounter cross-sector barriers, we have built a strong foundation from which to work. Traditional models have focused on individual services rather than population care, depending on remediation rather than prevention and early intervention (Kania & Kramer, 2011). We recognize that the traditional model is not working for our rural community as our resources continue to be depleted and the trauma our families and children experience continues to interfere with healthy social and emotional growth. As organizations, we must also recognize that the process of collaboration will be a living process, changing and morphing as we develop and better understand needs and resources (Oakes, Maier, & Daniel, 2017). We will need to be prepared with mutual agreements and financial structures to sustain this growth and continue to understand the development of our roles (Robinson, Atkinson, & Downing, 2008). Building on this requires an ongoing process that unifies and organizes our community in nurturing trust, interdependency, and well-being. To this end, I explore CoPs and ways of developing authentic collaboration.

Collaboration Models

Agency intervention became part of the plan as the school social worker attempted to support Michael and his family. Even with these connections, Michael continued to be removed from the educational setting, with each return resulting in more aggressive behavior. During a meeting of all the actors involved in Michael's care, it became evident the individual sector goals were not aligned, creating greater challenges for Michael and his family. Exceedingly

frustrated at the system failures for Michael and his family, who were doing everything they needed to do just to survive and still barely making it, I realized the prescribed systems of “support” were actually taxing on the family. The goals were not aligned, and the individual actors lacked the relational trust in each other to be effective communicators in this complex plan. If we were going to help Michael, instead of continuing to bear witness to his demise, it was time to join our efforts so we could achieve common outcomes.

Bringing together community agencies and educational systems to create a more comprehensive response to the issues facing children and youth in our rural county and its seven school districts is a large task. As a tool for integrating our work, I turned to the literature on developing a community of practice (CoP). This determination has been made from my assessment of the professional literature and community needs, as will be discussed in further detail in Chapter Three. Below I describe two frameworks that initiate and support authentic collaboration and how these can address issues of practice by mitigating isolation and combining resources. I first look at the theoretical premises of a CoP and how it can function to overcome issues of practice (Lave & Wenger, 1991; Wenger, 2000). Next, I turn to the pedagogical frameworks from the Community Learning Exchange axioms and theory of action to further support our CoP (Guajardo et al., 2016).

Communities of Practice

Lave and Wenger (1991) conceive CoPs as structures that support “long-term, living relations between persons and their place...as a way of coming to know their [own and collective] identity...and social membership” (p. 53). Within this CoP, the characteristics of joint enterprise, mutual engagement, apprenticeships, and shared repertoire inform the collaborative work. Lave and Wenger (1991) define these as:

- *Joint enterprise* is the meaning or understanding that the members of a community have negotiated regarding what they will mutually accomplish.
- *Mutual engagement* requires that members of the CoP interact with one another regularly to develop new skills, refine old ones, and incorporate new ways of understanding the shared enterprise.
- *Apprenticeships* provide learning that is described as a social-fluid process of engagement. The learner's work will be continuous and their perspective on the work will be ever changing while processing the work. Growth and evaluation are embedded in the reflection of developed understanding, hence the importance of providing the space and conditions to optimize learning.
- *Shared repertoire* is the "communal resources that members have developed over time through their mutual engagement" of artifacts, documents, language, vocabulary, technology, etc. (p. 4).

Engagement through a CoP leads to what they term situated cognition; when people work and learn in groups, they develop a shared understanding of the work before them and that sharing leads to a different kind of knowing in order to act. In this case, we expect the actions to be in concert with each other's agencies for the greater benefit of the entire community. As Lave and Wenger (1991) state:

Learning...is neither wholly subjective nor fully encompassed in social interaction, and it is not constituted separately from the social world...of which it is a part... the process of changing knowledgeable skill is subsumed in the processes of changing identity in and through membership in a community of practitioners; and mastery [of new individual and

collective identity] is an organizational, relational characteristic of communities of practice (p. 64).

This means that a CoP has the possibility of changing the participants' perspectives of self, of their work in their organization, and of their work together because, in a certain way, all participants are apprentices to each other. They are teaching each other ways of knowing and working that advance all members from novice understandings to expert understandings and practices (Bransford, Brown, & Cocking, 2000). How this concept can help address the contextual barriers and agency isolation is what is under investigation during this action research project.

Context of Practice Issues

Urban and rural communities both face the challenge of limited resources and complex problems. However, rural communities face additional challenges of isolation due to the vast service area, funding issues, high staff turnover, and under-qualified staff to address the level of intense need. In our rural community, the geographical distances that service providers need to travel leave many spending more time on the road than in the direct action of service. Funding issues arise as independent organizations and agencies attempt to support large-scale community needs without the resource of financial sustainability. Grant resources are limited, as the process of applying for funds requires a specific skill set and a well-developed understanding of both the process and the vision for the distribution of dollars. Staffing issues are an ongoing problem as many people do not want to move to a desolate location that pays minimally, professional training is limited, and community needs and demands are high. In our rural community, there is always a job opening for mental health workers, teachers, and healthcare providers, creating a larger gap in services and a sense of occupational isolation.

Within the literature, I did not find the term isolation used in a positive tense. Words used synonymously include separation, segregation, seclusion and remoteness. Isolation is an unintended consequence of agency work in a rural setting such as that of Montcalm County. McLean, Dixon, and Verenikina (2014) suggest the distance occurring in rural areas make it difficult to build and maintain continuous professional development. Working at a geographical distance from colleagues significantly exacerbates problems of work performance confidence, capacity for professional learning opportunities, and job satisfaction (Beaumont, Stirling, & Percy, 2009). The challenge intensifies where there is high impact of poverty, neglect, domestic violence, substance abuse and other various traumas on the families served. Agencies in isolation report being unprepared to work effectively with the behavioral issues and the unique challenges rural families display (McLean et al., 2014). A CoP is a vehicle for addressing provider and agency isolation. To be effective, CoPs must incorporate certain key characteristics.

Community of Practice in Practice

Since a CoP is conceptually viewed as both a simple and complex social learning system (Wenger, 2010), it is a learning partnership. Described by Wenger, McDermott, and Snyder (2002) as “a unique combination of three fundamental elements: a *domain* of knowledge, which defines a set of issues; a *community* of people who care about this domain; and the shared *practice* that they are developing to be effective in their domain” (p. 27). A CoP can address the traditional hierarchical organizational approach to community/professional development by fostering learning that is peer-oriented and self-governed.

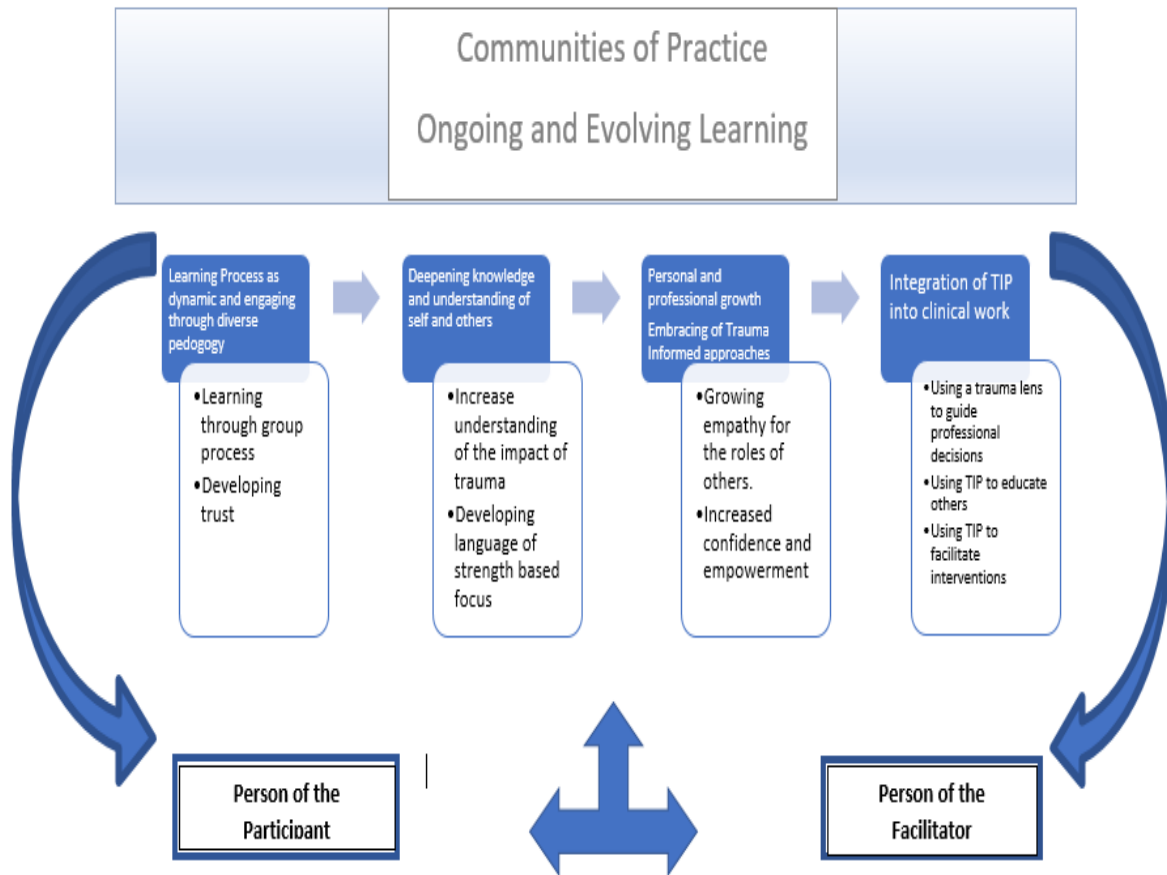
Consciousness and action that take place in a “community” where the space to imagine and hope, encourage people to shed fear and hurt so they are able to move forward with love and optimism (Bulanda & Byro Johnson, 2016; Ginwright, 2010). In our community, this means that

groups of like-minded people share common concerns, problems, passions, and/or experiences (Wenger et al., 2002). Expanding on Wenger et al. (2002), a CoP is more than bringing together a group of like-minded people; it is communing with a purpose, a common mission, and a trust that the synergy brought forth will change the trajectory for future practice and outcomes for the people served.

Figure 7 is a graphic representation of the preliminary conceptual framework presenting the process of learning in a CoP. In this case, the CoP is initially organized to collectively understand and adopt processes to address trauma-informed practices. The arrows indicate that the learning is dynamic and ongoing among the participants as part of the mutual engagement. The environment is designed for engagement and trust to promote exploration of self and others. This space honors confidence and individual empowerment, and integration of new skills to practice. The cyclical empowerment emerges from the CoP as the team feels more empowered by the experience, and the confidence then catapults them into building learning capacity and professional risk-taking (Parker et al., 2010).

Simplicity would make one think a CoP could form and function because a leader or a group of individuals decides to get together. However, CoPs are a process of development that must go through various states to become a mature functioning system (Wenger et al., 2002). For this process to take place, a level of trust, safety, and respect must be established. Embedded in this research project were activities that built trust and strengthened relationships.

The shared interest of a CoP results in a collective pursuit of knowledge and skill that elevates the social conversation within the community (Parker et al., 2010). The common interest that brought this project's CoP together was agency collaboration to collectively understand and implement trauma-informed practices. The CoP provided a model by which participants could



Note. Adapted from Experiences Learning Interpersonal Neurobiology: An Interpretative Phenomenological Analysis (Miller & Barrio Minton, 2016, Adapted with permission).

Figure 7. Communities of practice learning transition.

serve as active learners and actors in the construction of their knowledge. This process, however, did not happen in a vacuum as the CPRs exchanged knowledge with people around them helping to mold and form the new learning constructs (Docherty, 2014). Empowerment in the form of increased knowledge and skill occurs when there is an emphasis on providing opportunities for agencies to participate in and cooperate with improving the quality of life of those they are serving (Erawan, 2008).

Community Learning Exchanges: A Pedagogy for Building a Community of Practice

For the purpose of this study, our CoP learned about cross-sector collaboration to support implementing an initiative of creating a trauma-informed community. However, a CoP is largely a conceptual frame based on studying how different communities actually engage in situated cognition, peer-learning and capacity development. This frame does not fully provide direction about the processes and protocols that are necessary to design, implement, deepen and successfully maintain a collaborative change effort. Thus, I turned to an understanding of the framework and practices of the Community Learning Exchange to guide the practical needs of initiating, refining and building our internal capacities as a cross-sector CoP.

Agency and school actors are in the business of serving and promoting a positive outcome. In Michael's case, these organizations were missing the skills and capacity to address the level of complex trauma he was presenting. Relational trust and the ability to shift adult thinking to the assets Michael and other children like him bring to the table required a unique intervention - one that could bring agencies and communities together with the purpose of highlighting strengths, learning together, sharing stories and exchanging opportunities for meaningful cross-sector investment.

The standard of professional development is not meeting the current need of communities and professionals in education today. A Community Learning Exchange process has the potential for engaging the community to address an issue of common interest (Guajardo et al., 2016). A key component of a CLE is the inclusion of persons who live in a local community and are willing to share their knowledge and skills with each other. The reciprocal processes that a CLE uses engender an exchange of ideas in the way that Lave and Wenger (1991) describe cognitive apprenticeships within a CoP. CLEs add the dimension of storytelling in multiple formats as a way to build relational trust and knowledge of self and self within an organization. I discuss the CLE axioms and the theory of change

CLE axioms. A CLE is grounded in five axioms or principles that guide the design and implementation of every learning exchange. These truths support the previous research discussing the centrality of relationships in community development. The authors identify the five axioms:

- *Learning and leadership are dynamic social processes* in which leadership is at its best when it is collaborative. All participants have knowledge to offer and their learning is in the context of relationships and the stories they share.
- *Conversations are critical and central pedagogies* can help serve as the first building block to create a safe place for stories to be shared, honored and valued.
- *The people closest to the issue are best situated to discover answers to local questions and problems* as they are the ones with the richest experiences. Through intentional pedagogies, power, voice, and vision are found for collective action.
- *Crossing boundaries enriches how we develop and learn*, which breaks down barriers and eliminates isolation.

- *Hope and change are built on assets and the dreams of local communities* where participants begin to map out their goals and desires embracing the hope and wisdom of the collaborative group (Guajardo et al., 2016).

The first foundational principle of a CLE is to honor relationships. There is mounting evidence that without trust, those relationships will be fragmented at best (Weist et al., 2012). Without the abstract resource of relational trust, no significant change occurs (Bryk, Bender Sebring, Allensworth, Luppescu, & Eaton, 2010; Grubb, 2009; Grubb & Tredway, 2010). The theory of change espoused by Guajardo et al. (2016) is steeped in developing trusting relationships by recognizing assets of local wisdom and place and focusing on the praxis of reflection and action (Freire, 1970). Our trauma-informed CoP used the CLE processes as a basis for developing cross-sector collaboration.

Theory of change: RASPPA. RASPPA means that learning exchanges focus on Relationships, Assets, Stories, and Place to engage in the Politic and Action required for change. The acronym describes the relational dynamics Guajardo et al. (2016) have given to their theory of change. Each element represents:

- *Relationships* are the center - the foundation of the work and the building block for trust.
- *Assets*-based foci bolster community spirit by concentrating on the strengths of individuals and groups.
- *Stories* are shared for the purpose of discovering self and hearing about others.

Through the CLE process, stories are explored, re-framed, re-told, and re-shaped to support empowerment and create hope.

- *Place* is identified as a location and community culture. By identifying unique strengths, assets, gifts and the stories that are told to share these, we reinforce the power of place and context as key ingredients for change.
- *Politic* describes the act of doing for the betterment of self, organization, and community.
- *Action* is the catalytic quality the story brings to the exchange. Stories must touch the soul bringing forth a desire for movement toward community well-being (Guajardo, et al., 2016).

The five axioms and the RASPPA foci support the development of self, organization and community. Through the sharing of stories and the development of relationships, action takes place. This theme of interconnections between self, organization and community permeated this research project. What began with RASPPA and the community learning exchange carried forward into the cross-sector CoP and the relationships between and among its members.

Summary

Authentic collaboration can take many forms and serve a variety of purposes with the intent to build sustainable relationships. Structures such as CoPs and CLEs bring people together in a space of honor, opening the window of creative problem solving and asset development. Rural communities need a positive way to authentically exchange knowledge that is non-threatening and mitigates the competitive tendencies that are a natural byproduct of limited resources. Aware of the potential barriers associated with cross-sector efforts, I hoped that utilizing these frameworks in my research would provide neutral and safe ways to promote community collaboration, as well create a community vision of resilience, hope and action.

The aim of this study was to form a cross-sector collaboration within a rural community to enhance services for students and families who have experienced trauma. The literature review led me to a deeper understanding of the importance of authentic, trusting relationships and the level of complexity involved in their development. The literature also exposed the need for specification in how this process best develops. With the understanding of CoPs reinforced through the practice-based strategy of CLEs, I wanted to create a space for authentic conversation and relational trust in an effort to improve community wellness.

Students like Michael represented the rising tide of evidence about the impact of trauma, and they were the catalyst for organizing ourselves for robust cross-sector work. This research focused on bringing together agencies in efforts to create a trauma-informed community with hopes this would also serve as the backbone for addressing multiple issues, including trauma. The limitation, of course, was the scope of the work, a small study about one effort. However, given the need in rural counties in Michigan, a study of any size could provide evidence of how to enact the espoused beliefs of trauma-informed care, a CoP, and cross-sector collaboration, offering insights to those in similar contexts. It is clear to me that more research is needed to provide an explicit framework for implementation in rural communities, and I envisioned this project as strengthening that knowledge base. In support, I redesigned my Figure 7, presented previously in this chapter when identifying focused literary bins into a new emerging framework as illustrated in Figure 8. Leadership practices that focus on relational trust incorporating best practices through a trauma informed lens connecting agencies that flows through to authentic engagement and collaboration. My hope for the project was to create and explore opportunities presented for enactment of these principles to disrupt the status-quo with a persuasive model thus

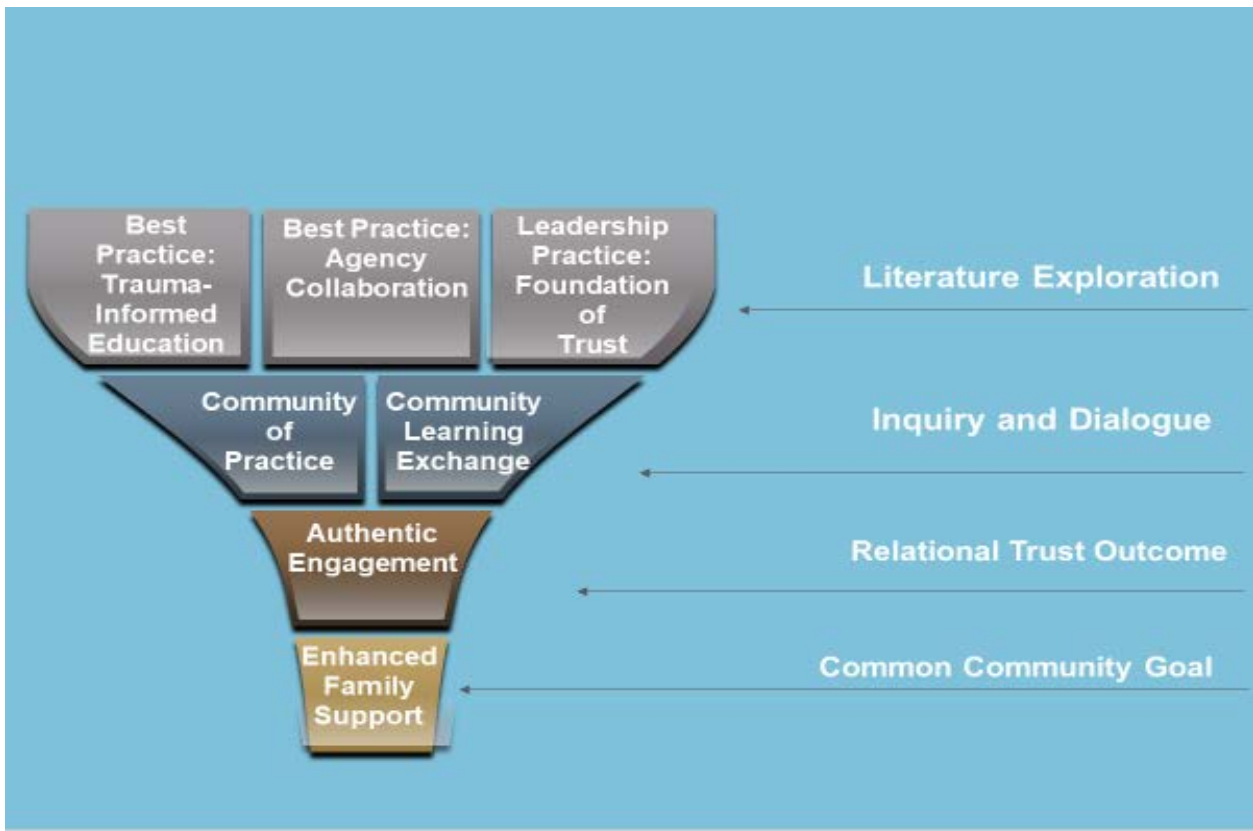


Figure 8. Reframing emerging themes of engagement.

influencing future agency action. To examine context further, Chapter Three offers a deeper look at the landscape and actors involved affecting the proposed research project.

CHAPTER THREE: CONTEXT OF THE ACTION RESEARCH PROJECT

Driving to this small rural community the first time 29 years ago was like moving along an agricultural conveyer belt. Wheat, corn, soybean, and potato farms dominated this flatland county. I recall wondering: Will I always be amused by these smells and sights or will they become an overlooked backdrop as the train whistle became in my youth? Arriving in the town of Stanton, my husband and I noticed most of the buildings were occupied with businesses; streets were lined with planter boxes engulfed with flowers and an American flag, and there were two local grocery stores. We met at the local elementary school with the principal of the building. He was dressed in a t-shirt, shorts and running shoes and indicated that this was his summer wardrobe. He was an amazing man who shared and highlighted the love of his school and community throughout the half day interview. As we toured the building, he shared various stories of teachers and families within the community. There was pride in the number of teachers who graduated from the local high school and attended college, only to return and give back to the area through employment. He beamed as he shared a school highlight – the lunch prepared fresh daily. He tempted our appetites with stories of homemade biscuits with gravy and cookies that melt in your mouth. Steve, the principal, was the perfect tour guide, taking us through the town and sharing history of the community, development of the school system, and wrapping up at the local drive-in/ice cream shop for lunch. He introduced us to the owner, bought lunch and prayed before eating.

School achievement conversations were secondary and only mentioned in a way that distinguished the two elementary buildings that operated in the system. Steve was proud of his building, students and staff. Conversations revolved around connections, commitment, community, and loyalty. Recognition of the outstanding football team, number of games won,

and the coach were highlights of the conversation; he never mentioned assessment data, student achievement, evidenced based curriculum, or merit pay. We left that afternoon knowing my husband had a job teaching in a K-5 special education classroom. The pay was low; however, we felt we had found a place of community, and that was more important.

We moved our mobile home to the area; my husband started teaching, and I took a job as a paraprofessional and an interpreter for the deaf and hard of hearing. During this time in education and especially within this community, an educator had an elevated level of social status. We worked hard to flatten that hierarchy by inviting students and their families to our home for different events and activities. Our own children were young, so many times I would find myself drinking coffee with the parents as our children played together. Parents would share their stories of the current challenges as well as offer insight to the type of adversity they experienced growing up. Common themes with all of the parents were to protect what you have with guns, dogs, or both, and that family must always be loyal. We continued to have our social time throughout the years until we moved from the trailer and into our home we built. Families would no longer come in for coffee; they would remain in their cars waiting for the playdate to finish. It was as if putting the door on our house was like closing the door to those relationships.

Many of the families described in the vignette above still live in Montcalm County as parents, grandparents, and great-grandparents. As my family and I see them, it is always with a positive conversation, and it is wonderful to catch up and know how the families are doing. However, now, as we moved through the community and listened to their stories then and over the years, it is abundantly clear that the adversity of the parents' lives has influenced daily decisions and long-term outcomes for students. The Michaels of the community existed then, and they continue to be a part of the community now. The intergenerational trauma of poverty,

neglect, physical and sexual violence, parental incarceration, and substance abuse has continued to worsen through these 28 years. This chapter tells the story of the context of the community, schools, and agencies I encounter in my work as I seek to inform professional practice of trauma awareness and to develop cross-agency collaboration to address the many issues that currently confront children and families in our community. The chapter is divided into a description of the place, history, an overview of the organizational systems and actors, and a discussion of my role as researcher.

Place

MAISD is centrally located in Montcalm County not far from the school I toured on my first days there. It is responsible for providing ancillary supports for students in special education and to those throughout the county in the seven LEAs. The basic facts about Montcalm County provide a perspective and context of the area and the challenges that school staff encounter. According to the United States Census Bureau (2019), Montcalm County, comprised of 23 townships, covers approximately 720 square miles and is predominantly rural/agricultural, consisting of several small towns and villages. Two areas constitute the primary employment base in Montcalm County: manufacturing industry (24.8%) and the education and social services sector (24.6%). The median household income average is \$40,739, well below the state average of \$48,273. Montcalm County residents living in poverty represent approximately 20.4% of the population. United Way (Hoopes, Abrahamson, Anglin, Holdsworth, & Treglia, 2017) statistics show that even those with regular employment are often “struggling,” living only slightly above the poverty level but with income less than the basic cost of living. An additional 28% of families in the county fall into that category. Households living in poverty that also meet Asset Limited, Income Constrained, Employed (ALICE) standards range from 26-59% of the households

identified. Of the students attending school in Montcalm County, 53.7% are eligible to receive free or reduced lunches.

According to the Director of Special Education, the MAISD serves approximately 1,780 students with special education supports and ancillary services throughout the county. These services address the physical, cognitive, and speech needs of these students. Local districts are responsible for providing emotional support for students through school social workers employed by local districts. Local mental health agencies provide wraparound support upon request; however, services are fragmented and like almost all special education services across the country, there are not sufficient resources to support full Individual Education Program implementation. Hence, the research question: *To what extent can cross-sector collaboration lead to enhanced services for families and children?* Our collaborative exploration of this research question was intended to help contribute to our understanding of youth and families who have experienced trauma, to deepen our knowledge of trauma-informed practices, and to use our focus on trauma as a catalyst for improving cross-agency and community engagement within mental health services and education.

Prior to the start of research, agency representatives were already meeting monthly for 90 minutes to discuss community concerns, to address organizational updates, and to share any other news. Minimal planning went into the aesthetics of the meeting space. Instead, participants often sat in a rectangle with tables in front, acting as barriers to protect the representatives from authentically reaching out to collaborate. Agency leaders joined these meetings to keep a pulse on the current initiatives within the county, and it was to this meeting that I proposed attention to becoming a trauma-informed county. Many were interested in the concept; however, it was too large to process at this table and skepticism crept in as I did not have a definitive plan for

implementation. Throughout the school year of 2016-17, I participated in and presented at these meetings, which were held monthly with the same format and the same type of outcome.

Agencies were collaborating on the surface and sharing ideas; however, there was an undercurrent of competitiveness and politics. I had found it difficult to follow this format and started to move toward change. It was within this context that the idea for this research project originated and my theory of action developed: *If Montcalm County community stakeholders come together in a CoP to authentically and collaboratively address the impact of trauma and if they establish a learning exchange for sharing of wisdom and resources, then the community would be able to work more effectively and efficiently towards building a community of healing and resiliency.*

My plan was to utilize an effective organizing structure, the CoP, to allow professionals to have time to share their experiences and to be reflective (Lave & Wenger, 1991). The meeting location I envisioned would be one free of distractions with room to move and collaborate. Incorporated would be opening and closing circles to offer a gracious space for learning and sharing, establishing a sense of connectivity and community (Guajardo et al., 2016). The exploratory use of constructivist pedagogy was designed to create attunement for agency collaboration that historically had been stifled through formalities and processes.

To fully understand the context of the proposed research, it was necessary to outline the history, organizational systems, political environments, and people who influenced its inception. Most of the information shared below is anecdotal and has been gathered through observation and informal questioning.

History

The stories of the community's vibrant history that I had experienced and related in the introduction to this chapter have, to a large degree, vanished. It has been replaced by families like Michael and Emily's, those living on the edge and experiencing multiple difficulties. While the research project is not meant to recreate nostalgia about a past life, I think it is important to know that the community operated differently in the past before the economic downturn of the first decade of the 2000s and before the resulting issues that have upended families. I interviewed a life-long community member. He followed the expectation of going to college and returning to the community to serve as a school administrator.

When I was a boy in school, everyone was poor. Potatoes were a staple to dinner and steak was a treat on payday. There was a community of trust and neighborly gestures. There were two town drunks that everyone knew, and it wasn't a problem. When I would see a teacher in a grocery store, it was an odd feeling as it made them become more "human like." Teachers were there to educate -- not to be your friend. The first teacher that became close to me was in the tenth grade -- funny I never thought of that before. Relationships with my teachers were always distant, and I depended on my friends and family for connection (D. S., interview, August 22, 2017).

We now know that people need relationships before they can have the capacity for learning, and the relationships of the past were different, but present, because of the community fabric. That has changed. In our community, parents are working harder and making less; single parent households are on the up-swing, and substance abuse has increased alongside incarceration rates. Childhood neglect is a byproduct of those events, creating an increased need for relationships when relationships seem hard to come by. It seems education has become what

some view as the obvious answer to address that need. But as Labaree (2002) says, “The education enterprise is arguably the greatest institutional success in American history” (p. 1) because we have taken on the responsibility of educating all Americans until age 18. However, in commenting on the current state of education, he also says, “We have set up our school system for failure by asking it to fix all of our most pressing social problems, which we are unwilling to address more directly through political action rather than educational gesture” (Labaree, 2002, p. 2). Education is an easy target, chock full of people wanting to help, but with educators who know that, without additional support, education cannot do it all. In addition, the system is mandated to implement initiative after initiative without any additional support, and then it is blamed for the downfall of those mandates. He continues: “Unlike Europeans, who in the nineteenth century chose to promote *social equality* by constructing an elaborate *welfare* system, Americans chose to provide *social opportunity* by constructing an elaborate *school* system” (Labaree, 2002, p. 7). However, social opportunity relied before and now on relationships, and relationships were not equally distributed. Those who knew the most people in power received the most opportunity in society. As a result, American society remains far from equitable, and schools continue to feel the burden of responsibility for changing that equation.

I asked the community elder about his greatest memories as an educator from the lens of teacher and administrator; both responses revolved around relationships with students and with colleagues.

I have always been proud of my ability to work with students that needed the extra commitment of time or attention, and that has continued as we adopted our daughter who has special needs. Working as an administrator was an awesome experience because of the team of leaders I worked with. The impactful work was accomplished because of the

relationships we developed. Our team had genuine positive regard for one another as professionals and individuals. The board did not fully understand the value of that team and the relationships we developed. It was a difficult time for all of us when they started to dismantle our group. New leadership turned over and most everyone left within a year or two. Yes, I would say relationships make a big difference in education. (D. S., interview, August 22, 2017).

The power of relationships continues to be the common emerging theme throughout the previous story. Relationships drive learning, motivate collaboration, and bring conflict to resolution (Bryk et al., 2010; Grubb, 2009; Grubb & Tredway, 2010). The elder's story led me to my FoP within this research project: When rural agencies and educational organizations have authentic and intentional collaboration, then we will be able provide enhanced services for the families and children.

Overview of the Organizational Systems and Actors

Authentic collaboration is complicated and difficult to implement effectively. As indicated in the last chapter, cross-agency or cross-sector collaboration requires commitment and a set of working agreements that guide and sustain the group. The Human Service Coalition Collaborative (HSCC) monthly meeting was designed to alleviate some of these complications, but that could not happen fully without intentionality. In this section, I examine the current political environment with regard to interagency collaboration and the people involved in the process as well as my role in the project.

Political Environment

The political environment of organizational systems and the people play a large role in determining the success of any endeavor, and they were a key factor in selecting the topic as an

action research project. The vocal support of the ISD Superintendent positioned the project well politically. His endorsement opened doors and helped generate early enthusiasm for this project. Still, I expected to experience micropolitical challenges as indicated on the fishbone diagram in Chapter One, and I certainly expected unintended consequences that I could not yet predict.

While organizational collaboration is necessary and useful, it has its own set of pitfalls as related to the political and micropolitical nature of human interactions. Woodland and Hutton (2012) give the following definition on organizational collaboration:

Organizational collaboration is embraced across multiple sectors of society as a primary strategy for cultivating innovation, conserving economic resources, building relationships, addressing complex problems, and reaching essential outcomes. It is through collaboration that organizations address societal issues, accomplish tasks, and reach goals that fall outside the grasp of any individual entity working independently (p. 366).

As desirable and necessary as that collaboration may be, it is a difficult process (Bryson et al., 2006). For example, “silo busting” seemed to be a topic of every intra-agency meeting; however, it was never a formal agenda item. Building on the current desire to collaborate and the goal of a trauma-informed community as leverage, I proposed a CoP who could use this readiness as momentum for authentic engagement. Through planned and designed interaction, we would focus on building a community of rich dialogue to enhance our current service delivery system.

People

Choosing the people who guided the project was important, and initially three persons stepped forward to co-lead the effort. Throughout the research project, I intended to work closely with three CPRs currently employed by local agencies or educational organizations. Despite my

best intention, and one of the earliest lessons was that only one of these individuals, Julianna, was both ready and willing to partner authentically on this work. She was a thought partner and a chief collaborator from the start. When circumstances changed due to an unforeseen event in my personal life, she became an even more critical partner in this work. I include bio-sketches of the initial collaborators with short statements about their initial hopes for the cross-agency collaboration, a description of the shared resources that their organizations could bring to the table, a discussion of the supports and anticipated challenges, and a short analysis of the ways we have worked previously.

Julianna. The chief collaborator, Julianna, has been the Clinical Director at Montcalm Care Network for the past six years. She has worked in the mental health profession as a practitioner and administrator for 20 years. Her entry into this current research project was motivated by a desire for community change and personal growth; looking for opportunities to expand personal skill sets in a large-scale community change project. The project itself held promise of producing a replicable system of change for other communities with clear benchmarks, implementation of new practices to support children and families, and data to operationalize what resiliency is in a community.

Marsha. Marsha has been a Non-Profit Executive Director for one and half years. Her entry into the project was motivated by the desire to see lasting changes that helps our neighbors and will allow our community to thrive. Collaboration is the only way to make that possible.

Jan. Representing the higher education sector from a leadership position, Jan has been in her position for five years. Her interest in entry to the project was to offer a deeper understanding of creating community-wide movements through partnerships.

A common theme that brought us together was a desire for community change through partnerships. A collaborative understanding of the incrementalization of community change was a discovery through the project.

Collaboration Possibilities

Additional persons represented agencies as part of the process as members in both the larger CoP and its smaller executive committee. The CPR team was a small sector of the governing model, with the hope that the cross-sector partnership would influence the decisions in the county. The three agency members of the CPR team had independent decision-making power in regard to funding sources, allocation of time, and distributing resources. In addition, they had people in their organizations who could offer technical support such as data collection, administrative assistance, and organizational functioning. I did not have access to that type of support. As a researcher, it was imperative that I was aware of these nuances and the impact they had on the process. Unequal distribution or perception of distribution can lead to misunderstandings of intent which can dismantle trust. Table 1 provides the primary participants and their organizational roles while mapping their level of connection to the project.

School District Political Support and Challenges

Because I am employed by the Montcalm Area Intermediate School District, the context of my work is critical. Encouraging cross-agency collaboration as an outreach coordinator was a new role within our organization and had not been accepted by the local districts as the best way to spend resources. Local superintendents frequently asked about how the position benefited their district and the metrics for success. The vision of community schools with cross-agency collaboration was not evident in their planning. Urgency to address the difficult students in their buildings took precedence over long range planning or systemic changes. Functioning as an

Table 1

Community of Practice Participants

Participant Initials	Sector Represented	Scope of Work	Role within Trauma Champions Network
JK	Mental Healthcare	Director of Mental Health Services	Executive committee member, main collaborator
Jan	Higher Education	Communications Director	Initial CPR member and executive committee. Total disengagement after CLE.
Marsha	Nonprofit	Executive Director	Initial CPR member and executive committee. Total disengagement after CLE.
JK	Cherry Health	Wellness and Prevention Director	Part of the CoP from the beginning
JW	Montcalm Area Intermediate School District	Associate Superintendent of Special Education	Began as general member of TCN, filled in for me on executive committee starting January 2018
AM	LEA Rep	Supt.	Part of the CoP from the beginning
DS	Ministry	Pastor	Joined after the CLE and is a current executive member
KW	Montcalm Community College	Business and Finance	Joined after the CLE and is a current executive member
TS	MCN	Family Support	Part of the CoP from the beginning
JC	Community Member		Joined after the CLE
ML	Relief After Violent Encounter		Part of the CoP from the beginning

outreach coordinator was not my only responsibility; I was also the regional McKinney-Vento grant coordinator overseeing the funding to homeless students across four different counties. In that role, I was responsible for training and supporting thirty-six homeless liaisons across the four-county region. Within the organization, I facilitated training and support to develop trauma informed practices across multiple disciplines. I facilitated monthly CoP meetings with county social workers, occupational therapists, teacher consultants, physical therapists, speech pathologists, and school psychologists. My direct supervisor changed during the first year of the project, and my current line of supervision comes directly from the superintendent. I discuss in detail developing an asset point of view, instituting an understanding of praxis, and need for collaborative responsibility – all micropolitical factors in the context of the research.

Deficit or asset point of view. Disruptions and inconsistencies within my role and title created deeper complexity to the already challenging work environment. Bryson et al. (2006) indicates collaboration is a process that links information resources, activities, and capabilities by organizations to achieve an outcome that could not be achieved alone. Successful collaborations are built on trust with intentional activities that enhance roles and deepen understanding of self and others. In this regard, a plan was formed to enact authentic engagement with the CPR team that developed capacity to view the community from a strength perspective.

Instituting an understanding of praxis. Freire (1970) reminds us that community efforts require multiple constituents, and that any action needs reflection before acting – what he terms praxis – even if there is an urgency. Thus, my task as a facilitator was to honor that my CPRs were caught up in the urgency to do, but also to attempt to engage them in reflection in order to act thoughtfully. In reflecting on my experience in one of my preliminary meetings – when there were three potential CPRs still in attendance – I wrote, “Their previous experiences

of collaborations and coalition meetings unconsciously became the unspoken meeting norms. There was a level of discomfort when I could not provide the information of ‘just tell us what we need to do’ and ‘we want a silver bullet to fix this fast’ surfaced (E. Combs, meeting reflection, March 20, 2016). Secondly, any action requires relational trust, which is built on processes in meetings that help foster an understanding of each other. My notes indicated, “I was met with openness to engage and a willingness to support but skepticism about the process” (E. Combs meeting reflection, September 7, 2017).

Collaborative responsibility. As we moved this work forward, it was a challenge as “adults have a deep psychological need to be self-directing, although they may be dependent in particular temporary situations” (Knowles, 1977, p. 43). We each have a sense of what the issues were and had a tentative vision of what a community initiative could look like and what we wanted and needed from our efforts. However, based on initial meetings with all three early participants and my diagnostic take on the situation, we did not have a common agreement about how to organize ourselves, including meeting norms, nor how to conduct meetings that included reflection in order to act. Part of my research necessitated reframing those understandings as well as sharing in learning as we move through the research project.

Role of Researcher

As a middle child in my family, my role was to bring everyone together; as a professional, I continue to operate in that capacity. For the purpose of this study, my role was in the capacity of bringing together individual organizations for the purpose of authentic engagement and communication through a variety of pedagogies. As the primary researcher, I felt my purpose remained constant; however, the capacity that I operated in evolved, largely due to an unforeseen personal event – a traumatic car accident – detailed further in Chapter Six. I

always recognized that there needed to be an equitable distribution of power and decision-making, as indicated in diagnostic notes from March 20, 2017, and that my leadership style of trying to engage persons in storytelling and personal reflection as a cornerstone of moving forward tended to cause some stress. Stories are viewed as time suckers and not as relationship builders with many in my community. That said, for authentic collaboration, there must be a mutual clarity of purpose, buy-in, and commitment at all levels (Robinson et al., 2008). I needed to balance my leadership philosophy with the needs of my peers in order to examine the collaboration within a CoP that worked in different employment sectors within the community.

Collaboration is a process innovation and a product innovation (Lawson, 2004). As such, I recognized early on that my role would likely evolve as we balanced the power, the needed dynamics to function, and the insights to move forward with generalization of our learning. It was expected that the working context would change as we explored and discovered our assets and challenges to authentic engagement (Bryson et al., 2006). To ensure consistency, I chose to utilize the domains of a CoP while participating in strong pedagogical practices because “it is easier to copy another innovation than it is to invent one from the ground up” (Tyack & Cuban, 1995, p. 73). With this in mind, my intent was that the processes from a known approach would bolster my professional role as Community Outreach Liaison. Understanding my strengths and limitations as a leader was paramount to guiding our work together.

Summary

Understanding the people, organizations, and rural community that I called home helped to frame my understanding and compassion for this action research project. Taking on a project of bringing together a community to embrace its citizens in trauma-informed practices is an aspiration and desire of the heart. The groundwork was in place as long-standing collaborations

and coalitions already existed for the betterment of the community; however, those collaborations operated in particular ways for a long time and asking them to function differently presented challenges. Therefore, understanding the permanence of the structures and the value and commitment to maintain them were important parts of the research effort. In order for this project to be successful, I needed to be aware of self in relation to the context and how willing I and others were to abandon the established current system so that we could establish and implement authentic cross-agency collaboration. Only then could we truly have the rich dialogue necessary to keep the Michaels of our county involved in their healing journeys.

Within this context, the people previously detailed were the right match to engage in this work in hopes of answering the research questions. In Chapter Four, I explain the methodology in place for this research project. I outline the steps by which the CPR team and I created authentic cross-agency engagement to foster enhanced supports for families and children.

CHAPTER FOUR: RESEARCH DESIGN

This Montcalm story begins at the round table of concerned agency and community members at my office at MAISD. Feeling information needed to be collectively heard, I had volunteered to give a presentation on ACEs, hoping the concept became broadly accepted within our community. Everyone was noticeably engaged, not the norm at many such gatherings in which presenters would share information as participants appeared to check-out: checking emails, daydreaming or engaging in sidebar conversations. The stories generated by the participants were rooted in their individual ACE survey scores, and how the results were directly connected to their choice of occupations. I knew we were going deeper when the stories we shared stopped being about the Michaels. We all knew and started to disclose our histories and focused on us. The group agreed upon, both verbally and through shared experience, that our community has been crippled by elevated ACE scores. The question that was most difficult to answer: “What do we collectively do about it?” My literature review and doctoral studies had prepared me for this moment. My answer was forming a cross-sector CoP.

A commitment to innovative economic development, healthy initiatives, and strong education seems to be a common practice by practitioners seeking to make large social impact. Embedded in these goals are the complexities of systems and community agencies that often work individually within their particular sector. Rural Montcalm County has an established commitment to community partnerships and building organizational relationships which supported this project. Although collaboration among agencies is attractive and expedient, the research evidence indicates it is not an easy task (Bryson et al., 2006). As such, the purpose of the action research project was to implement a cross-sector community of practice to develop a stronger comprehensive system of interagency collaboration that sought to meet the needs of the

families and children, we collectively serve (Lave & Wenger, 1991). I have referred to this collective action as cross-sector collaboration: the linking or sharing of resources by two or more organizations to obtain an outcome that could not be achieved by any individual sector (Bryson et al., 2006). The theory of action holds that if rural agencies and educational organizations can have authentic and intentional collaboration, then we would be able to offer an enhanced service delivery model for the families and children we serve. For this reason, I focused the research on working first with a Co-Practitioner Research (CPR) team of three individuals, primarily with Julianna the chief collaborator, developing a larger community of practice (CoP) across the county to build a cross-sector collaboration.

The goal of authentic cross-sector collaboration was foundational to our capacity to accomplish our task of reaching outside of any independent entity (Woodland & Hutton, 2012). Utilizing a CoP structure, the CPR team delved into the challenges of organizational information exchange, trauma impact across sectors, and agency isolation, believing that researchers share power and support equality. Being the initial convener and facilitator of the group, I attempted a variety of pedagogies to build trust within the team and enhance learning through dialogue and playful interaction. As part of the team, I focused on sharing information, co-developing conceptual models, integrating our actions, and analyzing how we do this as we move through participatory research activities.

As I described in Chapter Two, a CoP is a group of like-minded people sharing a common concern, problem, passion, or experience (Wenger et al., 2002). In this case, the CoP provided a space for agencies to come together on a collective topic: trauma-informed care. Together as a CPR team, we authentically and effectively explored, gathered, processed, and reflected on the best collaborative practices to provide enhanced professional services that reflect

trauma-informed practices. We proceeded as a CPR team until I was in a motor vehicle accident that necessitated a break in participatory action research methodology. When I resumed my role, I returned to the research study as a participant observer researcher (POR). Both forms of action research explore a set of the “lived experience of individuals...that culminates in [analyzing] the essence of the experiences for several individuals who have all experienced the phenomenon” (Creswell & Creswell, 2018, p. 13). In both instances, the precepts of qualitative research of Creswell and Creswell were evident. We each brought our personal values related to serving our community to the research table. I collected participant evidence to make meaning by studying the context and made interpretations of the data. In collaborating with the participants as the POR, I had somewhat more distance from the day-to-day, but stayed up to date with agendas and actions of the CoP.

Describe in this chapter, are the two research designs I undertook in this project and discuss why each was optimal at different points. I further discuss the participants of the study and the early activities we engaged in to prepare for next phase of research. Then, I outline the data collection instruments I used, as well as the methodology employed for analyzing and synthesizing information. Lastly, I address the ethical considerations and potential limitations of this study.

Action Research Designs

“Action research enacts localized, pragmatic approaches, investigating particular issues and problems at particular sites at particular moments in lives of interacting individuals or groups” (Stringer, 2014, p. 61). My quest in initially designing a participatory action research (PAR) project was anchored in the understanding that this approach would provide a space for the people affected by the issues to be heard and actively engage in the research activities

(Stringer, 2014). I felt this research methodology would influence the likelihood of successful implementation in addition to serving as a model for other systems interactions. I started in the doctoral program research as a participatory action practitioner, which put me closer to the day-to-day workings of the research as I was an active facilitator of meetings and a participant. However, as stated previously, I had to shift that role. A personal injury in an auto accident took me away from my work for an extended period of time; thus I shifted the participatory action research because I could not be as involved in the day-to-day actions of the group as I intended. Instead an action research methodology in which I was a participant observer researcher or POR provided a way for me to continue the research. Both methodologies incorporate qualitative design and are a good match for this project for multiple reasons. First I discuss qualitative research in general and its appropriateness for this study. Then I discuss the role of a participant observer.

Qualitative Research Overview

The research project focused on organizational connections contributing to community change; hence utilizing a qualitative design takes the stakeholders' priorities into perspective (Creswell & Creswell, 2018; Stringer, 2014). Because those are closest to the issue or concern are best situated to solve it, this use of action research and the qualitative evidence that is collected and analyzed in that research methodology makes the assertion that all participants have a vested interest or curiosity in the desired outcome (Guajardo et al., 2016); researchers approach the research holistically using "non-standardized instrumentation that leads to a search for underlying themes or patterns" (Miles & Huberman, 1994, p. 9). Stringer (2014) asserts that action research is a way to engage people in careful systematic exploration to resolve complex issues in individual, group, or community settings and in doing so improve the quality of their

lives. Through the research project, we explore the tenets required to develop a cross-sector collaboration and thus create a social collective impact. In the first part of the research effort, I could be fully immersed in the process as a regular participant; in the second part of the research effort, I could not be as fully immersed, but was able to regularly collect and analyze evidence as a participant observer. Next, I discuss that shift and the attributes and the role of the participant observer researcher (POR).

From Participatory Action Research to Participant Observer Researcher

Incorporating the above elements, fully implemented participatory action research (PAR) views the role of researcher/practitioner as embedded in the ongoing work. DeWalt and DeWalt (2011) assert that PAR is used to understand what is happening in the now. That is, PAR is an experiential approach gaining data through observation while experiencing and participating. As a PAR participant with the Co-Practitioner Researcher group of three, I acted for a total of eight months June 2017 through January 2018 as a daily participant. Chapter Five, which I entitled “The Preliminary Work” details the results of the initial phases of PAR. The second phase of the research, when I shifted to an action research design as POR, after I was able to return following the accident in August 2018. That phase of the research was supported by the CPR members and in particular one member, Julianna. That phase of the research is analyzed in Chapter Six.

The combination of approaches allowed for two distinct phases of research. Initially I was the lead actor in the role of primary researcher focusing on creating change and building capacity. Next, I entered as a participant observer (POR) who was interpreting and understanding the dynamics of phenomena. An unexpected bonus, reestablishing my role as a POR was a way to test my theory of action as well as continue the research through shared experiences, deeper understanding, and clarity of thought (Dewalt & Dewalt, 2011).

The focus on studying the work that led to transformation highlights the process of the ongoing research rather than outcomes, in context rather than a specific variable, and in exploration and discovery rather than confirmations (Merriam, 1988). The attached logic model, Figure 9 outlines the theory of action for the project as introduced in Chapter One. The long term hopes for the study would be to move beyond the CoP, infusing community wellness and building pathways of resiliency.

Study Participants

To alter or change complex systems with multiple levels requires more than individual thinking or select sector engagement (Masten, 2003); it requires cross sector organizational collaboration and partnerships (Bryson et al., 2006). The participants in the study were selected in a two-fold process due to the interruption in the research. Initial selection was based on developing a CPR team to focus on three cycles of research. It then transitioned to me becoming a POR and exploring the phenomenon of organizational trust and relational development within the community of practice (CoP).

Selection of the CPR Team

In seeking the CPR team, I considered the convenience of current agency collaboration meetings and the members who sat at those tables as previously represented in Table 1 (Miles & Huberman, 1994). In addition, I sought people with common interest in the topic of authentic agency collaboration with curiosity and commitment to explore alternative methods to address the impact of trauma in our community. I asked the Director of United Way (TL), the Director of Community Relation for the community college (MC) and the Director of Mental Health Services (JK) to volunteer. Because they are local and provide evidence that is authentic and

Cross-Sector Trauma-Informed Community of Practice Logic Model



Figure 9. Logic model for obtaining research goals.

generalizable to the larger community, the initial selection of three persons in the CPR team provided a feasible starting point.

The CPR team had the necessary action space to collaboratively explore solutions that might mitigate trauma and help develop a community of hope and resilience. These three members signed formal consent forms for participation in the participatory action research project, which was approved by the Institutional Review Board, and a letter to this effect is included in Appendix A. These members helped to support the development of the initial CoP now known as TCN and the CLE; our work together is described in full detail in Chapter Five.

Transition to Participant Observer

As we know, life has a way of playing a part in every situation, and the research project was not exempt. Mid-study, due to the auto accident, I transitioned from a CPR team format and participatory action research to action research as a participatory observer. Thus, began my focus on observing the phenomenon of organizational trust and relational development. At this time, only one of the CPR team members (JK) continued in their participation in the project. Together, in my role as a participant observer and JK as the co-researcher, we worked together exploring the developed CoP now named Trauma Champions Network and the relational dynamics influencing cross-sector collaboration.

Research Activities

As indicated, my role of the researcher occurred in two phases: as a full participant and facilitator in the first phase and as a participant observer in the second phase. In the first phase, I was actively involved in connecting the CPR team, developing the CoP and in organizing a Community Learning Exchange. In the second phase, I relied on the co-researcher and had strategic interactions with other CoP members.

First Phase

My role as primary researcher was to operate in an action space that was highly focused, complex, and challenging. The process began with building a CoP with the CPR team and on in the initial phase of research facilitating a Community Learning Exchange (CLE). The CLE provided a platform for the CoP to begin connecting with others in the community and expand influence. Guajardo et al. (2016) attest a pathway to action is through the authentic sharing of experiences through stories and that sharing stories in this capacity gives freedom to the author and radiates their wisdom. The CLE provided an opportunity for organizations to share their stories in a public way.

I took on the role of creating agendas and facilitating the meetings. During this time, I monitored interactions through frequent analysis of field notes and ongoing observations. According to Aguilar (2016), all successful workings with adults boils down to trust. Planning accordingly, establishing and maintaining trust was a priority throughout the initial phase of preparing for formal research activities. The five axioms that guided the relational bond are based in the work of Guajardo et al. (2016). The CLE core values honor the wisdom of people and place to bring forth assets and hope, foster collaboration, utilize local knowledge and action, communicate across sectors, and learn in public. Pedagogies were implemented such as journey lines, reflective memoing, appreciative listening, and circles that provided evidence for the first phase of the research journey.

Finally, the preparatory activities put an action plan together for developing a trauma-informed community outlining activities, timelines, and events. According to Spezza and Borbely (2013), when we consider the constellation of needs experienced in the communities we serve, it makes sense to organize a team approach to support them. As such, I developed a cross-

sector collaboration to help support the initiative of becoming a trauma-informed community. The final activity in this initial phase was the collection of data from the community learning exchange and the ongoing CoP, including the agenda, post-event feedback, memos, photo evidence, and artifacts of work completed during the exchange itself.

Phase Two

While planning on using cycles of inquiry to continue the early activities described above, as indicated, a traumatic accident necessitated a change of course. Instead, while my early activities were completed using a PAR methodology, I next pivoted to the position of a participant-observer working closely with my primary co-researcher throughout this phase of exploration.

The activities in this phase included meeting generated artifacts such as journey lines and sphere of influence, relational engagement activities, memo reflections, agenda and meeting minute analysis which provided evidence for this phase of research.

Data Collection

The action research project utilized qualitative design thereby allowing for multiple data collection strategies. The collection strategy is best categorized as emerging because of the on-going analysis element of this design (Creswell, 2014). The goal of the data collection was to generate an on-going conversation and collection of artifacts to uncover facts, opinions, and insights (Yin, 1994). In Table 2, Metrics for Research Questions, the qualitative data is aligned to processes, collection types, protocols, with each of the research questions.

Table 2

Metrics for Research Questions

Overarching Question: *To what extent can cross-sector collaboration lead to enhanced services for families and children?*

Sub-Questions	Data Source	Triangulated With
<i>How does a cross-sector CoP influence agency professionals relationally?</i>	<ul style="list-style-type: none"> • Meeting notes • Agendas • Community Learning Exchange • Meeting Artifacts • Reflective Memos • Documentation from CoPs • Conversations/Informal Interviews 	<ul style="list-style-type: none"> • Fieldnotes • Member Checks • Artifacts • Member Check
<i>How does my work with the CoP contribute to new leadership understanding and practice?</i>	<ul style="list-style-type: none"> • Reflective Memos • Leadership Inventories 	<ul style="list-style-type: none"> • Meta-analysis of all available data tools

Agendas

The monthly agendas provided to the TCN group provided visual data of common process. This artifact exploration provided a window to the working of the group through agenda development and content. These documents provided a linear glance to action items, attendance, meeting format, work distribution, and values of the group.

Interviews and Member Checks

Sharing stories and seeking information is a natural part of discovery. Through this engagement I was able to gather data in the vernacular and in context. Proposed themes were introduced to other participants to test validity. Some members gave more in-depth insights during member checks and casual conversations, providing me as the researcher with data based on context, human activity, and intuitive knowledge (Marshall & Rossman, 1999).

Interviews. “The purpose of interviewing is to find out what is in and on someone else’s mind. Qualitative interviewing begins with the assumption that the perspective of others is meaningful, knowable, and able to be made explicit” (Patton, 1990, p. 278). Interviews were utilized in order to stimulate reflections and opinion of the CoP. This is the personal side of information gathering; observations, body language, tone, that cannot be generated through artifacts. The main themes of the interview protocol mirror the action research questions: discussing cross-sector collaboration, CoP professional influence, and leadership practice. A well-structured protocol ensures consistency of information obtained (Miles & Huberman, 1994; Patton, 1990). Using a semi-structured design allowed for additional responses and follow-up questions (Merriam, 1988; Patton, 1990). Through this process, “further information may be acquired through the skillful use of prompts that enable participants to reveal more details of the phenomena they are discussing” (Stringer, 2014, p. 108). The interviewing methods included

multiple media, including SurveyMonkey, with all of the information being housed in the locked office of the researcher.

Member checks. Member checking has been utilized as a means to challenge personal beliefs and interests throughout the research process (Birt, Scott, Cavers, Campbell, & Walter, 2016). In my role of researcher, data collector, and data analyst, guard rails needed to be instituted to mitigate this researcher bias (Miles & Huberman, 1994). Therefore, member checking was used to validate, verify, or assess the trustworthiness of qualitative results (Doyle, 2007).

Memos

These wide lens mini-journals were constructed throughout the research activities to capture the “in between” moments that led to sightings (McDonald, 1996), the moment in research in which action happens that leads to knowing something larger and more important. These “in-between” moments drew an awareness to the true purpose of activities and moved me forward to action. Memoing was utilized to document our experiences throughout the research activities. The memos were written with a reflection mindset --asserting a question-like format of first-person wondering. The purpose was to take data and make meaning out of the written memos. It is through this coding process and the exploration of emerging themes that the understanding of my leadership development was analyzed and reviewed during this action research project.

Observations and Artifacts

Observations and field notes supported my ability to see what was meaningful in the moment reflecting the in the now notion in each situation (Dewalt & Dewalt, 2011). A field

journal was utilized to document formal and informal meetings held by agency personnel. I collected artifacts such as journey lines and sphere of influence protocols after the meetings.

Journey lines. Journey lines allow participants to reflect on their experiences visually using a linear timeline. In response to a researcher-provided prompt, participants plot related events according to their chronological order. Doing so gives a platform for their personal histories and stories to be shared.

Sphere of influence. Originating with Stephen Covey's (1989) *The Seven Habits of Highly Effective People* and brought into the education realm by Elena Aguilar (2016), the spheres of influence protocol provides a way to demonstrate an individual's influence, starting with self. At the center of the sphere is the individual's actionable space - their ability to control circumstances and outcomes. The second layer describes the individual's space for influence; they might not themselves be able to actualize the change, rather can inform and encourage action. The outer layer is the macro-system level, by which the individual is impacted and by which the individual interacts yet is not easily enabled to effect direct change.

The various qualitative data collection tools described above provided a depth of knowledge and experience. Together, these provide insights about various interactions and system dynamics. In the next section, the methods by which the data was analyzed are outlined, leading to themes capable of contributing to the field.

Data Analysis

Knowing the success of the project relied on the continuous understanding of the relational nuances, data collection and analysis began at the onset of exploration. To capture the essence of the participatory research study I relied on a variety of qualitative measures. According to Marshall and Rossman (1999), engaging qualitative data is creative, messy,

ambiguous, as well as time-consuming, and my experience as a researcher would support this claim. In addition, the research inquiry reflected a dual role: researcher identifying both the problems and solutions iteratively by engaging in exploration of processes and perceptions found in participants (Saldaña, 2013).

Because of the interpretive nature of qualitative analysis, the process did not always follow a prescribed approach. I developed a code book designating categories based on the research questions as well incorporating a selection of Saldaña's (2013) 32 codes throughout the study. Initially, an open coding structure was first used to transcribe the data collected from memos, artifacts, meeting notes, and interviews with a general content analysis (Lincoln & Guba, 1985). My purpose was to organize the commonalities of comments and then develop categories that address the questions of the action research study.

Of particular interest was the role that *praxis*, or iterative reflection in order to make decisions about how to act, would play out. According to Freire (1970), "a word deprived of its dimension of action becomes an empty word, a word without commitment to transform, as there is no transformation without action" (p. 87). Prior to this participatory research project, I viewed my role as a leader who was looking for the action space to inform people of the negative impact trauma has on learning. From the inception of the project, my action space had simultaneously increased becoming more complex. As my role shifted, also did my sights, with hopes of impacting more than just my own organization. Quickly realizing this was not simply about informing others, but to be a more reflective practitioner. What was needed was to listen, reflect, and use the collective voices to engage in actions that might matter. Continuous reflection and action to create the level of expected change; I simply could not do it alone. The support and wisdom of the community of practice was the vehicle to better identify and understand my role

in the evolution of organizational dynamics. I was not the teller of information, although knowledge was important in motivating people to action; I had to coalesce the support of others for action.

Study Limitations

This project is heart work that goes beyond the research: it touches my home and community. As the individual who started the trauma-informed initiative in our community, I knew from the beginning I would be challenged to set aside any type of bias. To protect the work from personal bias, I had frequent checks with a trusted colleague, my husband, who has been in an education leadership role for several years and my neuropsychologist. In addition, my journals were used as a continuous reflection to monitor potential bias.

The research project was designed to explore the process of community change in incremental portions. An obvious limitation to the study was the disruption of my accident and my inability to continue the consistent direct engagement I had in phase one of the study. However, the interruption provided another dimension to the study as I watched from the peripheral in the capacity of an observer in phase two.

The research project was set up for both short-term and long-term goals. The short-term goal was to bring individuals together and create a unified collaborative support network through establishing a CoP. The long-term goal was to answer the major research question about investigating how cross-sector collaboration leads to enhanced service delivery. This research project design was limited in time and thus not expected to be able to capture the long-term goal fully. As a CoP we needed to look at incremental growth and the positive momentum toward the goal. Upon completion of the project, it was my hope that continued efforts march us closer to the vision of building a trauma-informed community by 2021.

Confidentiality and Validity

Respect of participant confidentiality and data security was intentional throughout this research project. Care was taken to use pseudo-names in place of proper identification in regard to persons and place. Data gathered through interviews, memos, emails, and meeting artifacts were all kept in a secure, locked location.

Issues of credibility (internal validity), transferability (external validity), dependability (reliability), confirmability (objectivity), and construct validity were addressed in this study (Lincoln & Guba, 1985; Yin, 1994). Qualitative research is considered to have relevant results when looked at in the local context and is generally seen as a sound and appropriate research methodology (Herr & Anderson, 2015). As Herr and Anderson (2015) indicate, qualitative research at this scale develops process, outcome, and democratic validity when looked at within the local context, as I explored in Chapter Three. The study's construct validity and credibility were addressed by the multiple sources of evidence collected, by a prolonged engagement in the field, through the analysis of patterns in the data, and through the member checks of the findings. Such a design assured that the inquiries reflected the respondents' views and disengaged the research from any bias (Lincoln & Guba, 1985). Additionally, the reflexive design of coding (open) and recoding (axial) of data, based on the emergent framework, provided dependability. Finally, the confirmability of the study was also anchored in the triangulation of data. Confirming and comparing what people said and did at different times was vital to this work (Patton, 1990). In the end, the design of multiple sources of data and an in-depth approach preserved the issues of trustworthiness.

Summary

The theory of action for determining the extent to which more authentic intentional collaboration of multiple agencies in a rural community can lead to enhanced service for families and children who have experienced trauma has been outlined in this chapter. With each activity, we sought to understand the evolution of agency collaboration through the qualitative data collected. We did this through meticulous engagement with the data and analysis in order to capture the complete data story. It is within this complex story development that our CoP honed our approach to further enhancement of agency engagement. In the next two chapters, I tell the story of phase one and phase two. I describe the process, findings, and analysis from the first to the final research activity.

CHAPTER FIVE: THE PRELIMINARY WORK

The process of bringing people together is one I have always addressed with ease and confidence. Facilitating meetings, hosting celebrations, and introducing new groups of friends generated synergy and extended social networks. I began this journey with confidence in my capabilities of bringing people together and having successful outcomes. What was different this time and what stretched my skills as a coordinator and leader was the process of bringing different organizations together to address a common cause. The research questions revolve around bringing together different organizational sectors. However, what initially appeared to be relationships united in efforts to create community change dissolved in distrust creating an inability to work collectively. This multidimensional dilemma afforded me, as the lead researcher, a great opportunity for reflection and learning through this preliminary cycle of research. What started as a community initiative transformed into leadership development steeped in the necessity of relational trust; that pre-condition for thoughtful work required us to develop strong ties that could withstand the challenges and messiness of cross-sector collaboration.

The onset of the research project supported community members, business owners, educators, and agency leaders to come together as a group of professionals asking two questions:

- (1) What would our community look like if we became a trauma-informed community by 2021?
- (2) What would a collaborative effort do to lead this charge? This marked the beginning of community agencies and educational organizations working together to promote an awareness of trauma in order to build a trauma-informed community. In addition, I was adding another dimension to my current role as a community outreach coordinator; I was in the process of developing skills as a researcher-practitioner.

In the Fall of 2017, due to changes in my leadership role, an opportunity emerged to expand the context to incorporate other agencies and organizations. The broader outreach was intended to foster cross-sector collaboration, but this development created a more complex system of engagement. During the initial phase of the research, I had an opportunity to develop and reflect as a leader, hone my skills of collecting and coding data, and create the necessary conditions for what I hoped would transpire. The research project's theory of action remained the same throughout both phases: *If rural community agencies come together in authentic collaboration to address the impact of trauma and if they use a community of practice approach for sharing of wisdom and resources, then the community would be able to experience cross-sector collaboration, building a community of healing and resilience.* The project required inter-agency and intra-agency collaboration and was designed to intentionally bring organizations and agencies together for new learning, deeper connections, and a broader perspective of sustainable change.

This chapter is organized into three parts: process, emerging themes, and implications. I begin with an in-depth look at the context for initiating the project. As a result, this section highlights the processes that we engaged in during the Fall of 2017 to establish the conditions required for the work to proceed. In section two, I describe the process for analyzing the data and introduce the emerging themes. In section three, I turn to implications, returning to the original research questions and focus of practice to understand if and how the evidence aligns with the research goals. The chapter includes information about the participants, activities, and information collected throughout the early phase of the study, as well as my leadership development. The overarching theme of this preliminary cycle of research is the importance of

building a foundation of relational trust, particularly given the complexity of skills needed to lead cross-sector efforts successfully.

Process: Building Relationships and Pilot Activities

The preliminary work in Fall 2017 was designed to establish strong cross-sector relationships and create an awareness of trauma. Developing a CoP and engaging in a CLE were the two primary venues planned to create these conditions. Both are situated in the research as probable actions to promote conditions of collaboration, a deeper level of connectedness, and sustainable change. The coordination and timing of these activities was valuable as I wanted to establish an effective CoP prior to engaging in the CLE held in September 2017. Figure 10 identifies the activities I engaged in with the CoP and the CLE during the preliminary cycle. The actions were purposeful in design, establishing relationships and connections first and then building on those connections to further the work of trauma awareness. Early in the semester I established the CoP with an executive committee comprised of three community leaders who also agreed to become co-practitioners in this research project. The original CPR group of four persons in collaboration with other CoP members led the action in developing the CLE.

Developing a community of practice (CoP) was the first step to bringing together a cross-sector group of agencies and organizations. Healthcare (physical and mental health), education, judicial, business, economic development, ministerial representatives and community members were approached to participate in this collaborative effort. Through email, word of mouth, and personal contact, many people were encouraged to join the group. The purpose of the CoP was to bring different people and organizations together for a common goal. According to Wenger et al. (2002), a CoP

BUILDING Relationships



Figure 10. Building relationships.

does more than bring together like-minded collaborators; it unites them with a purpose and a common mission and can create momentum for integrated practices and improved outcomes.

The next planned event was the CLE. Again, intentional effort was made to invite and include a cross-sector representation of the community to be certain all voices were represented and heard. Everyone from the CoP wanted to be involved at varying levels to support this event; however, agreement on the approach and direction for this undertaking made the journey more difficult than planned. As such, my ongoing learning as a leader was quick to surface, and I learned valuable lessons about the complex nature of collaboration, even collaboration that begins with a genuine agreement to work together.

After the CLE, I conducted a four-square debrief and follow-up survey, engaged in conversation reflections, and solicited feedback. It is through these activities that data were collected, coded and analyzed to guide the development and preparation for the official launch of research planned for the Spring of 2018. Through the CoP, we established a common purpose, vision, and mission, moving us forward to the CLE. Both venues and activities established a context for building relationships in which individuals were vulnerable and self-reflective while gaining knowledge of assets and resources.

Next, I elaborate on the activities building up to participation in the CoP and CLE, and I address my learning as a leader. The storyline shared is created through the gathering of data represented in my memos, meeting minutes, reflective observations, interviews, and surveys. It is through this story a system of change is highlighted and the journey becomes transparent.

Community of Practice: Trauma Champions

The first initiative was to draw on existing strengths in the community through a common interest in trauma-informed care. Using this interest as a catalyst, I created an invitation to

community members and professional sectors to join the CoP. For correspondence, I placed fliers during various community meetings, sent emails, and made personal invitations via phone call and face-to-face encounters. The task was to attend the meeting to discuss a community concern regarding the effects of trauma.

In preparation for this meeting, I put together an agenda to provide a soft structure and planned to begin the meeting with an opening circle. Both of these mirror elements of trauma-informed practice through communication of safety (with the supportive structure of an agenda) and building connections (via circles). Twelve people participated in the first meeting, and we discussed the purpose of our group and how we desired to move forward. Through this first meeting we established a focus of participating in activities that developed our understanding of trauma. A deep and urgent sense of the importance of addressing trauma united the “Trauma Champions,” creating the opportunity to set up a formal CoP.

The executive committee was the initial CPR team, consisting of myself as primary researcher and three other people: Marsha, Director of a non-profit; Jan, education sector Relations Director; and Julianna, Montcalm Care Network Director of Mental Health. As the executive committee, we set the agenda and determined roles and responsibilities. Standard agenda items included trust-building activities, such as opening and closing circles and a mindful activity for centering the group. As Ice, Thapa, and Cohen (2015) assert, the research on school improvement suggests not only that voices should be heard, but that “engaging all members of the community to be intrinsically motivated co-learners and co-leaders creates the essential foundation for successful school improvement efforts” (p. 10). Circles, mindfulness and other interactive pedagogies help ensure equity of voice and shared investment. The importance of these components was natural to me and the proposed research project; however, the deep

understanding of the project seemed to be lost on two of the executive members. They remain part of the group and continue to express concern with the soft parts of the agenda. Alas, the Trauma Champions CoP quickly became a cross-agency collaborative, defining its vision and mission, working to establish relational trust, and stepping into action. To provide a deeper understanding of the iterative process of developing the CoP, I discuss vision and mission, the trust-building activities, and the actions we took related to hosting and planning a CLE.

Vision and mission. To establish a vision and mission for this group, we engaged in a two-step process. First, individuals were asked to respond to two questions:

1. Why do I want to be part of the Trauma Champions community of practice?
2. What will the future of Montcalm County look like if we fulfill our mission?

The group collectively analyzed the replies through sorting and clustering common ideas. As a result, we could visually observe patterns in responses. Next, we created a vision and mission statement based on the patterns we identified collectively. The process was somewhat slow and tedious, which some members of the group found challenging. Other group members acknowledged their appreciation for having a voice. In conclusion the agreed upon vision and mission statements were developed as follows:

- Mission: As a community, we develop awareness of trauma and empower pathways of resiliency.
- Vision: Build a trauma-informed community by 2021.

During this process I acknowledged the impact of different leadership styles with the executive committee as there was tension in the room. As the lead, I recognized the executive team had diverse management systems which I knew we would need to negotiate. Marsha expressed her dissatisfaction by sharing, “The group is moving too slow and the community is ripe for a new

initiative of change” (E. Combs, reflection memo, Fall, 2017). We know from research that these negotiations require time to solidify relationships and trust. Trusting each other and how we lead was a clear imperative if we were to promote collaboration.

Trust building. Creating mutual trust was imperative in our work (Bryk & Schneider, 2002). Activities included taking the ACEs survey tool as a means of sharing stories of trauma and the effects within our families. Sharing stories provided an opportunity for individuals to open up about the reasons they decided to lead this effort of community change. Another activity to broaden understanding and cement our cohesion as a group was an organizational survey to help identify the level of trauma awareness within the current working environments.

Through these activities, it became apparent to the Trauma Champions that a community epidemic of trauma was taking place and our cross-sector collective was uniquely positioned to address this issue. As trust was developed within the community of practice through circles and consistent communication, authentic conversations and exposure to personal and organizational opportunities for growth revealed themselves. The more the group understood about trauma, the greater the sense of urgency to do something about it, as stated in a reflection memo:

There is a lot of energy in the room for action. I am hearing people want to do something, but the investment in learning about those (CLE leaders) who have been successful is limited. Talking about doing and the hypothetical barriers that interfere with action is more comforting than exploring new alternatives. UW consistently states, a barrier, we do not have the right people at the table, and I encourage to invite the “right” people. I agree that we do need to hear from different voices, businesspeople and people from the community. Finding the balance of leaders, doers, supporters, and idea creators is key.

Weaving them together in a tapestry for stronger support is the ultimate challenge currently in my leadership (E. Combs, reflection memo, August 12, 2017).

As professionals driven to find solutions, our work together transformed into an action mindset with a strong desire for deliverables. Fully discussed later, the change in pace and focus also transformed the group from a CoP focused on the slow and deliberate work of trust-building to one exemplified by growing doubt and blame.

Action. Energized, the CoP moved quickly to create and implement an action plan. In emails and conversations, the team shared their sense of the community's readiness for an actionable event. The desire to create community change and the sense of urgency pushed the group forward. The first action plan had two goals: (1) increase awareness of trauma within organizations and (2) increase awareness of trauma within the community. During the next meeting, we used a brainstorming technique to generate ideas to meet the established goals. Through this process, the idea of holding a community event emerged. The desire to hold a community event that focused on creating an understanding of trauma in the community, bringing together community members and organizations, and leveraging community assets emerged from the brain map. It struck me that the group wanted an event; however, most of the people had only experienced traditional presentations in which participants sit and get the information passively through bringing in different "expert" speakers or agency representatives. The literature I had reviewed on adult learning left me concerned that our vision needed a more interactive, generative way to learn together. Drawing on my literature review, I introduced the idea of a CLE and shared the book *Reframing Community Partnerships in Education* (Guajardo et al., 2016). We discussed the foundation of CLEs and the five axioms that guide the work as shown in Figure 11. Being connected to Dr. Militello, my field coach from ECU and a co-author

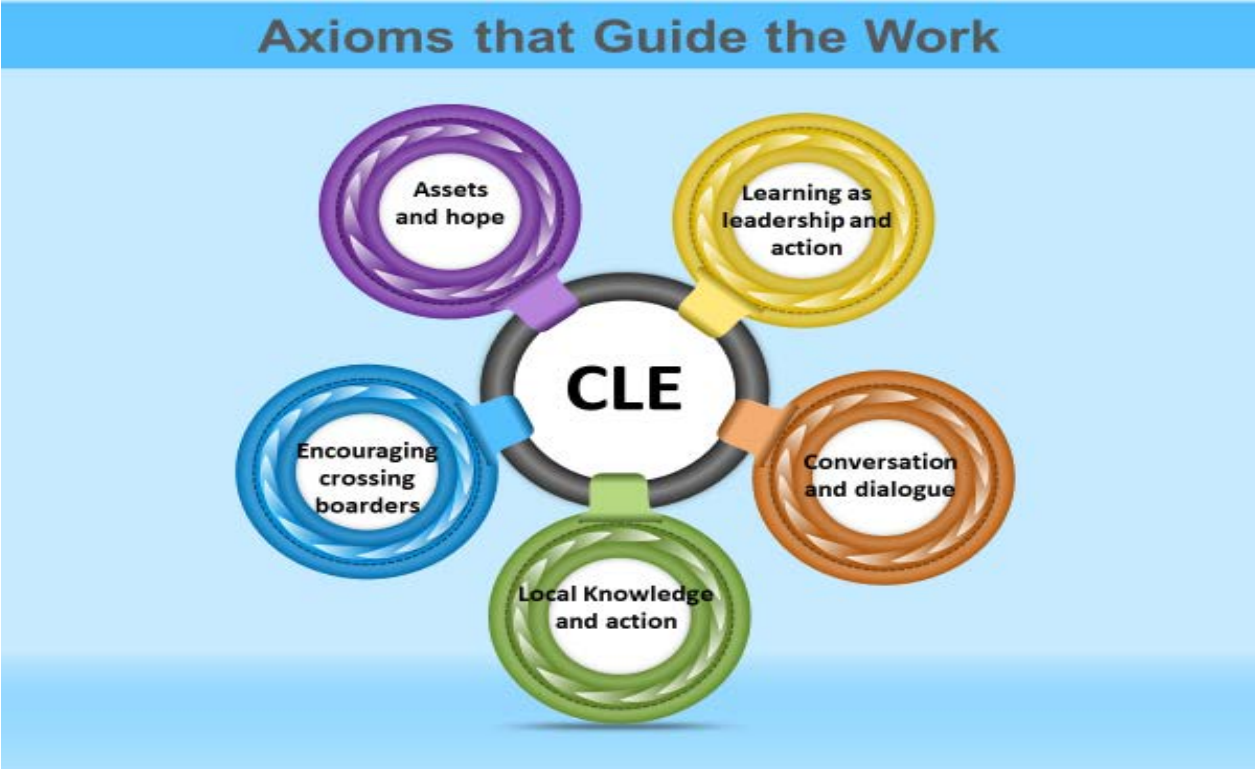


Figure 11. Axioms guiding the work.

of the book, provided a unique opportunity to bring him in as a facilitator in which we capitalized. On-going discussions brought to the forefront both benefits and concerns of utilizing this format, captured in Table 3. After reviewing both sides, a vote was taken through a show of hands and the group decided to move forward. With limited knowledge of the essential elements of a CLE, the event planning began, and the Trauma Champions had their first significant action item. In a memo, I reflected on my internal tension with moving forward,

I am excited about the prospect of bringing the community together but also concerned with the speed everything is moving. My understanding of the learning process and the level of support I think the community will need to engage in such an event gives me nagging feeling of the need to “tap the brakes.” Members of the group from the business sector are pushing hard for an event. I want systems change and that takes time. I feel if I stand in the way of the event people will drop off. We have three types of mindsets; Business: {move forward, do something, action, lean concept}; Social Services: {feel like we are headed in the right direction, maybe we need more support,} Education {let’s slow down and be certain this will fit the need, what data supports this, how will we measure outcomes} (Reflection memo, Aug 20, 2017).

Even with my reservations, I was not able to slow the process down. As a leader, this became part of my leadership development discussed later in this chapter as we continued to press on and I negated my experience, leadership knowledge, and intuition.

The planning process in its complexity is described in the next section. The data story details the uncovering of significant fissures within the CoP. It suggests the lack of continuity is a result of the different leadership styles among the executive committee.

Table 3

Concerns and Benefits of Utilizing a CLE

Concerns	Benefits
We have already had many community discussions, and this seems like it could be another one.	Assets and hope have not been a part of previous formats
We will be missing the business sector with this format as there is not an intended outcome.	Intentionally bringing in a cross section of organizations
Local knowledge will lead us to a deficit conversation of limited transportation (a known barrier in our rural community)	New format will better guide the conversation to problem solving using the wisdom of the people
It seems to be a more appropriate venue for educators than a true community forum	Local knowledge, leadership, assets, hope, conversation, and action
Lack of certainty that local leaders are ready to learn and change	It is a call to community action based on discovered assets and community commitment
This seems a bit touchy and emotionally driven	

Planning the Event

The purpose of the CLE was to bring to the community an opportunity to engage and interact in a way that was authentic and asset-driven. However, as previously indicated, rushing to action usurped the necessary stages of forming trusting relationships. In the Fall of 2017, working with the Trauma Champions, the CLE plan was created. However, the differences and wavering commitments created tension in the group, as evidenced by some Trauma Champions no longer regularly attending meetings. Despite initially agreeing to the CLE, the executive committee and the Trauma Champions were unclear about the roles they needed to play in the development of the event. As confusion mounted, the difficulty of collaboration with multiple agencies increased. There was a breakdown in communication and issues of professional trust emerged. This was felt strongly in the interactions at the executive committee, as two members continued to overtly question my skills in the technical planning of the event. They continued this questioning outside of the meeting with other CoP members, creating an intra-conflict that proved difficult to contain. As the primary facilitator, feelings of insecurity and defensiveness were creeping into my mind churning doubt in my capacity to bring together individuals as community leaders. In a memo, I shared the following with my field advisor, “My frustration continues as the two CPR team members (executive committee members) act as individual leaders establishing their own purpose and vision, lacking a collective responsibility...for growth and development...There is an undercurrent of distrust and I am concerned with how to manage it and change it” (E. Combs, research memo, October 12, 2017).

The following vignettes unpack the three stages of planning for the CLE and how they differed in complexity and emotional press. Initially, while there were differences in our styles, the CPR team managed the technical components of event organizing with minimal emotional

toll on any of the participants. This conflict increased as we moved away from technical aspects, and I sought genuine input from the wider Trauma Champions community. The third stage, building consensus around the agenda, proved the most difficult and emotionally taxing. Together, the three vignettes offer insight on the complex reality of cross-sector collaboration by introducing the role of leadership dynamics and relational trust.

Vignette 1: The technical planning of a CLE The decision was made about moving forward with a CLE. There was excitement and pride as we talked about bringing a different approach of professional development/community engagement to the area. Putting together this event was our first cross-sector engagement, and the CPR team (executive committee) felt a sense of responsibility for success. At first, the details were exciting: deciding on the date, location, cost, which organization housed registration on their website. Great intentionality went into the creation of the flier as we wanted to be certain to send the message of community collaboration and draw in an eclectic group of participants. There was a strong pull from two of the CPR members that the executive committee should be responsible for making the decisions and then delegate expected responsibilities to the other members of the CoP. This did not feel collaborative nor was I comfortable with this approach. Nonetheless, it had worked for the basic details. The executive committee seemed to enjoy the process, meeting over lunch, holding frequent phone conferences, and rapidly exchanging email check-ins to secure the venue, building our excitement. In retrospect, these were also the details about which I cared the least. I was quiet, encouraging and complacent with the decisions others made and saw myself as a source of support. That was about to change.

Vignette 2: The work and the tension deepen. With basic details squared away and in efforts to gather more voices, I facilitated an activity with the Trauma Champions asking them to

visualize the day from start to finish. I led this visualization asking them to close their eyes and first identify an emotion they hold at the culmination of the event. The activity was embraced and appreciated, giving permission for authentic contribution to construct the event. Using the data from the visualizations, we began to work together on developing a space that was connected, open, and comfortable providing an environment for positive emotional connection and collaboration. Although I could tell most of the Trauma Champion participants were validated, I sensed all along that authentically seeking input, rather than simply moving forward with hierarchical, executive committee decisions, became more difficult with my immediate CPR teammates. What I recognized was that the pull to have a high level of oversight over the event corresponded with a higher level of control for the executive committee. My desire to seek input was viewed as indecisive by two of my co-practitioners, leaving some Trauma Champions frustrated and lacking confidence in my capabilities. This amplified as time came to co-create the agenda.

Vignette 3: The co-creation of the agenda leads to the deterioration of the CPR team. Reflecting on the pre-planning I wrote,

Tension is mounting as the group is working to develop a better understanding of expectations. I mention to the group that I don't expect things to always be comfortable and at times we need to be more inquisitive. I do believe however if we are talking about creating a healing community we need to be certain we are modeling that in our small working group. Intuitively I want to protect the quieter voices in the group. I want to keep a place for them to share and be open. This is not the nature of UWD. She is bold and abrupt. Her disagreement is straight forward and can come off as rude. I believe you can

be a strong woman without oppressing others. That will be an ongoing challenge with this group (E. Combs, reflection memo, September 4, 2017).

Creating the agenda proved to be one of the most taxing activities in planning the CLE. In the first phase of planning I had asked any member of the Trauma Champions network to contribute ideas if interested in helping create the agenda. The teleconference with facilitator Matt and seven members of the trauma champions provided positive cross-sector collaboration. However, given the data collected thus far, this landed poorly with my two closest co-practitioners. I listened to the feedback and moved forward with only the executive committee working in tandem with the facilitators in creating the agenda. This decision was met with satisfaction by my co-practitioners, as it reflected their desires.

Many phone calls, emails and in-person outreach efforts later, I was not quite sure how we could productively move forward. In a memo I expressed, “This negotiation process feels threatening and combative. It is the opposite of what the CLE was meant to cultivate. My flight, fight, freeze, sense is activated when we meet making it stressful and difficult to problem solve” (E. Combs, research memo, September 6, 2017). Two weeks’ prior, the two concerned executive committee members communicated a desire to pull out of the event and cancel. We were split as a CPR team and as the executive committee. A shift in expression happened when Julianna sent an email indicating her organization was moving forward with the CLE in partnership with my organization. She wrote, “At this point in the planning process I do not see canceling the event as an option. I do not have concerns regarding professional status of the facilitators nor lack of organization in the planning process. Our organizations are prepared to financially back the event and take on the efforts of continued planning. You will need to decide what fits best for your

organizations, knowing we will still be moving ahead” (J. K., email, September 5, 2017). In a memo reflection I share my need to maintain the focus of my research inquisition:

It is clear we look through a different lens when it comes to community change. I believe you must go slow and deep to have a lasting effect and to truly create systems change. First, relational trust must be established and a core commitment to the relationship. I viewed my partners as one-shot wonders looking for the next big thing to get people together. It struck me that they had no idea about the learning process nor did they value my knowledge. They view this as business arrangement-a short-term commitment- until the next big event comes along. I am holding onto the belief that if we work together- bringing the people in the room- sharing a rich experience of connection and authentic engagement- we then will understand the power of those relationships and become intentional in our efforts to build, maintain, and sustain them for the healing of our community (E. Combs, reflection memo, September 11, 2017).

With the agenda finalized, and feelings hurt on all sides, it was time to turn around and play host.

Community Learning Exchange

Various sectors of the community were represented by seventy people. The space was open and comfortable with a view full of the woods, as one side of the room is all windows. This room was purposefully selected as it offers a subtle environment of being with nature. It was a full day event and we decided early on a high level of comfort for attendees.

To create a democratic space for a free exchange of ideas, we utilized the pedagogies of design thinking, affinity and mixed grouping, learning walks, gallery walks, and debriefing. We were strategic in the timing of activities as well as honoring the concerns that the community may not be ready for an emotional emerging experience. The day was designed to answer the

essential questions regarding existing community assets, to develop a common language regarding trauma, to ask how trauma presents in the community, and to consider the permanence of adverse childhood experiences and lastly, a safe space to discuss the vision of a trauma-informed community and how agencies could work together in cross-agency collaboration.

The opening activity captured in Figure 12, incorporated design thinking as a strategy to surface community assets. The table groups were asked to create a structure that represents the current assets within the community to address trauma. In mixed grouping, they worked together developing table centerpieces depicting the community's assets and then shared with the group. The morning learning walk provided a foundation for discovering individual commonalities with assets and opportunities. Commonalities between organizations and agencies emerged and developed as affinity groups discussed the effects of trauma. We used a Logic Model Framework (see Appendix E) as a structure for developing organizational goals to create an informed community by 2021. The Logic Model gallery walk captured in Figure 13, provided space for cross-agency collaboration as each organization added to the other's Logic Models with post-it notes identifying how they could support agency goals. The discussions on trauma led to common themes of poverty, substance use, poor school and work attendance, and limited capacity for problem solving. The groups concluded trauma presents as a challenge in all organizations.

We utilized a closing circle, as featured in Figure 14, and then a Four-Square feedback process for the debriefing of the day. Chairs were set-up in a large circle around the perimeter of the room offering visual connection and a sense of community at the conclusion of the CLE. The closing circle posed the question: What support resources and action do we need to move the community forward? Each participant shared; some initiated memorandums of understanding as



Figure 12. Opening activity with design thinking.

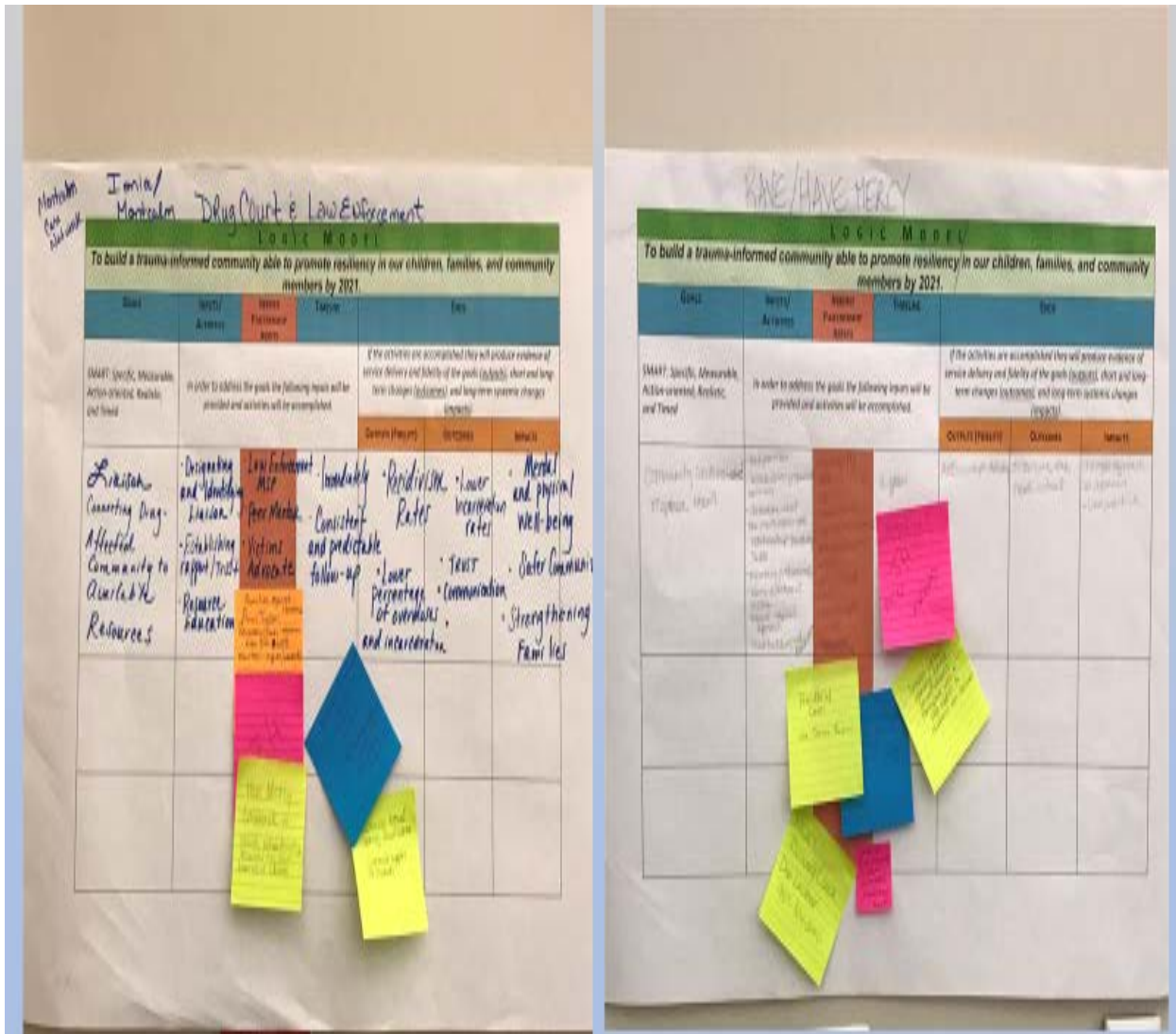


Figure 13. Logic model gallery walk.



Figure 14. Closing CLE circle; moving forward as a community.

a commitment for ongoing cross-agency support while others agreed to continue to independently push the work forward. The four-square debrief asked questions regarding the experience of the day, and individuals completed post-it notes in response to all four questions. In sum, despite hesitations about the process, the group and individuals reported that the day of activities produced a common understanding of the community issue and started a process for moving forward.

Data Collection and Analysis

The opportunity to conduct my pilot research activities allowed me to practice data analysis. First, memos, conversation reflections, observation reflections, and solicited feedback through my ECU instructor served as a roadmap through leadership discovery. The common connections to the literature and the intentional redirection back to the literature proved fruitful in this initial phase. These pieces were continuous data; in addition, meeting agendas and minutes for the CoP, the CLE four-square debrief and follow up survey came together to provide a comprehensive look at my initial phase of research. The interpretation of the events and artifacts was grounded in an interpretivist view. That is, I recognized the dynamics of my relationship in and to the data and understood my perspective is influenced through my interactions with others and acknowledge my place within the research (Greenbank, 2003).

Data gathering and analysis is an iterative process. Saldaña's (2013) holistic coding, pattern coding, and longitudinal coding methods fit the selection of represented data. As suggested, I spent time scanning the whole picture and reading information to get a grasp of basic themes. I then color-coded using highlighters and matching post-it notes to help create a visual representation of emerging themes for each research question (Miles & Huberman, 1994). I made preliminary clusters of topics and codes to match. Again, through careful analysis of

sentences, phrases, and comments, I reviewed, clustered and then re-crafted in a different form of clustering to check for other possible emerging themes. Triangulation through the use of memos and pulling together a number of small chunks of data allowed me to find context emergent themes (Lofland, Snow, Anderson & Lofland, 1971).

I utilized Survey Monkey and its word cloud function to highlight common words or phrases from the transcribed meeting notes to determine salient concepts. These two online tools served as cross-reference points to eliminate any bias I may have. As this is a preparatory stage of my research, attention has been given to make certain the data that is utilized is from memos, reflections, and anonymous information gathered. The third pass through of code analysis and development revealed two key emerging themes: (1) relational collateral, and (2) personal leadership growth.

Emerging Themes

This section includes coding tables that focus on the two emerging themes and how they related to inquiry into the impact of multiple agency collaboration and how my leadership shifted. First, I examine the importance of relational collateral as a foundation of the work and how moving too quickly from building relationships to substantial action potentially compromises relationships and the success of the project. Secondly, I examine what I learned about myself as a leader. I can summarize my learning as “slow down, I move too fast”. While the CLE was successful in some respects, the process of sustaining cross agency collaboration was not yet on firm ground.

Relational Collateral

Collateral conveys the importance of using a reservoir of deposits to ensure forward motion in a project. Relational trust is built, deepened, and sustained over time because of the

reservoir of shared experiences and coming to know each other personally and professionally.

Relationships are an abstract resource that cannot be bought; they must be co-created by those engaged together in any enterprise or project (Grubb, 2009). The development and importance of relationships and relational collateral were starting to develop when we established a CoP.

Relationships are the foundation for moving forward with an initiative or creating sustainability in a current innovative practice; they are the deposit we make to continue and deepen the project in specific (Bryk & Schneider, 2002). However, without the time to fully develop those relationships, we all felt the urgency to address the community issue of trauma; that led to creating conflict that perhaps could have been avoided. In the end, while we experienced difficulties, the CLE processes did offer a way forward for developing the kinds of relationships we needed to form a strong CLE and hopefully repair the CPR group so that we could function for the full benefit of the community.

Tuckman (1965) describes a four stage process teams experience as relationships develop and build:

- Forming: The first stage concerns pretending to get along with others and building trust.
- Storming: Letting down the politeness barrier and trying to get down to business, even if people are intense and tempers rise.
- Norming: Understanding each other and getting used to how people work; creating trust and productivity.
- Performing: Working in a group toward a common goal and objective in a highly efficient and cooperative manner.

Tuckman asserts that transitioning from one stage to the next is often accompanied by struggle or challenge. As anticipated, the relationships developed during the first few months of the CoP began with the forming stage. After a lunch meeting with my soon-to-be co-research practitioners (CPR) in the spring of 2017, I reflected my excitement that the group was coming together, enjoying each other's company, and was like-minded in looking for a collective social impact. We soon felt the challenge of moving from one stage to the next. However, we jumped from the forming to the performing stage by taking on the planning of a large public event, the Community Learning Exchange. Intended to move the group forward, the CLE caused conflict from residual issues often present in cross-sector collaboration. As is often the case early in the work, the CoP group and executive committee did not reach the optimal performing stage during those first few months (Tuckman, 1965). As a team, we accomplished what we set out to do – developing a CoP and planning a CLE; however, the emotional cost and relationship detriment may be beyond repair. Below, I look at the emergent theme of relational collateral through the CoP and at the CLE. Then, I turn my attention to lessons about relational trust and how they will influence my work moving forward.

Community of practice. The CoP included a larger group, including the CPR group of four. Using data from meeting sign-in sheets, agendas, and meeting minutes, I applied Saldaña's longitudinal coding method. My goal was to better understand the root cause for the decline in the Trauma Champion meeting attendance. As Figure 15 depicts attendance at meetings largely dropped as we approached the CLE and the meetings became more task-oriented. The highest attendance was marked at Meeting 3, which was facilitated by the executive committee and initiated the beginning of CLE task delegation. Three things stood out as I reviewed the different sources of data that emerged from these meetings. First, in reviewing the agendas, I noted a

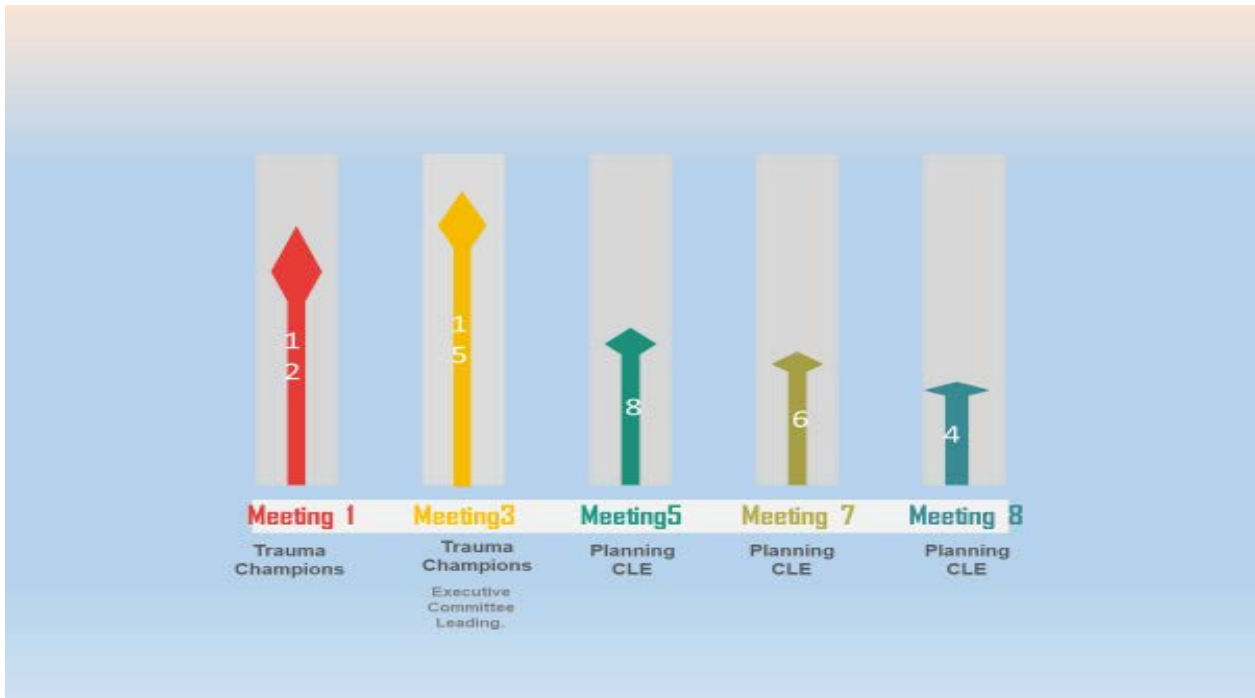


Figure 15. Attendance decline during the CLE planning.

change that occurred beginning with Meeting 5, in which the agenda started becoming more scripted with “to do” lists, a possible explanation for lowered attendance.

Second, while all of the meeting minutes reflected time set aside for sharing, the actual amount of time allotted had significantly decreased after Meeting 3. Third, initially many of the people attending came because they valued being part of the core values that were communicated about a community endeavor to address trauma; they were not necessarily attending because of an organizational mandate. As the meetings continued, the attendance of individuals in that category diminished. Examining the data side-by-side, I conjectured that when the focus was on task completion and event planning, the group moved forward (see Vignette 1), but the level of relational collateral was not deep enough to sustain positive rapport and build an authentic CoP (see Vignettes 2 and 3). The participation of those who had not expressed a deep passion for bringing an event to the community began to taper off when the group focused more on the logistics and planning and less on the heart connections. This also might be attributed to what Knowles (1977) refers to as the feeling of adult rejection. That is when an adult finds themselves in a situation where their experiences are not being utilized and their worth is minimized. This resulted in decreased meeting attendance and commitment to the planning work of the CLE.

My role as the facilitator was to recognize the change that was taking place and try to understand the dynamics. At first glance, it appeared people were on vacation or they offered the reason of being doubled booked; however, that does not fully explain the decrease in attendance and the lack of support for the group’s work. It may have been that the format we had chosen was too different from the experience of the committee members, or that the change in tone as we neared the CLE did not align with what they envisioned.

Tension between myself and some of the executive committee members indicated a lack of alignment that served to highlight the shift. As a researcher, it was my role to be inquisitive to the changing circumstances and look beyond the superficial solutions (Stringer, 2014) and deepen my understanding of the complexity of relationship building to then also develop an effective solution. As I was reflecting on the needs of the community of practice itself, I was equally preparing for the CLE, in hopes that the bumps experienced by the CoP group did not impact the success of the day.

Community learning exchange. The ability to negotiate cross-system ecologies in a seamless way requires an understanding of relationship and knowing of each other's stories (Guajardo et al., 2016). The title of the CLE, *Learning Exchange: Building a Trauma-Informed Community through Partnerships*, provided the time and space to share such stories. While we experienced many difficulties leading up to the CLE, the CLE created an opportunity to develop relationships across agencies and organizations. The evidence gathered in support of this claim was presented throughout the CLE and during the analysis of affinity grouping, four-square debrief, and a follow up online survey.

Affinity grouping. An anticipated outcome of the learning exchange was for participants to engage in interagency communication and examine espoused theories and theories in use. The facilitators divided persons into affinity groups and those groups responded to questions about how trauma presents in the community and how their organization engages in trauma informed care. Organizations created displays like Figure 16 in response to those questions. In a gallery walk, all participants examined the displays. The responses are summarized in Figure 17. Two commonalities are noted in the evidence: the consistent ways trauma presents within their

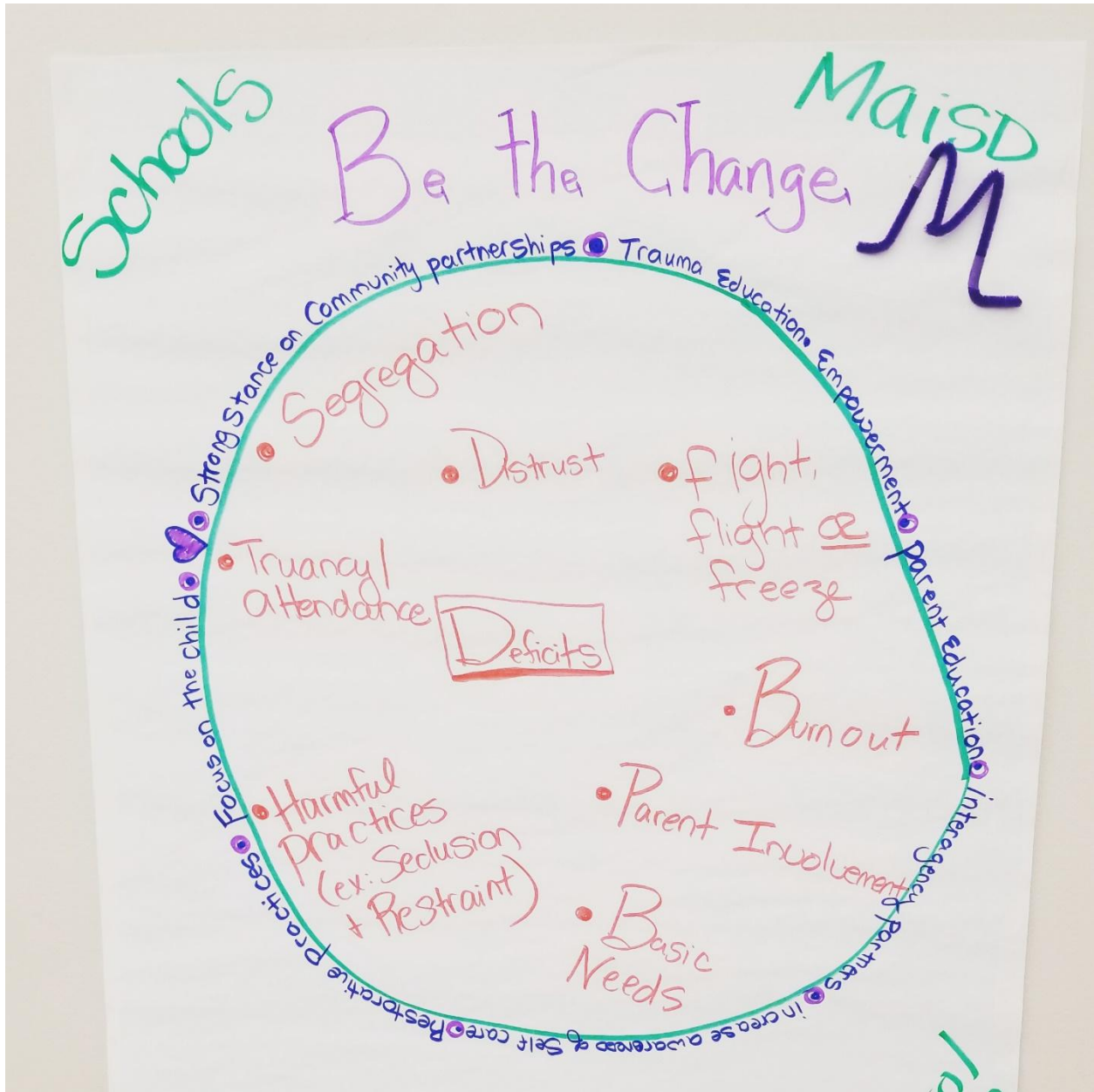


Figure 16. Organization espoused theory exploration.

Organization Represented and Number of Participants		How Does Trauma Present in Our Organizations	Organizational Assets
Neighboring Schools	16	Absenteeism, defiance, limited relationships	Trauma education, agency partnerships,
Eight-Cap	6	Poverty, learning disabilities, stress,	Relationships, trainings, agency collaboration
Community Foundation	2	Community concern	Fiduciary support, education and awareness
Homeless Shelter	2	Substance abuse, poverty, incarceration,	Education for community, agency networking,
Department of Human Health and Services	4	Substance abuse, secondary trauma,	Education, ACE's screening, agency collaboration
Mid-Michigan Health Dept	3	Poverty, homeless	Education, agency collaboration,
Montcalm Area School District	6	Burn-out, distrust, truancy	Agency and community partnerships, education, empowerment
Montcalm Care Network	8	Depression, unemployment, isolation	Training staff, clients, community , Agency partnering
Probate Court	3	Incarceration, addiction, depression	Education, therapy, partnerships
Montcalm Community College	5	Truancy, poor health care, no child-care	Community and agency connections, welcoming, ACE's education
Community Members • Pastor • Restaurant owner • State Police • Mentor • Foster Parents	6	Poverty, Domestic Violence, low self-esteem	Education, networking, promoting ACE's sphere of influence
Relief After Violent Encounter	4	Low self-esteem, poor boundaries	Education to community and victims, partnerships
Hospital	1	Treat symptoms not causes, limited ACE's education	Community needs assessment, education, partnerships

Figure 17. Intra-organizational perspective and relational expectation commonalities.

organizations and the importance of agency relationships and collaboration as a necessary relational collateral to address community trauma.

Four-square debrief. The debrief activity provided a space to learn more about the participants' level of satisfaction with the day and the additional questions they had at its end. First, I conducted an analysis of the initial feedback using the anonymous responses on the four-square feedback format with questions about content and process as well as affirmations and questions. Next, I compared that evidence to the results of a follow-up survey. As part of the data analysis, words or phrases that implied relationships such as interaction, loved walking together, connected, were lifted from the four-square debriefing. The data speak to the success of the CLE pedagogies utilized in creating a safe and positive space for engagement, reflection, and professional growth and development. Cole et al. (2013) assert that professional development must include three core components: relationship-building, understanding the vital role of being a caring adult, and increasing access to resources. The four-square debrief responses confirmed that the CLE incorporated these three elements.

In additional analysis, I compared the four-square debrief to the follow-up survey. The responses from the survey represents 50% of the attending group. Coding the survey responses for themes, relationships again surfaced as an important element, and the use of pedagogies focused on building relational trust such as learning walks, circles, and affinity groups emerged as key processes that facilitated interactions. Cross-referencing survey comments and connecting them to the activities indicate these commonalities:

- Learning walks incorporated the concept of building relationships. Words and phrases used by multiple respondents to describe the experience included: engaging, an opportunity to share stories, and collaboration. The use of partner learning walks

made other conversations more comfortable as the participants no longer felt like strangers.

- Affinity groups based on agency provided an opportunity to focus on current organizational plans and deepen relationships with colleagues. Appreciation was given for the opportunity to have discussions and for the interactive process.

In Figure 18, the left column represents evidence from using a word cloud to determine frequency of word use. The responses to the two survey questions in the right column are categorized based on the coding criteria of adult learning, context, purpose, and relationships. The consistent theme of relationships (thirty-three instances) was found in the word community. This word was used more frequently than any other in all the compiled responses, again evidencing the importance of relationship on the experience of those attending the CLE. According to Kania and Kramer (2011), collective impact does not typically happen not because it is impossible, but more often because it is not attempted. The CLE provided the opportunity for relationships to develop and deepen and began the momentum of moving toward a collective impact to addressing trauma within the community. The CLE shifted the organizational thinking that Kania and Kramer refer to as independent action and extended the focus to relational outcomes and organizational collaboration as evidenced by the co-development of logic models. However, the key importance of relational collateral through building and sustaining trust is evident in the CLE process and in the responses of participants.

Understanding the role of relationships and trust. The work of bringing a community of practice together is, at its core, relationship work. My research memos from this time period show my awareness of that. It provided me opportunities to establish my role within my team and share the expectations of our work together. As the memos reflect, this was not always a



Survey Questions	Respondents Categories and Totals			
	Adult Learning	Context	Purpose	Relationship
What did you like most about the event?	12	11	4	33
Respondents				
	<ul style="list-style-type: none"> • I like the networking ability • Group work • Time to work with our core group • Working with others in our community • Networking • Time to share and connect with others. • The facilitators and interacting with people from other agencies 			
Survey Questions	Respondent Categories and Totals			
	Adult Learning	Context	Purpose	Relationship
Since Building a Trauma Informed Community Through Partnerships" what strategic partnerships are taking place to build community capacity?	3	1	7	25
Respondents				
	<ul style="list-style-type: none"> • We are putting relationships first in our agency. The more we get to know each other and our clients the more we can really help and support. • I feel I have more familiarity with some of my team members. • We are partnering with a similar agency to learn best practices from them. • Continue contact with community partners • More community outreach • Continued partnerships with community organizations 			

Figure 18. CLE follow-up survey analysis.

smooth process and required some retooling of efforts and a time-out period. Through careful analysis of my logs, the words “relationship” and “trust” are mentioned in each of my six memo entries. I use the terms interchangeably as if one cannot exist without the other. Literature on adult learning recognizes the importance of both of these crucial elements (Knowles, 1977), as do the authors who gave life to the idea of the CLE (Guajardo et al., 2016). Bryk and Schneider (2002) present four elements essential to relational trust: (1) collective decision-making, (2) confidence to reflect and experiment, (3) ability to have difficult conversations, and (4) a moral imperative to do the work together. Of these, some elements were in place while others were missing.

Collective decision-making. Collective decision-making was present for the executive group, but not the whole community of practice. Two of the executive members who felt most strongly about leadership as a hierarchical approach influenced the ability to engage in collaborative work. With these two members leaving the group prior to the CLE, we might have a new opportunity to increase collective decision-making.

Confidence to reflect and experiment. Confidence was not present in the CoP meetings leading up to the CLE because the space was not safe enough to be reflective and experiment. In the “storming” stage of development though (Tuckman, 1965), reflection was viewed as lack of certainty within the group. In a September 28, 2017 memo, I wrote, “We lack relational trust and reflective practices to allow for inquiry and building a shared vision” (E. Combs, research memo, 2017). Still, there was one place where risk-taking was possible. Because of the CLE design, experimentation was honored. Providing a large amount of technical support through planning stages helped this, because it created safety. Dr. Matt Militello followed up with an email after the CLE addressing my level of security and confidence:

The one thing we did not talk about on the phone was confidence. We spent time on anxiety— which we all have. But, let's try staying on the assets. They too put confidence in the forefront. The confidence in your ability to work with others—collaborate with some new tools and strategies you are developing. In most roles in education we are stuck in the individual efficiency model— need to delegate and get things done. This most likely has worked for you in the past, but to become a truly engaging and effective leader we are asking you (and you are asking yourself in you action research project) to be and do different— a new paradigm. These are not early to internalize and then even more of a challenge to enact with other. You have the opportunity and you are building the capacity to do just this— so focus on the opportunity and have the confidence that this gracious approach will work... slowly, but surely” (M. Militello, email, September 20, 2017).

Ability to have difficult conversations. Engaging in difficult conversations was a challenge within the initial CoP because there were elements of dishonesty with low levels of self-reflection. There was a high level of blaming and accusations. In my September 14, 2017 memo, I wrote, “Approaching this in a way that does not look defensive will be tricky” (E. Combs research memo, Fall 2017). Part of the challenge was some executive members’ orientation toward hierarchical leadership approaches (Heron & Reason, 2008), with two members becoming the clearinghouse for the ideas of others.

Moral imperative to do the work together. Even though there were areas of strife in our work together, the CoP all came to the table because of common community problems. This was a strength relative to the other three areas. On October 5, 2017, I wrote, “Moving forward, I need to engage with trust building activities, using experiences to accept where individuals personally represent in a space of openness” (E. Combs, research memo, 2017). While still speaking to

relationships, the memo also related to my own work as a leader, the second theme which emerged in my research.

Lessons from and about trust and relationship. Relational trust was partially developed through the community of practice and CLE due to planning and pedagogy. In theory, a CoP is communing together with a purpose with a common mission; a trust in the synergy brought forth will change the trajectory for future practices and people served (Wenger et al., 2002). The CoP had a purpose and common mission; however, the synergy of trust was lacking. As discussed earlier, one explanation was moving forward too quickly before relationships were established.

Another possibility was the difference in the planning structures between my planning style and what I experienced in the development of the agenda for the CLE. The attention to detail was impeccable. Attending to the flow of the day, learning objectives, transitions, and agenda readability deepened my understanding of providing guidance in a concise plan to ensure the outcomes were accomplished, something that is important when working with adult learners (Knowles, 1997). This connection in my learning formulated a change to the agendas I currently use when facilitating this CoP. Pedagogy used within the CLE is a process that could be transferred to the community of practice structure. Replication of these ideas had the possibility of moving into intra-agency efforts and creating common practice. Knowing this, came the realization of needing to shift my organizational style for the work moving forward.

Relational collateral is critical in any effort. Developing the trust is step one, but building on that to ensure that the trust builds and grows is quite another. Utilizing the CoP as a frame to host organizations provided the action space for trust to grow. Intentionality, time, and commitment to continued development of the relationships was step two. Learning how to

incorporate both as a leader was a vital lesson in bringing together individuals to promote cross-agency collaboration.

Leadership Growth

The second emergent theme in this preparatory period of research was leadership and how I developed as a leader. It became clear through the evidence that effective leadership can serve as a catalyst for establishing trust through experiences and self-awareness. In support of this claim, I begin by analyzing data related to my leadership growth before turning toward the lessons I learned and their impact on my leadership. As I analyzed the evidence, the urgency of moving ahead on an important issue may be compromised by the pace of change without adequate attention to how adults learn and the inherent tensions of cross-agency collaboration.

Leadership data and analysis. The process of gathering data began at the start of the academic semester through reflection memos with the ECU field coaches and corresponding emails. I also engaged in a leadership and organization inventory to understand strengths and opportunities for growth as a leader (Lambert, 2003). These sources of evidence provided the information for this analysis and helped to sift through my leadership journey. First, I explored the email correspondences with the ECU field coach. Table 4 represents the summarization of correspondences and emerging codes. Then leading to a more developed understanding of leadership capacity I utilized Lambert (2003) and facilitation modes (Heron & Reason, 2008). Table 5 ties together the connections from the beginning to the end of the initial phase of leadership discovery.

The initial analysis started with collecting and forming a timeline of selected emails and correspondences that occurred with my ECU field coach as seen in Appendix F. The initial

Table 4

Compilation of Responses

Categories	Examples
ET= Establishing Trust	<p>Clear outcomes are important to effectiveness and success How do we rebuild Intentional discourse leads to open conversation without speaking negatively</p>
LE= Leadership Experience	<p>Have you considered using protocols for your meetings and this can provide a safe environment for all to be heard. When people know the vision, they are better equipped to support. Distributive leadership creates more partnerships and moves the initiative forward. Asking questions, setting mini deadlines, offering support is the way to move forward- not take over Using protocols and active learning and provide a clear understanding of the purpose of the meeting</p>
SA= Self-Awareness	<p>Jumping in too fast continues to be a problem. My self-doubt can interfere with my ability to take risk. My confusion is the action space for my learning Encourage others in their work and not take over I want to move forward with this My challenge continues to be looking through the lens of true collaboration. I need to stop this path of isolation and celebrate the gifts others bring to the table. Facilitating adult learners takes a lot of planning</p>

Table 5

Fall 2017 Leadership Growth Summary

Categories	Examples as applied to the research content	Modes
Established Trust/Purpose	Undefined roles and responsibilities creates situational lack of trust Clear roles eliminate turf wars Build a shared mission and vision	H, C
Leadership Experience/ Reciprocity	Leaders sharing personal leadership inventories Understanding organizational structure The challenge is to find the people willing to do the slow heavy lifting that is required to do the work Human interactions are as important to organizational success as leadership frameworks Is it really your goal or community effort? Congratulate yourself on the ability to bring together CoP	C, A
Self-Awareness/ Learning	New leaders in new roles Finding the right tempo for bringing people together My desire to want change to happen quickly influence my attitude I have energy at the beginning of the project Finding the sphere of influence and building there I will proactively address community equity issues Facilitating CoP is a shared effort	H, C
Equity/Community	Create a space for all voices to be heard Continue to build relationships through cross agency collaboration Flatten the hierarchy Poverty oppresses	C, A

Note. H=Hierarchical, C=Co-operative, A=Autonomous.

benefit of reviewing these correspondences through a linear lens provided deeper personal reflection. Next, I utilized a coding system of authentic leadership (Hassan & Ahmed, 2011).

I focused on words that aligned with successful leadership, specifically in the context of leadership and trust. Coding categories were developed, establishing trust, leadership experience, and self-awareness. These categories support the emergent theme of the tension between urgency and responsiveness to others. As I toggled between the leadership experience and my self-awareness, there was a direct connection between momentum of change and collaboration. This reflection made me aware of the influence leadership plays in change and the necessity of incremental stages (Gawande, 2010). This was pivotal in my leadership responses; I was beginning to acknowledge the difficulties of engaging in collaborative leadership that was authentic, equitable, and reciprocal.

As indicated in Table 5, I used the leadership inventory (Lambert, 2003) as a tool of data analysis in the context of leadership attributes. During the second read, I added the four elements of the leadership inventory: purpose, reciprocity, learning, and community. These areas complement the CoP components. I then added the three modes of facilitation to the analysis: hierarchical, cooperative and autonomous (Heron & Reason, 2008). Although the modes are not exclusive of each other, working in the latter two modes is the crux of being a constructivist leader, which I aspired to be. At first, the new categories created appeared to be entirely new ways of looking at the data; however, as I continued investigating by highlighting words and phrases, similar patterns and common themes emerged mirroring the previous analysis. In the last analysis of the data, I connected two sets of information that connected to my leadership development in terms of building my capacity and that of others as well as the importance of facilitation that recognizes the contributions of everyone.

In both examples of leadership analysis, there is a connection between leadership experience and self-awareness. As well, the indicators of relationships and trust resonate throughout the data. The ECU field coach understood this as Dr. McFarland wrote to me, “Trust is the glue that will hold the work together” (email, September 28, 2017). A leadership growth area for me is to continually look at trust as a key factor in collaboration. While a focus on the importance of trust was missing in the beginning, the responses are in chronological order and show development in my self-awareness. The responses indicate additional places for leadership growth, including understanding organizational readiness for change. This emergent theme on the need for trust is an area I needed to continue to monitor as cross-agency collaboration expands and develops.

I began to understand more deeply that going slow in the change process brings better results. In addition, what I experienced in the CLE was how effective use of protocols in meetings can create a level of consistency needed by adult learners (Knowles, 1977), but the protocols are not a silver bullet unless we continue to use processes that are equitable and continue to foster trust. Reflection and self-awareness are central to becoming a high capacity leader. These were largely missing from our group processes, as seen in the analysis of relational trust elements. To effectively lead a CoP, I needed to continue building these into my own leadership. I also needed to find ways to create more opportunities for reflection among other participants.

Lessons from and about leadership. Needing to attend better to pacing and the group’s readiness for authentic collaboration was a recurring theme in my leadership at the start of this research project. The trend of me moving too fast was commonly exposed in the data analysis. The first indication of this came early in the process of working together in a CoP in reflecting

on a reading in *How People Learn: Brain, Mind, Experience and School*, in which the author writes, “Often there is only superficial coverage of facts before moving on to the next topic; there is little time to develop important organizing ideas” (Bransford et al., 2000, p. 42). In my memo, I wrote, “My superficial coverage of the Learning Exchange led to confusion and lack of trust. Connections were not strong enough and emotional collateral needed to be developed” (E. Combs, research memo, August 10, 2017). On the next day I wrote “Slow is what allows us to learn. Slow is what allows us to trust. Slow is what allows us to develop relationships. The problem with slow is it requires time. No one has ever developed a long-lasting deep relationship over one beer” (E. Combs, research memo, August 11, 2017). Relational trust is only developed through ongoing efforts that demonstrate predictability, consistency and integrity (Bryk & Schneider, 2002). A fuller discussion of the importance of relational trust will follow in Chapters Six and Seven.

In response to my reflections, my professor and coach from ECU responded, “Go slow or deep to go fast...if you fail at that, projects often fail. While there is urgency, of course, and this is a better sort of problem, building carefully is also a prime outcome so there is a lasting power... Converting from the goal of trauma-informed because it is the topic of the day to community cross-agency work for the long haul is another undercurrent you will be working on” (L. Tredway, email, August 13, 2017). Managing momentum became one of the biggest leadership lessons learned from phase one of the research.

Two primary factors influenced and clouded judgement during this phase of research. First, the vision of creating a trauma-informed community evoked excitement and created a sense of urgency. Second, the appreciation of the current efforts of cross-agency collaboration initiated through the CoP created an illusion of collaboration. My novice experience did not offer

me the same glimpse of the situation – the need to move slowly and methodically – that was more readily seen by my field coaches. As expert leaders, they were able to notice and interpret the information given and provide an alternative assessment of the status (Bransford et al., 2000). At different times throughout this phase, the field coaches addressed the momentum of the work, and, after the smoke diminished from the excitement of possible community change, I too understood the dilemma of not having a solid foundation to move forward but did not know how to rein it in. Moving forward as a leader, I need to understand the benefits of the practice of personal mastery. This involves learning to keep a personal vision and a clear picture of current reality separated (Senge, 1994). Senge refers to this separation as “creative tension” and acknowledges individuals have the natural tendency to gravitate toward the vision. Though the author is referring to an introspective challenge, I believe this can also be applied to having a leadership vision and the ability to have the discipline to be patient while change takes place. Senge (1994) also refers to a quote by Robert Fritz, “It is not what the vision is, it’s what the vision does” (p. 195). This learning contributed to my leadership as I continued the research journey. I needed to slow down and make sure that I am creating the conditions for others to join me as distribution of the heavy lifting promotes optimal success.

Implications

The same situation is perceived and understood differently depending on the knowledge the person brings to the situation (Bransford et al., 2000). My new perspective as a leader came from the evidence and interactions with others. This realization prepared me to work more effectively with the CPR team moving forward. Through the analysis of leadership protocols and ongoing memos and reflections, I was provided an opportunity to monitor cross-agency collaboration – the FoP of this research project and my leadership transformation. The theory of

action holds that if rural community agencies and educational organizations can have authentic and intentional collaboration, then we will be able to offer an enhanced service delivery model for the families and children we serve. Emerging through this pilot data collection period were two catalysts needed for this collaboration to take place. First, there must be relationships built on trust, and second, a leader experienced in understanding the process of change that can match the pace of individuals and organizational readiness. From there, a leader needs to focus on their own craft, as I attempted to do in considering where my limitations impacted the work. Below, I synthesize these learnings and reflect on what they have taught me in relation to the research questions.

Lessons about Overarching Research Question

The first question is: *To what extent can cross-sector collaboration lead to enhanced services for families and children impacted by trauma?* Although it was still early, some preliminary evidence made me hopeful about the possibility of enhanced services. The first step was to ensure effective cross-sector collaboration. I was encouraged by the common attendance at the CoP meetings in which representatives from different organizations came together to have conversations about collective impact. The CoP offered infrastructure of effective collaboration. However, for effective collaboration to occur, Bryson et al. (2006) discuss five elements: (1) nurturing partnerships, (2) linking mechanisms, (3) ensuing communication is deliberate and intentional, (4) focusing on trust building activities, and (5) cultivating strong leadership (both formal and informal).

By the end of this phase of the research, element 1 of nurturing partnerships was beginning to form. For example, I documented in a memo that one participant, Julianna, “has more community influence and professional power and she is very willing to give space for

others to lead” (E. Combs, research memo, October 16, 2017). Likewise, the CoP became a linking mechanism - element 2 - deciding on a common vision to become trauma-informed by 2021. This was likely the most developed of the five elements introduced by Bryson and colleagues at this time. In regard to the third element of deliberate and intentional communication, however, more work was needed. There was a breakdown in communication due to different styles and unmet needs. This interfered with trust-building and the cohesion of the CoP. I learned that moving forward I needed to honor the technical sides of bringing people together, organization and efficient communication. In speaking to a classmate, I reflected, “I like to throw the party, but I don’t always remember to send the invitations, start on-time, or follow the itinerary” (E. Combs, memo, August 2019). Regarding element 4, focusing on trust building activities, I reflected that we were moving so quickly that this did not always take the precedence that it needed to. Although the initial vision was to establish trusting relationships as the research indicates, I felt pressure to move forward with a community action item. Still new to the facilitator role, I was torn and felt the need to please the strongest and most experienced voices at the table. Now that the CoP’s membership had shifted, I was beginning to embed more trust building activities within every meeting agenda, hoping that trust would redefine the essence of the group. The last element focuses on cultivating formal and informal leadership. The CLE ignited passions and inspired new members to join the CoP. This provided an opportunity for new leadership, re-born with trust as a central tenet. By continuing to focus on incorporating elements of effective cross-sector collaboration in my continued work, I hope to establish strong relationships, believing this will lead to enhanced services.

Lessons about Research Question 1

The first research question asks, *How does a cross-sector CoP influence agency professionals relationally?* The CoP provided a consistent place and time for professionals to come together to discuss the impact of trauma on the community. Rather than being required to attend, participants chose to come because it was an area of passion. For some, the CoP did not provide the structure they might have expected to fulfill their needs for immediate action. They put up blocks to the relational work. For example, when asked to complete a journey line to reflect on their experiences on a team, one member met the task with strong resistance and needed to be talked through, encouraged and given ideas. What came about was her being able to acknowledge as a team member that she was most comfortable in a leadership role. She had never operated in a collaborative fashion. Meanwhile, most of the participants were feeling “fed” by the professional connections, relieved in the reduction in a sense of isolation, and embraced the flattened hierarchy where they found voice and pride in their contributions. One participant, Tammy, an entry-level employee in a healthcare agency, felt she could express her voice and participate in activities where she had a feeling of influence (E. Combs, research memo, October 2017).

From the differentiated response of participants, I learned I needed to have technical support as well as relational components. That structure would better provide members with security and a sense of accomplishment. Within the umbrella of trauma-informed practices, this would provide greater safety and security that some individuals needed in order to be professional successful and engage in relational activities that promote trust, reflection and interconnections. To look more closely at my role as a leader in fostering this, I turned to my third research question.

Lessons about Research Question 2

My work with the CoP impacted me in multiple ways in relation to question 2; *How does my work with the CoP contribute to new leadership understanding and practice?* Going into the first phase of the research, I anticipated a CoP that was thriving with professionals exchanging information and seeing benefits to the families and children we serve. Within my own organization I was working from the middle and sensing resistance and limited opportunities. The choice to work with community partners stemmed from my belief that these organizational players were ripe for an alternative collaborative model. Indeed, many were as indicated by consistent attendance and the desire of new participants to join after word-of-mouth recommendations from current participants. However, not everyone in the group saw the value of developing deeper relationships. As a new facilitator to a cross-sector collaborative, I wanted to honor those persons' perspective. Unfortunately, I did not do this successfully, and the resistance took over the meeting space, adversely impacting other participants, many of whom disengaged. This relates to the literature on adult learning, with people who do not feel they have a purpose in the meeting leaving because they sense discomfort (Knowles, 1977).

I second guessed my intuition, the research I had done on collaborative efforts and CoP, and the philosophical base that prompted me to start this research study in the first place. In the words of Alanis Morissette "Isn't it ironic? Don't you think?" (Grills, 1997). I felt pressured to be efficient to satisfy a minority of the CoP participants. Yet, I knew that, "dense networks of relationships facilitate efficient action for the benefit of local children and families" (Miller et al., 2017, p. 209). It was time to change course. Before the CLE, I recognized that I could not continue to disregard my needs or those of others. I shifted by re-engaging with relational and trust-building activities such as journey lines and spheres of influence. This re-established my

sense of leadership within the work, reconnecting me to my true mission and purpose. Within the group, I saw a cloud lifting. People began to look across the table and initiate eye contact, conversation and engagement. As ideas were being shared, the entire circle was consulted, resembling a spider web of conversations rather than a linear dialogue.

From this, I gained new leadership understanding, recognizing that I had to work within my own convictions. Working outside of these values created inner turmoil that clouded good leadership decisions. As the convener of the group, I felt as if I was letting people down because I was not carrying the same torch that invited them into the room. In a memo, I wrote in the latter part of phase one, I said: “I need to open my vision of people in support and not continue in this path of isolation” (E. Combs, research memo, November 1, 2017). I had to trust myself as a leader to re-ignite the passion that brought us together, which included a commitment to the relational value that was needed to have the social impact of a collective effort. As a friend’s email to me best put it, “You got this” (K. W., email, October 2017). Little did either of us know, Michigan’s icy roads had a different perspective to offer.

Summary

This early research work situated me in an environment that was primed for the formal start of research because of my learning as a leader, the development of a CoP, and the information gathered from the pilot CLE. These events were initially planned for the formal research itself; however, more time was needed to prepare and create an opportunity for leadership development and community engagement.

Learning and leading and leading and learning was the major story in this preparatory phase one research. Through strong connections with ECU field coaches, reflective memoing and community engagement, I had the opportunity to view collaborative work as a learning

process with tensions and difficulties as well as insights and innovations (Robinson et al., 2008). Moving forward I aimed to be viewed as what Bransford et al. (2000) refer to as an accomplished novice, realizing what I know is minute in comparison to all the opportunities to acquire more knowledge. This inquisitive, humble approach would force me to engage in a deeper level of understanding, slowing my tendency to appease and please while providing opportunities to take the time needed for thoughtful movement.

A CoP proved an effective format for bringing agencies together for collaboration. Due to the initial success, I vowed to continue using this format; however, adjustments were made based on the learning from the CLE and literature. For example, high performing, effective teams need a solid understanding of purpose and vision (Aguilar, 2016). I thus planned to revisit the vision and mission as part of my next steps. I also envisioned restructuring our team using Aguilar's (2016) work "Determining a Teams Mission and Vision" to guide the process. Meetings that are frequent, efficient, focused, and scheduled so that all the team can attend can eliminate distractions and allow for purposeful collaboration (Weist et al., 2012). Knowing that relational trust was not always strongest and that collective decision-making was one specific gap, I envisioned agendas would be co-created, protocols a standard procedure, and group norms and outcomes discussed and communicated (Bryk & Schneider, 2002; Russ, Sherin, & Sherin, 2016).

Finally, adaptive experts approach new situations flexibly and learn throughout their lifetimes (Bransford, Brown, & Cocking, 2000). As a leader, wrapping up the fall semester, I committed to continue to use the ECU field coach as an expert for reflection and perspective as the coaching deepened my understanding of collaborative leadership. Little did I know, the spring had very different plans for me. In the next chapter, I will discuss the unique factors that complicated the next phase of my research and the alternate path this study was soon to take.

CHAPTER SIX: ACTION RESEARCH AS PARTICIPANT OBSERVER

Unexpected Interruptions

Life has a way of throwing curve balls when we least expect them, forcing time to stand still. This is what happened to me as I was moving through the work of cross-sector collaboration and building a CoP. On January 29, 2018, at 7:29 am, I sent the last email I would send for several months, forwarding Chapter Five of this dissertation to two of committee members. Leaving the house, I was confident that the work was newly flourishing, CoP members were excited with their roles, and I could feel and see a deeper level of member engagement. Backing out of my drive I noticed the snow was thick, wet, and slippery. I called my daughter as usual to exchange updates and share the week's concerns as I turned down the main road to work. It was on this road my world stopped. I saw the truck. I knew it was not under control. I saw it come into my lane. I was saying "Wait, Oh-No, Oh" and then nothing. The next thing I heard was my daughter, "Mom, Mom, are you alright?" "Mom, Mom, are you alright?" I looked around my car and things were everywhere. My lunch on the floorboard, joined by my computer and papers. The car's airbags were hanging, and my arms were moving differently. I was bleeding from the palm of my right hand; however, I could not move it to understand the cause. "Mom, Mom, are you alright?" All I could say is, "I think I have been in a bad accident." "Mom can you call 911?" "I think I have been in a bad accident." "Mom I am going to hang up and call 911. I love you".

The year and a half-long bumpy road to recovery has consisted of surgeries, hospitals, nursing homes, and rehabilitation; Speech, OT, PT and Neuro-Psyches all trying to "put Humpty Dumpty back together again." My life began to look like a cross-sector collaborative of its own, taking on elements of a CoP. The outpouring of love and prayers from family, friends,

community members, colleagues, and classmates provided hope, determination, and comfort. I have adjusted to new ways of living and learning while engaged in the healing journey. General updates were provided by others until I was able to share myself. These were always met with words of encouragement and kindness:

Esther - I continue to be amazed that with all of your injuries you survived at all. So many challenges facing you but if anyone can take them on you can and you have. Although we've been remiss for not reaching out to you much, your name and situation comes up in office chats often. You've set a wonderful example of hard work and determination filled with enthusiasm and a positive attitude. A real-life story of overcoming a trauma that could take many down. Bless you and keep up the good work. Know that you continue to be in our thoughts and prayers (J. C., research email, March 2018).

Despite my distance from the work, my spirits equally lifted when reports of Trauma Champions Network (TCN) were shared and I knew the work was moving forward. My chief collaborator, Julianna, had the torch and she was leading the charge.

Introduction: The Show Must Go On

“An empirical fact about our lives is that we do not and cannot know what will happen a day or a moment in advance. The unexpected awaits us at every turn and every breath” (Nachmanovitch, 1991, p. 22). My accident came out of nowhere, but the Trauma Champions continued to meet knowing that trauma-informed care remained important and needed to be addressed. Julianna took on the responsibilities of agenda preparation, facilitation, note taking, and distribution of meeting minutes. We talked often, but the time she visited me in March, the

second month in the nursing home, really stands out. She was so excited to give updates and tell me about the new tasks the team was taking on.

We are developing the Trauma Website and it is so nice to have others take on some of the responsibilities. We have people from different organizations gathering the information and putting it together. It will be housed on MCN's [Montcalm Care Network] front web page under a Trauma tab. It is super cool, and all of us will be able to set up a link from our own organization's homepage. We have had a couple new people attending the group, so the dynamics have changed.... This really is a cross-sector community of practice. One new thing I have noticed, everyone is wanting to carry part of the work. Different people are volunteering to take on new roles such as attending Legislative Updates and secondary trauma trainings. You would be impressed with the distribution of the workload. Funny, sometimes we must get out of the way so that others can also share in the work (J. K., summary of update, March 12, 2018).

Julianna had been part of this research from the beginning. We were both invested for similar reasons: organization collaboration, community change, and leadership development. However, my unexpected time away from the study and challenges returning to work changed some of the details of the study. Julianna too on the facilitation, and I took on a participant observer role.

Due to these factors, changing from PAR to POR was indicated. A member of my dissertation committee reflected in an email, "Participant observer status provides you a way to re-enter so that you are engaged in observing and taking the temperature of where things are, who is involved, and what has transpired in the several months you were not fully involved" (L. Tredway, email, August 30, 2018). Changing my role to a participant observer was based on the

factors of re-entry challenges, current community dynamics, and preconceived role expectations. I did need to get a sense of the culture that developed in my absence. My priority was honoring the space and actions of those doing the work. As a participant observer, I was afforded the time to immerse myself in the community and take stock the current tempo. This shift provided me a chance to celebrate the changes and listen to the challenges individuals shared along their Trauma Champions journey.

Reentering the TCN gave way to a deeper understanding of cross-sector collaboration. Even though the TCN had been established for nearly three years, the story of the journey still needed to be told. Outlined in this chapter are the details: (1) the process of coming back together as we planned a re-entry that was systematic and honored those currently doing the work, (2) the identified themes, and (3) the implications through the lens of the research questions.

Process of Coming Back Together

From February 2018 through May 2019, the team met ten times; I was able to participate three times as a participant observer. As evidenced by their continued attendance as well as correspondence, people remained committed to the mission of the TCN, and felt a sense of loyalty to me; a TCN member shared at the first meeting after my accident, “We have to continue to do the work. We owe it to Esther” (meeting notes, February 2018).

As facilitator in my absence, Julianna’s leadership style was different from mine. Committees were established, and individuals volunteered to be the chairperson or co-chair for each of the four groups. I attempted to step into the leadership role as executive director of the TCN and primary researcher, but this required sensitivity, awareness, and, as mentioned earlier, a change in my researcher role. My entry into the work setting happened in two different phases with two different techniques: jump in and hit the ground running and move slow to go fast.

September 2018: Coming Back

Urgency and restlessness defined my initial reentry. At the beginning of the next school (2018-19), I returned to work for the first time in September. Jumping in and trying to resume all the actions I performed prior to the accident, I was eager to prove my value as a leader and make up for lost time. Still, I had significant limitations, including note taking, time for doctor appointments, and ongoing rehab, and gaps in knowledge. The executive team and the TCN members provided as much support and accommodation as possible. I was the impatient one, wanting to resume a normal work balance and take on a leadership role. The TCN was involved in two major initiatives as I stepped back into the work, both of which had been in the planning stages pre-accident: (1) presenting on the science of ACEs at the Countywide School Board meeting and (2) showing the documentary *Resilience* as a community movie premiere. I relate the successes we had and the story of another interruption in forward movement for me as a full member of the team.

Presenting the ACEs. In September we presented to the Countywide School Board regarding trauma awareness. The expectation was that I would be facilitating, but I lacked the endurance; instead, this became the perfect opportunity to demonstrate cross-sector collaboration. Julianna and I worked together as I provided her the training and materials to facilitate the discussion. As the original stakeholders in this project, we felt a strong conviction to the mission of the work and its potential influence (Gibbon, Labonte, & Laverack, 2002). Other key members of the TCN offered their support. As a result, we expanded the presentation content to be inclusive of the effects of ACEs in different professional sectors, co-developing the final presentation. We brought representation from four different agencies and shared each organization's purpose and journey to become trauma-informed.

The cross-sector nature of our presentation pushed the learning objective from a micro to a macro perspective. Rather than sharing isolated stories of individual changes within organizations, we were able to weave a narrative about collective impact that the board members could attach meaning to in thinking about countywide implications and possibilities (debrief summary with CoP, September 2018). A surprise and delight moment happened for Julianna as she embraced a professional growth edge. Julianna, a self-proclaimed introvert, stepped out of her comfort zone to share her personal domestic violence story, her son's ACEs story, and his eventual school expulsion due to unrecognized trauma. She put forth a call to action to school administration and board members to recognize symptoms of childhood trauma that are often displayed as disruptive or impulsive behavior. She elevated the message to a space that promoted empathy and self-reflection from participants like Fred, a school board member, who said:

I have been a community member and a school board member for many years. I recognize the story she shared not because I was part of her son's expulsion but because I have participated in others. Now I wonder if there was another way to support those students. We know these families and for the most part we also have a small understanding of what is happening in their homes. It appears there is a need to change how we do business. I am just not sure what that change might be (E. Comb, reflective memo, September 26, 2018).

Film showing. Next, the TCN hosted a community event premiering the movie *Resilience*. Again, we worked in a cross-sector collaborative with a representative panel discussion. In preparation for the event, I sent this email:

Hi Folks: First I wanted to share how wonderful it was to be in the audience last night and bask in your passion. The work you all are doing is so valuable to our community we

hold [dear]. I have attached the questions for tomorrow. I do believe there is more than enough to fill our time :) When planning your responses expect to have 17-27 seconds of air time :) There is also a 10 slide deck that is very similar to the one Julianna used that I will use as a starting point. I will have that to you later tonight. Thanks for the opportunity to get my feet wet. I feel like I am jumping into the deep end and so happy I have all of my life preservers available. Feeling Blessed! (E. Combs, email, September 26, 2018).

The comments from TCN members reflected that the commitment they had to the goals. Beyond professional capacity; beyond the personal connection, individuals were reaching outside of their comfort zones. Both events provided additional evidence to themes and will be discussed later in this chapter.

The initial re-entry was fast and furious, jumping in with both feet and planning for the next phase. We were action-focused and driven to get things done. The focus of the next meeting was planning for future events and distribution of the work. There was relief that I was back, and we were moving forward with cross-sector collaboration.

However, a plan was made and then "*Mann Tracht, Un Gott Lacht,*" an old Yiddish adage meaning, "Man Plans, and God Laughs." Despite our most careful planning, the road of life is unpredictable, and this describes the next interruptions. Unfortunately, the November meeting was my last meeting of the year due to the ongoing consequences of the accident. My arm was not healing, and, again, I was heading into surgery. Again, the TCN experienced disruption. Again, an intermission of several months was on the horizon for me and, again, the show must go on.

February-December 2019: Go Slow to Go Fast

During another period of recovery, I gained a deeper understanding of the role of a participant observer. Preparing for reentry, I read TCN meeting agendas, minutes, action items, email threads, and ongoing fieldnotes. I returned to the literature and further explored my role as POR. Through that, I participated in strength and weakness inventory (Musante, DeWalt, & Dewalt, 2002). Lastly, I was influenced by ongoing conversations encouraging a slower transition this time. My dissertation committee, colleagues, doctors, and family all echoed the same. Next, I discuss a difference in my approach to re-integration and how I set up processes for taking the moving slowly into the second reentry.

Knowledge is power: A new approach to re-integration. Developing a plan of re-entry through new awareness and further executing the plan provided an opportunity for discovery about group collaboration and leadership. However, my changes did not alleviate the project slippage. While I entered the observer researcher role as a complete participant (Spradley, 1980), I was still perceived as a project leader, and the dual role persisted in many ways. My previous involvement in the “situation of study” provided ease of systematic observations. I understood my “insiderness” as well as the benefits of immediate acceptance to the hidden communications and privileged eavesdropping (Burke & McKeen, 1996; Labraree, 2002). However, there is liability to this level of familiarity; the more the researcher knows about the system, the more difficult it is to study as a researcher.

In response, Lincoln and Guba (1985) suggest three activities participant observers can utilize that increase probability of credible findings: (1) prolonged engagement, (2) persistent observation, and (3) triangulation. Prolonged engagement was taking place as part of my everyday engagement and investment in the study; established ongoing observations utilizing

cross-sector collaboration opportunities were apparent throughout all the different forums in which I could see this work taking flight across the county, and finally member checks with CoP participants, and particularly with Julianna, allowed me to triangulate. With those pieces in place, I slowly started down the rediscovery trail of what had happened while I was gone, what was currently happening, and how I as a researcher could fit into the work.

Prolonged engagement. Authentic conversations added insight for re-engagement success. These discussions added understanding to the decision to meet bi-monthly and how they were feeling about the decision. I engaged in regular memoing. “Bi-monthly meeting was a group decision with a basic understanding committee’s would meet independently as small groups to complete action items during the off months” (E. Combs, research memo, February 12, 2019). I was discovering through conversations, however, that this decision was not working out as well as expected. John, a TCN member that was part of the logo project demonstrated frustration and embarrassment regarding how he perceived his role and responsibility said that he was happy I was back and hoped we would resume meeting monthly. Marsha, another TCN member who was co-chairing the development of the website said that the website was completed, but she also wished we meet more often. Upon reflection, I was recognizing common noticings and desires. People wanted to informally update me regarding the events and undertones of the TCN. It is important to them for me to hear their voices and the challenges they have experienced while I was out. I, however, felt conflicted as I want to rush in and make changes to reduce their discomfort; while knowing I need to move slow this time (E. Combs, research memo, February 13, 2018).

Persistent observer. Several opportunities presented themselves for me to take the reins of leadership, but I was dedicated to being more thoughtful in everything I did. I was committed

to listening and had the advantage of being part of the group from the beginning was my immediate access to key informants (Ohnuki-Tierney, 1984). This history eased reconnecting with people, allowing for deeper conversations that exposed authentic emotions. These were expressed as guilt and disconnectedness by a few TCN members. Joining John and Marsha in concern for meeting bi-monthly was Amy, who shared, “I have missed the last couple of meetings. It is difficult to miss one month and then not be able to catch up the next. I cannot always remember where I left off and I don’t like feeling disconnected” (E. Combs, memo, March 2019). Disconnection was a common thread weaving their stories together.

However, I knew people sharing their thoughts with me outside of the meeting distinguished my role as perhaps transitional instead of permanent, moving back and forth between positional boundaries of insider and outsider (Griffith, 1998). In a reflective memo, I expressed the need for heightened sensitivity when sharing this information with the executive committee in March. I wrote, “I feel responsible to share the information that has been shared; however, I feel a greater need to encourage and empower those voices to open up at the next TCN meeting” (E. Combs, research memo, March 3, 2019). If I assumed responsibility for fixing, the group would not move forward as a collaborative.

Only two of the five Trauma Champions executive team members were present at the March meeting. This was a meeting I would have previously facilitated, and the limited turnout again reinforced my desire to take over responsibilities and jump right in. Instead, I decided to listen and gather data to develop a deeper understanding of the current flow of events. From this conversation, it was again apparent there was excitement and desire for me to be back and taking over in a leadership capacity. The word “energy” has been a common word used to describe

what I bring to the group. In my own memos, however, a seemingly contradictory message was forming:

I need to be patient! First understand the landscape of the group. Then be willing to accept that some things are not what I expected them to be. I will follow the breadcrumbs (e.g. past meeting minutes, work plans, and agendas). Like others, I too was feeling excited and energized at the prospect of coming back together” (E. Combs, research memo, March 12, 2019).

Triangulation by relying on a community support. All four members of the TCN executive team attended the April planning meeting. This meeting revealed a common response among members. “I am sure glad you are back; we have a lot going on,” said one. Another said, “I love the work we are doing; it just seems like a lot and I’m not sure how we are measuring success.” The third added, “The work is moving forward, and the group is always changing.” The fourth added, “I am ready to share some of the responsibility.” The trend seemed clear: a distinct desire to capture the current initiatives while simultaneously expressing initiative fatigue. Again, I felt the need to take on more and decrease the discomfort of the dedicated members of the team. However, I was committed to staying in an observational role for longer; I was able to offer fatigue support with an extra person to take notes at the meeting and organize action steps. I identified that addressing the trends that were emerging from my observational data could help the team make a plan and get “unstuck.”

To prepare for this meeting, I looked to the tenets of successful cross-sector collaboration so that I could offer a framework for our discussion and decision-making. Kania and Kramer (2011) suggest successful elements of a cross-sector collaboration include: centralized infrastructure, dedicated staff, structured process that leads to a common agenda, shared

measurement, continuous communication, and mutually reinforcing activities among all participants. With this framework in mind, I was determined that the TCN was aligned for strong collective impact addressing trauma within the community. There were dedicated members, centralized infrastructure and a common goal. Building on these assets and looking for opportunities, I shared both these highlights and the current trends of inconsistent agenda topics and the comments shared previously with Julianna. It was an easy discussion as members reflected and provided insight to decisions and agenda trends. Julianna reflected, “We agreed to meeting bi-monthly to give people time to accomplish their task. I wonder if it might be better to meet monthly regardless of task just to share updates and offer support as needed?” (E. Combs, research memo, February 10, 2019). We all agreed that bi-monthly meetings should be a topic on the upcoming TCN agenda. We left the meeting knowing our next meeting would be different. First, it would be co-facilitated by Julianna and myself at the request of the group. Secondly, I would be facilitating an activity to promote engagement and sharing. In my reflection memo I wrote,

My traditional role as a leader is becoming more predominant influencing my participant observer research role. I feel like I am walking a tightrope between resuming responsibility and maintaining researcher objectivity. This two-part praxis is challenging me to discover new ways of participating. I am constantly being educated through the ongoing exchange of interactions and connections. There is an interdependence that is challenging my thinking; anchoring my energy and questioning preexisting assumptions. Do I really need to wear all the hats to support this initiative? (E. Combs, meeting reflection, April 5, 2019).

While I read the agendas, meeting notes, and emails, the primary process of tracking data were my reflective memos. This project focused on cross-sector dynamics and the current story lacked evidence in cross-sector continuous communication, shared measurement, and mutually engaging activities necessary for authentically engaging in collaboration (Crotty, 1998). I was curious to understand and eager to see the other part of the story, prompting me to facilitate a journey line protocol in hopes of gathering the rest of the story.

From the co-planning with Julianna and our review of the data, I welcomed the role of participant observer during the April meeting. There were new people joining that day, and in my quest to develop a deeper understanding of the landscape of the TCN's work, I invited the group to create their journey lines. I had high hopes of authentic sharing and risk-taking, as this activity is rooted in research that finds when people are invited to share their stories as they author themselves, their wisdom radiates in a public way (Guajardo et al., 2016). To prime for the activity, I shared my understanding of the landscape as I knew it. After sharing, I invited the group to share some of the highlights they had experienced as part of their TCN journey.

I provided a time frame for completing the task to encourage a prompt start creating a flow of time and energy (Vella, 2007). Everyone participated and those who were new shared their expectations and desires offering more feedback for deeper understanding. In addition to adding information for a smooth transition, the activity provided data supporting the findings discussed later in this chapter. Two primary decisions were made at the April meeting based on the work the executive committee had done in its planning session: first, meetings would resume to monthly engagements, and, second, I would resume the agenda preparation for both executive and TCN meetings after four months of more observational interaction.

Due to my continued part-time status and conflicting appointments, however, I was not able to attend the TCN executive meeting to help with preparation for the May network meeting. They did not use the agenda, which sparked an intuitive sense that I had put myself in the leadership role – perhaps too quickly again. The May TCN meeting had limited attendance. This was a meeting that had been on the calendar to be skipped based on the previous bimonthly schedule. In my field notes I addressed the concern of work transference:

There is a shift taking place and I am in the shifting process. Everyone is anxious to get back to the time when I was fully energized and present. I would like to be ready for this as well. I just need to be certain I can keep pace as well as fulfill my commitments. The instability of my presence has made it difficult to be consistent in follow through and plan execution causing feelings of apprehension and low confidence. However, the people participating in the TCN are ripe for my leadership and looking forward to their work responsibilities to resume some semblance of normal” (research memo, May 2019).

However, the new normal cannot be the old normal; the new normal required authentic collaboration and assumption of joint responsibility. In this spirit, wanting to align with best practices in cross-sector collaboration, I invited everyone to collaborate with agenda creating for both meetings through Google Docs. Co-creation of agendas was a new process which presented technical as well as adaptive bumps to navigate. I adjusted the meeting format to infuse our discussion with more activities and protocols in hopes of eliciting new insights and developing understanding to current trends. Both ideas brought forth intriguing dialogue; some I predicted, and some provided new enlightenment and leadership understanding.

Despite inviting help in co-development of the agenda, I was met with minimal collaborative response. This was an outcome I predicted based on previous experiences and

understanding the process of change. The concerns presented at both meetings were similar, and I recognized the solutions would require technical and adaptive approaches (Heifetz, 1994). The technical issues provided the easiest solutions as we set up google accounts and access sharing. Shared ownership for the process, however, presented as a more complex dilemma as we discussed the details of co-agenda creation, ongoing subgroup updates, and open edit access. This was a new way of doing cross-sector collaboration, and it pushed thinking boundaries. Resistance was expressed as discomfort with the use of technology, individual work styles, and identification of the primary responsible person. My field notes reflect my comfort in this situation acknowledging the tension as well as embracing the momentum for capacity development. A CoP member, a former technology technician and a new group member, helped to ease the ethos of change through offering this explanation,

I know this can feel daunting; however, we can easily collaborate on the same document utilizing Google Docs. The system is set, co-chairs can create a working document. We all need to be responsible for our own professional entry of information. It is a great way to stay informed and connected. The TCN has done a great job of bringing people from different sectors together, this is one more way to enhance and widen our reach. Please feel free to reach out to me if you are having technical issues I am well versed in that area. We have been working together collaboratively this is just another tool to support that process (E. Combs, meeting memo, June 10, 2019).

Further discussion brought agreement to try this system for the next few months. We agreed to make this an agenda topic for follow up, and I felt relieved that it was not my sole responsibility to remember to add it. Shared ownership was becoming part of the TCN just as I was finally in position to assume my active leadership role.

Next, situated as the facilitator, I adjusted the meeting format. Historically, the meeting opened with mindfulness, introducing breathing and creating a gracious space to the room (Hughes, 2004). Maintaining the philosophy and expanding the concept, I asked the group to participate in a different intentional effort. I asked that we work the room like politicians work a cocktail party, being mindful to speak to individuals for which we have minimal contact. I also gave a time structure of 1-2 minutes and then would say “Snowball” as we would look for our next encounter. There was laughter in the room and energy. Most people engaged and moved through the introductions with ease. At the end of the activity there was an increased level of connection and a commitment from the group to continue developing new relationships and ongoing communications. Chelsea, one of the newest members shared her experience later that day:

I really enjoyed the introduction activity during the meeting. I was skeptical at first joking it was like speed dating- and it was- with a professional bonus. It provided me a great opportunity to meet others and knowing we had a limited amount of time together made our conversations become more personal (Chelsea, TCN, meeting memo, June 2019).

Having the group participate in this activity provided me an opportunity to eavesdrop on conversations as well as catch up with group members in an informal context. My field notes reflect that the activity was successful because the energy from the was evident throughout the meeting.

“The energy did not change as happens so often in other meetings when the focus turns to the agenda. The mutually reinforcing activity provided opportunities for rich conversation and certainly creates enthusiasm.” (E. Combs, research memo, June 2019).

The final change came when I invited the group to participate in an activity using the Sphere of Influence protocol, an adaptation of Steven Covey's (1989) work Circle of Influence. The Sphere of Influence protocol invites stakeholders to identify their capacity of outreach. This protocol looks specifically at the nested ecologies where any one individual has the power to shape and inform their surroundings. The question posed to the group: *Where do we focus our energies to achieve the greatest impact?* The responses ranged from micro to macro concepts, indicating a strong belief first in understanding the influence trauma reveals in ourselves, our values, our professions, communities, and government.

Introducing and connecting elements that align with Kania and Kramer's (2011) framework for collective impact was affirming and invigorating as we wrapped up the June meeting. I solicited feedback from the group by asking if the meeting met their needs and was encouraged. In addition, there was a plan to move forward with several activities, including another CLE, the long-awaited train-the-trainer and logo development, a framework for the development of a trauma-informed system and a shared spreadsheet to further coordinate our individual efforts. With that, we celebrated the end of the schoolyear and committed to keeping the work of the TCN as a priority when we returned in September. It had been another rollercoaster of a year and, before I knew it, the Yiddish adage would come into play again as my arm continued to plague me. First though, it was time to return to the evidence I had collected and begin analyzing the evidence to determine what we and I had learned about building and sustaining a community of practice to support critical community work.

Systematic Analysis Leads to Themes

In this section, I discuss the process of coding, developing categories, and arriving at emergent themes from the research that answer the research questions. First, I discuss the coding

process briefly. Then I discuss the three key themes. The first theme of valuing trauma-informed principles as a consistent practice encompasses the significance professionals place on space and tone of the atmosphere during meetings. Attention to the six SAMHSA principles mentioned earlier - safety, trust, voice and choice, empowerment, collaboration/mutuality, and historical, cultural and gender issues - help conceptualize the essence of what made engagement with the TCN feel both fulfilling and personally resonant for professionals. Value is placed on an environment that provides safety for taking risks and is inclusive, empowering, and honors multiple voices. Participants expressed an appreciation for meetings that “fed” them. They embraced common principles that provided comfort and brought forward mutuality and collaboration.

The second theme focuses on the role of the common cause, in our case trauma, and an understanding of its universality in creating urgency and becoming a catalyst for working cross sector. The essence of this theme describes how professionals understand the power of social impact. Participants suggested understanding trauma created an urgency that “spread like wildfire” (D. S., email, 2018). This understanding is further defined as a shift in personal spheres of influence, contributing to expanding professional spaces resulting in overlapping and working for a common cause.

The third theme: the relationships formed in the CoP protected the work described in these two stories: first, I speak to how one of the participants moved forward with a different facilitator and secondly, I address my leadership learning. Direct quotes, transcribed emails, and other forms of communications indicated the importance of relationships and its ability to enhance the voices of the participants.

The Analysis Process

The analysis process included initial coding, applying codes from frameworks, recoding, and developing categories. While I conducted analysis of meeting notes and emails, primarily I used data from field notes and reflective memos. In the role of participant observer, I took notes and converted those to memos. To achieve reliability of evidence, I engaged a trusted classmate to cross-check the codes utilized for what Creswell (2014) refers to as intercoder agreement. This process of intercoder agreement aimed to eliminate my preconceived perspective providing an opportunity to see “what is” versus what I place there. As suggested by Drake (2010), interpreting the research is not a matter of looking harder or more closely at the information gleaned, but more understanding the nature of our own framing of the information at hand.

As patterns began to appear, I applied a specific framework to support my understanding of the data. The SAMHSA (2014) framework has six trauma-informed principles: (1) safety; (2) trust and transparency; (3) voice and choice; (4) empowerment; (5) collaboration and mutuality, and; (6) historical/cultural/gender issues. I selected this framework because it appeared to match the data categories that were emerging and because it aligned with the research inquiry. Utilizing these methods helped to develop a data storyline as well as highlight the themes that would require more inquiry.

Code and recode typified the data collection process. Using Saldaña’s (2013) methods of simultaneous coding, longitudinal coding and magnitude coding, I approached the evidence with deeper curiosity. Longitudinal coding provided an evolving story as I put together a picture of data across time. Next, magnitude coding provided a window to look at the research phenomenon’s intensity, frequency, and presence. Consequently, this provided time for cross-checking as I needed to be sure what I was seeing could be observed by others. This offered an

opportunity to apply the SAMHSA framework to all of the developed themes providing a global view of the presence of these principles.

Themes Emerge

Three themes reflected how professionals participating in a cross-sector CoP moved together toward a common goal: (1) there is value in the use of trauma-informed principles as a consistent practice to create an optimal space for brave adult learning, (2) a fuller understanding of a critical problem (in our case, the prevalence of trauma) and its universality created a sense of urgency, becoming the catalyst for working cross-sector, and (3) the relationships formed in the CoP protected the work and moved it forward, even in my absence.

Theme one: Valuing trauma-informed principles as a consistent practice. Categories of trauma-informed principles were common components in every TCN meeting agenda from the start of the project through both phases. Of the 17 meetings, Table 6 shows strong incidence of the principles at all meetings. Throughout the data, the trauma-informed principles of (1) safety, (2) trust/ transparency, (3) empowerment, (4) voice and choice, (5) collaboration and mutuality, and (6) historical, cultural, and gender issues were heavily represented. Meeting notes and agendas, combined with commentary and shared experiences regarding trauma-informed principles, illuminated the categories.

The use of trauma-informed principles to structure the review of the agendas brought a clear picture of values and consistencies in meetings creating a story of common practice. Routinely, members of the TCN described their experience as participants in these meetings as an event that is categorically different from their participation in other meetings. In reviewing these comments collectively, many indicate that the presence of the trauma-informed principles were part of the difference, indicating their appreciation for the balance of action agenda items

Table 6

Categories for Trauma-Informed Principles

Categories	Incidence in Memos
Safety	17
Trust & Transparency	17
Empowerment	17
Voice and Choice	16
Collaboration and Mutuality	17
Historical, Cultural and Gender Issues	9

and supportive interpersonal exchanges. Numerous participants' examples highlighted the awareness of applied trauma principles. Amy, for one, offered, "The fact that I can feel so comfortable sharing information with organizations speaks volumes to the *trust* that has been developed" (E. Combs, meeting memo, March 11, 2019).

The longitudinal review of agendas highlighted well developed trauma-informed principles indicating 100% representation in almost all areas except *historical, cultural and gender issues* and *voice and choice*. While *voice and choice* appeared in 16 out of 17 agendas, indicating that it was a widely applied theory that perhaps did not fit neatly with the outcomes of one particular session, *historical, cultural and gender issues* does appear to be underrepresented. This reflects an underdeveloped focus on addressing multi-generational trauma within the community and naming issues of culture and gender as key drivers of community and interpersonal trauma. This was the case in the story of domestic violence Julianna shared at the September 2018 Board meeting, which affects women at disproportionate rates. When there was discussion about the historical and ongoing systemic failure to meet all needs, the TCN engaged. Mike offered this insight: "We know these families have historical trauma and we have historically been trying to support them, I recognize the frustration staff feel/show when they cannot change the circumstances. It looks like defeat---anger---blame" (E. Combs, meeting memo, April, 3 2019).

The regular application of trauma-informed tenets created an environment for safe and authentic cross-sector collaboration. When interviewed formally and informally, members of the TCN defined their experience as a joint adventure steeped in professional development, shared ownership and camaraderie building. Meeting minutes support this claim, reflecting increased numbers of organizations committing to tasks outside of the meeting (such as grant writing and

formal presentations) the longer they experienced the meeting structure. Similarly, in almost every meeting, examples demonstrate the deep appreciation participants felt for each other as people and professionals. Tammy, an in-home therapist offered this insight:

I now train my families in understanding their childhood traumatic experiences. Even though I am loyal to my agency, I feel free to refer to a more appropriate venue because we sat at the same tables and shared our frustrations of our demands further complicating the lives we are trying to simplify. Simply put, I am implementing best practices putting family needs first (E. Combs, meeting memo, March 11, 2019).

While the SAMHSA principles functioned as a primary way to “cut” the data, experimenting with additional frameworks provided information about the group’s attention to trauma-informed strategies, including both assets and missed opportunities. In my re-coding, I wanted to focus not only on trauma-informed principles themselves but on the evidence of trauma-informed cross-sector collaboration, or collaboration steeped in shared initiatives (cross-sector collaboration) and ownership, which recognizes the need for professional development (PD), outreach, and self-development. These codes showed a clear distribution of ownership, as this code received the highest representation with 47 instances across different agendas, linking with the SAMHSA principles of *empowerment* and *mutuality and collaboration*.

Table 7 represents another way in which I sorted meeting agendas, after having previously applied the trauma-informed principles as my coding logic. The attention to sharing responsibility was particularly strong when I was not present in the CoP, with the three highest examples of shared ownership in February and March 2018 and February 2019, all representing the first of the meetings I missed due to my two absences. This evidence tells a parallel story, one of the growing interdependences of the CoP to share the work and the other of how

Table 7

Elements of a Trauma-Informed Cross-Sector Collaboration in Meetings

Category	Incidence in total of 17 meetings
Outreach	34
Self-development	50
Resources	38
Cross Sector Collaboration	21
Shared Ownership	47

leadership and facilitation of the CoP can foster a kinship of collaboration. The data demonstrate that the trauma-informed practices were a part of cross-sector collaboration. The relative lack of evidence for resource identification is telling and perhaps explains the high levels of fatigue the participants exhibited as the months went on and they found themselves with growing action items of their own. Similarly, there were fewer examples of a focus on self-development. Self-development could correspond with the themes of *empowerment* and *trust* and would be important to build into future meetings in order to continue building capacity in a trauma-informed way. With evidence of high levels of trust within the TCN, and especially with participants contrasting this experience to their other professional opportunities, the chance for more self-development could be better leveraged in future meetings. It is a missed opportunity that this was not more of a focus. A focus on historical, cultural and gender issues could accelerate the work and continue feeding the participants something they need. They are more likely to have that need met in this meeting than elsewhere, since they have commented that it feels safer and more attentive to trauma-informed practices. There was, however, uneven attention to these five categories of shared ownership as the data demonstrate peaks and valleys across the evidence. In 17 meetings, there were a total of 190 incidences of persons referring to the factors of trauma-informed factors, including a preponderance of data that supported self-development of members (50 instances) and shared ownership (47 instances) (see Figure 19).

Trauma is universal, with the National Council for Behavioral Health (Retrieved from www.thenationalcouncil.org) estimating that 70% of American adults, an estimated 223.4 million people, have experienced some form of trauma in their lives. As such, I was not entirely surprised that the application of trauma-informed practices was effective within the TCN. Given

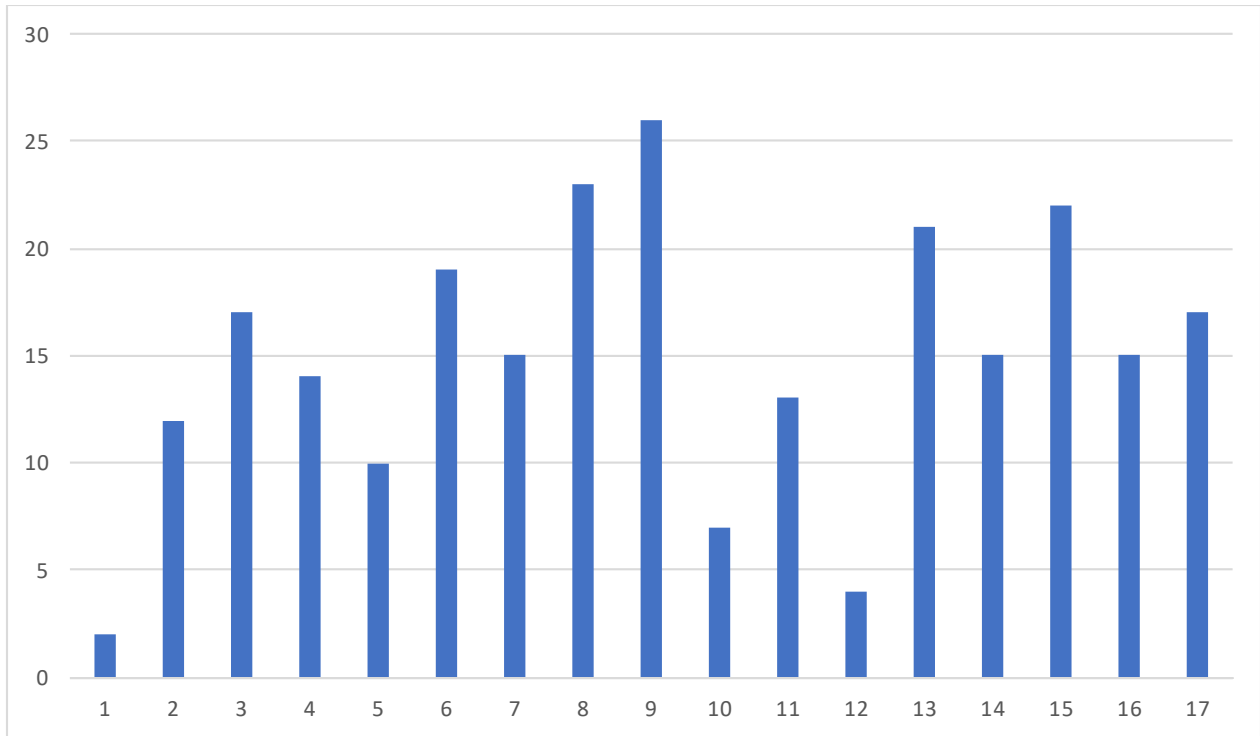


Figure 19. Totals of 17 meetings and incidence of participant referral to trauma-informed practice.

that talking about the widespread trauma in our communities can bring up feelings of hopelessness, careful attention to making participants feel safe and empowered was essential. The universality of trauma served a purpose: it created urgency for our work and this urgency powered our efforts, to which I turn my attention to the theme of urgency.

Theme two: A common charge created a sense of urgency becoming the catalyst for action. Trauma was the mutual thread that brought us all together. Descriptive themes emerged as individuals shared their stories of trauma and how they perceived personal and social impact. The duality of trauma as personal and collective brought me back to my emerging framework from Chapter Four (see Table 8), supporting its applicability. The work takes heart and compassion, a commitment outside of self, and ultimately a vision of hope and healing for the wider community. These combined to create a sense of urgency; when adult learners can identify the problem, they crave an immediate solution (Knowles, 1977). One research artifact that showed evidence for the theme of urgency and gives me confidence that I have identified meaningful trends is the journey line. Table 8 presents the coding of the journey lines I collected. In it, the role of trauma as a collective commitment that fosters urgency can be seen in three subthemes in ten of the eleven journey lines: (1) an understanding of the depth of the problem creates the urgency; (2) that urgency empowers willingness and hope to invest in capacity building; and (3) capacity building contributes to collective action.

Across the board, participants felt a sense of urgency to address trauma in the community prompting their TCN work. The following value-added statements are drawn from the journey lines:

- At the CLE I began to see and understand the importance and power of engaging through the understanding of ACEs.

Table 8

Journey Lines

Category	Prevalence (out of 11 journey lines)
Urgency/Importance of Work	10
Hope/Willingness to Put Forth Effort	10
Commitment to Take Meaningful Action within Sphere of Influence	10
Personal Trauma History as Connection to the Work	7
Relationships among CoP	10

- My lightbulb was turned on
 - Families need all of us working together
 - So important, I see first-hand how many of our children are facing trauma each day
- (E. Combs, journey lines, May 13, 2019)

Below, I look individually at how understanding led to purpose, how this purpose in turn led to a desire and commitment to capacity building, and lastly how that expanded capacity contributed to collective action.

Fuller understanding develops purpose. “This information is spreading like wildfire” (participant email, 2018). The TCN vision - Building a trauma-informed community by 2021 - and its mission - As a community we develop awareness of trauma and empower pathways of resiliency - reflect the group’s collective focus to create a fuller understanding of trauma. I was interested as a researcher in how this common orientation could change personal and professional practice.

One presentation provided at the Countywide School Board Association meeting offered support for this theme. The comments demonstrated a strong alignment to the initiative and echoed the urgency and commitment to change; some go as far as suggesting this be incorporated into a multi-year strategic plan and that the board itself be actively involved. “As a board member, I think we should lead the charge to make sure our administration and staff are aware of what’s available” (B.S memo, September 11, 2018). The Board went on to share the importance of their presence as a community member. Table 9 highlights some of comments shared, depicting a commitment forming from both a professional and personal stance. Not surprisingly, both views indicate a heightened perspective of the importance of understanding

Table 9

Board Comments about Their Presence at Presentation

As a Board Member	As a Community Member
Promoting asking, “what happened to this child?”	Share information with others about trauma, ACEs, resilience
Try to dig deeper into the “why” instead of judging quickly	Active in ensuring a child has an adult to connect to
Asking questions and listening. What are the circumstances? What are the other options for keeping students on track for their future? If possible, added supports for students (behavioral interventionist)	As a community member I want to not be so quick to judge and try to see what each child may be experiencing
Encourage; staff to learn more about ACEs; when youth come before the BOE, ask the question: “What happened to you?” rather than “What is wrong with you?”	Remaining positive with any interaction we have with our children and their friends. Positivity with anyone we come into contact with. Pause before reacting.
Provide social service, listen and support kids who make mistakes	Mentor programs (volunteer); reach out to isolated kids (teach your kids to do that)
Support school initiatives regarding trauma and resilience	Community notice and support
Ask what happened; restorative justice; develop policies that align	Be present for community members; teach my children mindfulness
Make others in our organization aware of this worthwhile initiative	Share about ACEs with various community groups and people I work with. Thank you
Pass it on to family and friends	Mentor my kids’ friends; always listen to them – TIME
Incorporate into strategic plan	Be active in going into school and as a friendly adult
Encourage system knowledge	Listen; patience; don’t point fingers; ask questions
Check into how to get this information into our schools	Share awareness

trauma and sharing the information far and wide. Statements reflect a personal desire for a culture of caring and compassion. In total, as Table 9 reflects, a full 18 of the 19 comments made by board members show strong alignment to the urgency of this information and a plan for its dissemination. Additional support was evident from the evidence of a local middle school presentation. Staff responded favorably to understanding trauma and developing a trauma-informed community. When asked if they believed it important to become trauma-informed, 35 of 36 staff agreed to the level of importance. Collected responses to the question “*What can you do in your sphere of influence?*” reflect a theme of changing mindsets and practices:

- Awareness, resources in our community for families, wish we knew more or a place to go to find out about trauma information
- React differently to student behavior in the classroom
- Help students regulate
- Change mindset of what is wrong to what has happened
- Be more mindful, mindful classrooms, mindful trainings,
- De-stress, anti-anxiety techniques (Meeting artifact, 2018)

The principal added further value to the theme reflecting on the urgency needed in order to meet the needs of students faced with trauma by suggesting: As a system, we need to prepare our teachers to be flexible and adaptable to diverse learning needs. A necessity, a deeper understanding of the influence of trauma on learning. This knowledge will shape our professional practice (principal comment memo, April 20, 2018).

With feedback from the board and individual practitioners at the middle school in hand, I did a cross-check with other trauma champions, including ACEs trainer Laura Porter, who trains nationally on trauma-informed care. She echoed the importance of creating shared purpose in

order to enact change, stating, “If we can weave the science through these different professions and get it into the hands of the general population, they will invent very wise actions. That’s what I am hoping and praying for in Montcalm County” (E. Combs, research memo, February 4, 2019). Multiple data points signaled that trauma was a common cause that brought purpose.

Genuine purpose spurs capacity building. In the same middle school session in which 35 of 36 participants found an important purpose in trauma work, sixteen committed to further action motivated by the urgency of the moment. In addition, multiple staff members spoke to their desire for more training and higher capacity building. When asked “*What support or policy changes do you need to help your efforts in building a trauma-informed organization?*” the desire for capacity building was reflected in their responses for more training, increased parent involvement, more family supports and getting all staff on board.

The link between an appreciation of urgency and a desire for capacity development are consistent with the CoP’s continued enthusiasm to become trainers in the model of Understanding the Science behind ACEs. Because another member and I from the TCN were trained at the state level to be State Master Trainers of Trainers, we could offer training classes monthly. The prospective trainers came from various professional sectors. The interest was evident as indicated by attendance and reflection surveys. We offered three classes that were filled to capacity. A common theme of the compiled reflection surveys indicated a deeper understanding of brain science and confidence for presenting information to others. When asked “*Who do you think you could bring this information to first?*,” every participant could identify a target audience they were planning on contacting. One powerful example of how this training model created a larger sphere of influence comes from the administrator of the Early College program; Sally participated and became a trainer. She shared her knowledge of the science

behind ACEs during a presentation to 31 regional librarians on the topic of adolescents' behavior in reading. Expanding the understanding of the audience a follow up reflection question asked, "*What was the most important or helpful information learned today?*" Summarizing the 31 comments share the larger story of the influence of understanding:

The biology and research tied to childhood trauma has a lasting effect on the brain. Knowing the biology behind the behavior will make me more aware that the small things matter. Teens are reacting to this trauma in so many different ways. I thought they were just being defiant and difficult. Understanding ACEs will help librarians to support teens and be realistic with expectations and goals. We can directly implement ways to be compassionate and authentically care about these teens as individuals. This information provided a context correlating troubled teens and their toxic upbringing connecting early abuse and later self-defeating behavior. Now that we know this information about childhood trauma, the next step is to develop strategies for hope. (E. Combs, field notes, June 17, 2019).

As a result of Sally's efforts, a librarian from outside our county joined the trainer-of-trainers professional development. The ripple effect of deeper connection and understanding to the theme was evident in her reflection,

I knew the first time I heard about ACEs I wanted to be a part of sharing the information. This new knowledge brings me hope. Hope to heal myself and empowerment to help others do the same. Thank you for creating a space to feel safe and discover more about myself and others. I am excited to take this information and share it in our community. My community is much larger and urban; ACEs information can connect us at a common place of understanding (R. B., self-reflection, 2019).

As individuals learn how universal trauma is and how many ways it impacts children and families, they grow in their desire for capacity building. With greater capacity comes more action, carrying the ripples to communities near and far.

From capacity building to action for change. The CLE discussed in Chapter Five was one of the first examples of furthering both cross-sector understanding of trauma and capacity building to address the issue. The CLE continued to have a ripple effect, from identifying participants for the TCN to connecting people together two years later, building relationships across the county. With increased awareness and training, agencies have connected in multiple ways, developing meaningful cross-sector collaborative opportunities. Seven community-based organizations attended the Community Learning Exchange. The data about transfer indicate that these activities were useful to building capacity; all organizations committed to and instituted practices (see Appendix G). Persons from six of the groups engaged in additional training, including requesting training for the courts. Six groups shared programmatic examples from their work and entered into collaborative conversations with another CBO to foster grandparent trauma-informed training, restorative justice practices, and pilot a program entitled Handle with Care, most especially to work with law enforcement to introduce two-way communication with families. Two groups supported improvement on the community website, and three others collaborated on grant writing. Two groups (8-CAP) hosted community events, include the film and discussion on Resilience and the 7th annual Recovery Symposium. Three groups sent members to join the community of practice or community of care.

As seen by the various actions taking place across Montcalm County (and Ionia County) sectors, evidence suggest that capacity building has resulted in actions. The court system's transfer can be seen in their strong desire to cross-train staff in restorative practices. One local

judge asked, “Can you provide RP training to our staff and then also provide ongoing technical support for implementation through observation and feedback?” (E. Combs, field notes, June 3, 2019). Another judge offered additional commentary comparing traditional practices to restorative justice experiences by suggesting:

I believe we can help the families to heal through intentional efforts. Consequences do not make the family stronger nor do they promote the assets of the family and their culture. It is time to look at things through a trauma-informed lens. Taking into account what has happened to the individual and how can we create a safe environment for total healing (E. Combs, field notes, April 5, 2019).

Joint grant seeking is yet another example of transfer and new cross-sector collaboration. The Montcalm County Superintendent for Special Education at the ISD sounded inspired when she shared,

Organizations are coming together and sharing their community data. We are creating a comprehensive picture of our community’s assets and opportunities. Federal, state, and local funding have complex rules making it almost impossible to be collaborative.

Securing funds together will break down one of the barriers that often times interferes with getting the work done (E. Combs, research memo, April 5, 2019).

Further evidence that momentum builds on momentum, multiple agencies applied for one grant collectively. The shifts in perspective as funding structures were based on thoughtful distribution of what’s “fair” is not necessarily everyone getting the same amount but resources supporting children and families in the best ways possible.

The evidence points to the value of understanding trauma which necessitates an urgency to act in new ways. In addition to the myriad of examples of transfer from within Montcalm

County, neighboring counties have recognized the work happening locally and expressed an eagerness to change practices. Josh, a Special Education Director in Ionia County, brings voice to this by asking, “What is the TCN doing now in your county? We know the work is moving forward and we want to join you. There is no sense in recreating the wheel” (J.L., email, May 13, 2019). Together, these examples contribute to the theme of developing urgency by shifting the picture from awareness to a call to action. It is evident that multiple participants transferred knowledge gleaned from a deeper understanding of the effects of trauma into efforts to collaborate in creating change.

This is unsurprising given the complex nature of the problem at hand. Kania and Kramer (2011) point out that not all problems require cross-sector collaboration for successful solutions. In fact, some problems such as technical problems are more efficiently resolved by individual organizations, such as in other cases when addressing complex problems like the need to build a trauma-informed community, adaptive solutions benefit from collective impact. Trauma is not a new factor in Montcalm County and independently agencies have been trying to resolve the crisis for a long time. The sense of urgency, coupled with a collaborative structure in the TCN, has brought together actors from different agencies to form this cross-sector collaboration with a common agenda to create collective impact. Further supporting these efforts are the relationships that formed among actors, as seen earlier in the journey lines (Table 8), where 10 of 11 participants named relationships among the CoP as a significant milestone on their travels toward becoming trauma-informed.

Theme three: Relationships formed sustained individuals and enabled transfer. The theme describes two types of professional relationships; first, the relational journey of the participants introduced to the CoP framework, and, second, the ways in which this inter-

dependability helped me both during my absence and on my personal journey as a leader facing unexpected hardship. In addition to the journey line artifact referenced previously, multiple examples of the importance of relationships were present throughout this change project. I discuss the role of relationships in driving collaborative work as well as in planning a successful re-entry.

Relationships driving collaborative work. Examples of partnerships involving transformation were manifested through participants indicating a shared sense of responsibility and mutual ownership, recognizing the work is too large for any one organization and honoring the community of practice. Most participants expressed a level of commitment to work as well as a personal responsibility to me to move the work forward. A statement noted in the February 2018 meeting minutes, “Esther is counting on us” was announced and documented (meeting minutes, February 12, 2018). This fits with social presence theory, or, “the degree of salience of the other person in the interaction and the consequent salience of the interpersonal relationships” (Short, Williams, & Christie, 1976, p. 65). Elements such as physical distance, eye contact, smiling, and sharing personal topics increase the social presence of a situation and the satisfaction of individuals communicating. The structure of our meetings, with attention to thoughtful protocols, time for personal connection, and genuine support for each other increased this social presence and in so doing enabled the work to proceed.

In addition to multiple examples of high levels of social presence, counter-examples arose as well. Three members of the TCN were able to share their feelings of disengagement that they attributed to lack of consistent meetings and connection. When people were meeting on a regular basis, they reported increased levels of work commitment and output. Events and activities were being reported out and individuals were energized with a sense of

accomplishment. The momentum of cross-sector project completion remained a focus area due to trust and respect, not wanting to disappoint their colleagues or the group. By bringing this information to the group thoughtfully and making a commitment to co-developing an agenda, meeting monthly, and following up on commitments, we addressed this relational challenge, supporting the TCN in forging ahead.

The strong relational aspect of the work is seen in examples such as the joint grant-seeking, in which organizations were willing to think holistically about how to best dispense funds, rather than advocating for individual silos at the expense of progress. Similarly, looking for collective impact, the TCN shared responsibility for various tasks, dismissing any concern with which organization received the credit. For example, the a cross-sector team created a website that was monitored by a single organization. The other organizations linked the website to their organizational website and promoted the other organization without concern. This act of unity had been a missing link in the previous collaborative model. A comment shared by Myra, one of the developers, captures the ethos germinating: “Working on the website was a great opportunity to meet people from other organizations. It was a simple task that really connected a lot of organizations” (E. Combs, field notes, March 22, 2019).

The connections and disbursement of work continued through the development of a common website, expanding professional development and other initiatives. Handle with Care (HwC), an initiative that was being introduced to law enforcement and educators prior to my accident, shifted to different members of the TCN who had more capacity to move it ahead. They understood the concept of divide-and-conquer and, with enough relational trust present, proceeded with one person meeting with law enforcement while the other met with local superintendents. One person shared in an email, “This initiative is difficult to get moving. It

seems simple, but in reality it is difficult to acquire this level of cooperation. Despite the complexities, the increased goodwill among organizations paid off, with even the county sheriff contributing new opportunities for collaboration: “We continue to try and remind the officers about Handle with Care, but you realize we are only a small sector of the community. If you really want this to work you also need to talk to EMT, Fire Dept. and the other law enforcement” (E. Combs, field notes, August 13, 2018). The sheriff recognized the challenge in its enormity. As Myra had stated previously, organizations are working on the same concept of community wellness; however, the process and procedures are very different. With greater trust and strong relationships, these varying approaches and mindsets can live in harmony within a single initiative. These examples show openness to cross-sector collaboration bringing a sense of hope for a positive outcome; however, individual participants continue to reflect and acknowledge the challenge of bringing forth change, even when it is identified as a positive influence. Two years ago, prior to TCN, we would not be having these kind of conversations. The relationships developed through the TCN have infused the urgency to address trauma across different sectors, even when doing so remains challenging.

Many of the TCN members have deepened their relationships and influence within their organization by initiating trauma-informed practices utilizing the model. This interdependence was highlighted when one member asked of another, “Can we get the trauma-informed organizational scan you utilized to begin the process of becoming trauma-informed? I think it would be beneficial to compare from the same assessment tool for future collaboration.” Another member in the same meeting chimed in, “Our staff need training in the area of mental health sensitivity, can your organization support this?” (E. Combs, field notes, October 8, 2018). Each TCN member brings a unique organizational asset to the room and as a collective group with

growing trust and relationships, they are leaning on each other's strengths and disclosing their own vulnerabilities. The relationships established creates authentic dialogue replacing organizational competition with cross-sector collaboration in efforts for all to progress towards becoming trauma-informed.

The TCN began as a group of people coming together due to a community concern. The concern was winnowed down to an overarching problem identified as ACEs or trauma. As a group, we agreed our individual organizations had been trying to mitigate this concern with minimal results. Our conclusion mirrors the literature recognizing trauma is not a siloed issue, and neither is its effective treatment. Youth deserve "a coalition of child-serving champions" (Lawson, 2004, p. 225). In turn, the display of agency unity at the TCN fostered others to want to join while encouraging current participants to stay involved, which all have ever since the CLE. In addition, if an organization could not send a member to the meeting due to limited organization capacity, they would request to be kept in the loop through meeting notes.

The role of relationships in planning a successful re-entry. The strength of relationships formed among the CoP sustained them while I was away. They fed me too. After my first attempt at rejoining the work "full steam ahead," I listened to the guidance of those who knew me best. I knew I had to come in as a participant observer, not a full PAR member as initially intended. This meant I had to discover how best I could operate in a new role. I participated in an activity that identifies skills fundamental to the method of participant observation (Musante et al., 2002). This activity represents the skills, strengths, weaknesses, and talents inventory I could identify which fundamental skills to leverage. As seen in Table 10, a self-reflection individual inventory, the exercise served in affirming my strength areas: inquisitive, facilitative, observant of body language, recognizes personal influence, attends and honors when disagreement is

Table 10

Self-Reflection Individual Inventory

Skills	Strengths	Weaknesses	Talents
Active listener Facilitator	Well known Persistent	Well known Impatient with non-pertinent information shared	Engaging Brings purpose and motivation
Strong empathy when uncomfortable stories are shared	Knowing the language (terms)	Easily frustrated with slow moving initiatives	360-degree view
Observant of body language	Energy	Spelling	Singing
Comfortable with silence	Charismatic	Bias from previous experience with informants	Presentation
Summarizing thoughts and concepts	Remembering faces	Excitement can cloud judgment	
Communication Elicit engagement from all participants	Inquisitive Memory for places, things, ideas presented prior	Over-extending Can be sensitive to criticism	
Effective questioning	Visionary	Writing field notes every day	
Attending and honoring when disagreement is present	Intuitive		
Reflective	Detach from environment		
Promote safe environment for sharing	Recognizing themes and patterns		

present. It served to highlight issues to confront: being well known, getting easily frustrated with slow-moving initiatives, being impatient with non-pertinent information shared, and having ongoing limitations due to physical needs.

Not surprisingly, several of the identified strengths are trauma-informed, including promoting a safe environment for sharing, which corresponds with the SAMHSA principle of Safety; attending to and honoring when disagreement is present (trust); eliciting engagement from all participants (empowerment); being inquisitive (voice and choice); serving as an adept facilitator (collaboration and mutuality); and displaying strong empathy (historical, cultural and gender issues). Promoting trauma-informed approaches is also a tool for overcoming my growth areas. My orientation toward trauma-informed care heightens my sensitivity to in-the-moment responses, thus slowing my natural impulses of impatience to give space for healthy exchange.

The military uses the phrase “Slow is Steady, Steady is Smooth, and Smooth is Fast.” My dissertation committee offered me “Go Slow to Go Fast.” The challenge to put this in context were the external and internal pressures to resume my leadership role. Interviews with the TCN executive team confirmed they were ready for me to take on previous responsibilities; however, stepping into leadership is tricky as it has the possibility of reinstating hierarchy, not fostering collaboration. One member shared, “We have been waiting for you to come back; we have missed you and your leadership. No one is going to feel put out by you stepping in. You started this work and people expect you to be leading it out” (E. Combs, field notes, April 5, 2019). In a reflection memo I wrote; “I too want to take the reins; however, I can see changes. There are emergent leaders now in the group, and I want to move slow to honor their positionality and respect their work (E. Combs, research memo, April 2019). Another member encouraged me through this email: I've reflected on your comment Monday about coming across

as 'pushy'. I see you as leading with that ginormous heart of yours with a focused intention to make a difference in our community (K.W. email, April 7, 2019).

In addition to the external push, Julianna wanted me to take on responsibilities; however, she wanted to continue assuming some responsibilities. She shared, “I am ready for you to take over the agenda, but I think we need to co-facilitate. I would like to lead the group and you bring in the activities” (J. K., formal interview, April 8, 2019). Her statement supported the slower pace in the beginning and the push urged me forward. The relational depth that had formed between Julianna and me encouraged direct and honest conversation. The same strength of relationships allowed me to honestly share the limits of my capabilities with other TCN members too. These conversations made me aware of the transformation taking place in my learning. I was anxious to be leading. I also was aware of the needs of the group. I reflected, “The TCN relationships are valuable and deserve the investment of time (E. Combs, research memo, April 8, 2019).

Our CoP built relationships with the catalyst for coming together being an understanding of ACEs. People came together with their hearts, not through organizational requirements. What continued to develop were relationships that then went back into the individual organizations to be infused with trauma-informed practices. These in turn led to community changes, as evidenced by conversations both informal and formal. The words “trauma-informed” are now used in almost every meeting across the sectors - something that would have been unthinkable at the start. In the next section, I examine these and other implications of this work more directly.

Implications

“There was a force behind [our trauma work] that would not be stopped... a benevolent force some of us might call ‘God.’ What a privilege to be part of this healing work” (D. S., TCN participant, email, May 12, 2019).

The most direct implication of the cross-sector effort has been the infusion of trauma-informed principles at every level of the multiple organizations. To examine this phenomenon more closely, I return to my original research questions to identify new learning, practices, relationships, cultural changes and - most importantly - collective impact.

Lesson One: Overarching Question

The overarching question: *To what extent can cross-sector collaboration lead to enhanced services for families and children?* While I collected no evidence in the numbers or gravity, of enhanced services, anecdotal examples offer the team a process for future sources of evidence indicating the pre-conditions necessary for impact. From the onset of the work, I recognized that setting the pre-conditions for trauma-informed practices was a heavy lift, even in the original design of the PAR. I believed that an authentic community of practice was the first step as I fully understood that relationships and trust are at the core of change efforts (Bryk & Schneider, 2002; Bryk et al., 2010; Grubb, 2009; Lave & Wenger, 1991; Wenger, 2000). I was hopeful to demonstrate that people could operate differently when brought together in a cross-sector community of practice (CoP). Prior to the work, I participated in multiple “meeting circuits,” running into the same collaborators at different tables, surprised and frustrated that few connections were made between one meeting and the next. My hope with the project was to unite around a common cause. To my surprise and delight, multiple examples of the ways in which inspiration and best practices were possible emerged. Even with me in and out of the work due to

the accident, people who had worked together for ten or more years shifted their practice by not only maintaining relationships during my absence, but making connections that indicated transfer to practice was happening.

While we do not have comprehensive evidence on the level of enhanced services to families and children, we have some preliminary sightings that have begun to show promise for answering this question (McDonald, 1996). I discussed some of these previously, including joint grant-seeking and data-sharing mechanisms, and add the development of a wraparound team and the creation of a better family referral system.

One of the first indicators of increased services beginning to take shape came from the joint grant-seeking of organizations. As a byproduct of talking openly about the enormity of need in cross-sector spaces, opportunities to secure grants were realized, with the hopes of bringing additional resources into the county and improving access to care for families and youth. Of several grants submitted, one was secured, specifically succeeding due to its ability to demonstrate cross-sector commitment to change. That grant, the 31N Grant, allowed Montcalm Care Network to be able to contract three social workers within our seven local school districts, directly enhancing services for families and children. In addition to joint website, because we had to gather data from multiple sources for the grants, we created a community-wide picture of assets and opportunities. With the trust that allowed for transparency of data to take place, conversations became more authentic. These data, accessible to all community of practice participants, should help us provide better services.

An additional example of cross-sector success was the development of a wraparound team to lessen the load on families participating in multi-agency services. The same organizations discussed at the beginning of this project are now forming together in a new way.

Organizations and schools met monthly to discuss youth and families jointly served by multiple providers, resulting in expanded services due to greater awareness of opportunities, enhanced creative thinking and funding flexibility. An additional benefit of these coordinated services seemed to be the reduction of stress on the families most taxed. As the providers took on the work of coordinating efforts, families were able to shift their attention to healing, self-care and other priorities that would better their lives. Data on how families experience the wrap around services could provide more concrete evidence of impact.

Better relationships and improved knowledge of inter-organizational workings led to an increase in families' referrals and access to different agencies' services. Recognizing the benefit of these connections, the service organizations decided to reinstate the 2-1-1 program, a county help number that can be used as a simplified method for finding resources. The organizations agreed to share the cost of reinstating the program, something they had previously declined to do until re-connecting through the TCN. Similarly, organizations worked together to create shared resources such as the ACEs brochure, (see Appendix H), and an expanded shared website.

Another area of collecting evidence to support impact includes understanding of how empathy has increased because of the influence of trauma across domains and systems increased quality of services. The prevalence of ACEs training seemed to change the ways providers viewed people in their care. Increased awareness of the impact of brain development and the multigenerational nature of trauma led to a desire to reduce re-traumatization. One of the initiatives developed to help with this effort was called Handle with Care, an approach in which police officers inform trained points-of-contact so that school staff are made aware that a police contact was made and the child may benefit from additional support and empathy. Together, these developments show promise of the impact of cross-sector collaboration on the direct

experiences of children and families, but, to date, we do not have sufficient evidence to respond fully to this question. I have retained the question in the dissertation because the question has strong implications for how we move forward, what data we collect, and how we measure impact beyond the strength of relationships as a pre-condition for moving forward, which I address in question two. In Chapter 7, I offer a summative analysis of the early data that suggests enhanced service delivery may be starting to take hold, while continuing to acknowledge that this research will not conclude with clear, comprehensive evidence of county-wide change.

Lesson Two: Research Question 1

Research question 1 asks: *How does a cross-sector CoP influence agency professionals relationally?* Rather than focusing on direct impact, this question considers the needs of practitioners. As Freire (1970) writes, “People are fulfilled to the extent that they create their world (which is a human world) and create it with their transforming labor” (p. 145). The bulk of the evidence in both phases of the project documented steady meeting attendance, transfer of interagency collaboration on multiple fronts after the Community Learning Exchange, and evidence in agendas, meeting notes, field notes, journey lines, and research memos that substantiate the value of the connections. The CoP provided that opportunity for providers like Tina who came back to education after 20 years in the private sector. In her journey line, Tina wrote that her participation in the CoP is what made her know returning was the right choice, connecting her to an area of great passion and worth. Relational value was exhibited by Don, a minister, who wrote in an email, “I’m skipping out on the opening of the Michigan Conference of the United Methodist Church in Traverse City to be here. Don’t tell anyone. Esther this is your fault!” (D. S., email, May 31, 2018). In their journey lines, a number of people other than related their experiences and talked about hope, connections, purpose, and even related their personal

experience. Overall, the CoP changed previous professional, but disconnected, relationships to personal, connected relationships. Through word-of-mouth, more people wanted to join, sharing that they had heard it was the best meeting around. This feeling of connectedness provided professional and personal purpose and re-energized participants toward “transforming labor” whereas before they may have experienced only compassion fatigue.

Lesson Three: Research Question 2

Whereas the overarching research question asks about wide community impact, which at this time we are not fully able to measure but are using as an impetus for moving forward, and the first looks into the influence on others, the second question reflects inward, asking: *How does my work with the CoP contribute to new leadership understanding and practice?* So much learning has taken place that it is difficult to pull out isolated examples. I have learned about the importance of trusting the process, aligning with people with complementary skill sets, looking for opportunities for self-development, devising strategies for the experimenting with and implementing new skills, and finding joy in discovering that progress happens differently than I may have originally wished or envisioned.

In my field notes from when I first returned, I wrote “I need to be patient and understand the landscape of the group and be willing to accept that some things are not what I expected them to be. I will follow the breadcrumbs (e.g., past meeting minutes, work plans and agendas)” (E. Combs, field notes, February 10, 2019). The first reentry was fast and furious, trying to resume my normal role “in spite of” my injuries and their impact on my sustainability or the reality that much had shifted while I was away. We were blinded by the desire to return to normalcy and ignore the reality that things really had shifted. Looking back, I recognize that, as a leader, my responsibility was to slow the system down and take a back seat to honor what was already in

place. My expectation needed to be that the others would continue their expanded leadership roles and that my slower entry would afford me the opportunity to develop capacity and heal. As a leader, I needed to set the boundary that I was just coming back, which would have benefited my own progress as well as the group's sense of agency and increased capacity.

Although it took additional time to internalize this lesson, my health forced me to transition to a more peripheral role. As such, I started to see the need for complementary skill sets to continue the work. My partnership with Julianna demonstrated that she offers something I do not - good health, for one thing - but also calmness, successful distributed leadership, and an ability to sit in a space and give people time to take their own initiative. Meanwhile, I could offer my assets to her behind the scenes in support of the work, bringing energy, ideas, confidence and professional friendship. Other participants had skills to offer too, and I was beginning to understand the power of trusting the power of collective leadership, which relies on fully embracing that leadership is already cognitively distributed. My job is not to delegate, but to set up systems and conditions for that leadership to fully emerge (Spillane et. al, 2001).

Due to my health limitations, I was assigned an administrative assistant, Deb. In addition to filling in when I could not, such as taking notes, I learned that she could offer help with the technical pieces which some people need and which I do not do well. Her organization allowed me to be creative and not mired in the technical components of typing and keeping things clean and organizing, sorting, and making sure copies are made. It also helped tie me back to where the CoP was, anchoring me so I knew where my focus was needed. Once I could connect myself to the technical components, I could then feel my way through the more adaptive, complex problems of practice that needed support. This was a lesson in the importance of distributed leadership (Spillane, Halverson, & Diamond, 2001). It was also a lesson about my needs as a

leader. I learned needed a connection to an action plan (the technical piece) to locate where the team was and what they were doing, something which I did not prioritize previously.

Looking through the lens of assets and opportunities provided important support for the work to proceed. When I first came back, I wanted to rush the work ahead and felt some frustration at what appeared to be a lack of action items or progress. A logo had not been designed, notes were missing, and there was little momentum to move forward. As a leader, I had work to do to reframe these frustrations positively and see them as data about the needs and gaps the team experienced. What might have previously looked to me like a person dropping the ball, I could now see as more of a reflection of needs not being met. By re-casting my observations as data, I was able to direct my leadership actions to the specific needs of connection and accountability among the CoP. In the past, I would have gone back in and pushed to get things moving again. Instead, I am learning to be grateful for the wheels that were moving and to be inquisitive about where we are and “where do you see me fitting in now?”

Among the most important leadership lessons I learned was how to move forward when I was no longer the expert. There was relief in not having to be the expert; through the distribution of work while I was gone, other people recognized their strengths. Prior to that, I was not hoarding the resources, but I could not get them out fast enough; now I saw we had a deeper pool of resources because other people took the roles they could. Julianna took on a central role as facilitator and led the *Resilience* movie discussions; Don became a master trainer; Kire went into the classrooms to do mindfulness trainings; Julianna is also moving forward through training in rapid eye-movement trauma therapy; other folks absorbed restorative practices; the Board of Education presentations, grant writing and meetings with the sheriffs. The leadership lesson this presented me was that, through collaboration, we had a greater reach and sphere of influence.

When others were willing to step outside of their comfort zone and into mine, I was able to embrace them and amplify our impact. It started by accident - literally - but I became an influence for enlightenment, allowing people to see themselves as their better selves, taking risks and breaking barriers they had recognized for themselves. Through this, I learned that as a leader, it is not my expertise that is needed. Instead, by supporting the conditions for others to do their best work, I could illuminate their personal essence and expertise. Schmoker (2004) offers that leaders may “instead of trying to ‘reform’ a... system, [create] the conditions for teams...to continuously achieve... wins” (p. 427). This resonates with my personal motto, “People can.” By providing the right resources and support and being given the time, “people can,” and the CoP did transform from individuals working in isolation to an unstoppable collective.

Summary

Just as my first phase of research concluded with a newly developed CoP, I was in an accident that suspended my direct work for eight months. The CoP continued meeting monthly and working the plan we had in place to create a trauma-informed community by 2021. I stayed in touch via emails, hospital visits from team members, and phone calls, discussing the vision and logistics of the work and giving me hope for my return. On the calendar prior to the accident was a report to the countywide Board of Education. As I reentered the work in September, I kicked into high gear to prepare for the event and a movie premiere. Despite my best intentions, I was shortly pulled back out due to ongoing health issues, slated to return in late February. The second reentry was more purposeful, integrating the lessons learned from moving too quickly in the fall. Instead, I took a more supportive role, in the CoP while encouraging others to continue holding the torches of their now expanded leadership roles.

Through this process of repeated disruptions, I collected evidence from multiple sources, including meeting agendas, emails, researcher field notes, and meetings artifacts, such as journey lines and a sphere of influence activity. However, the primary data points are field notes and research memos. These data points revealed three major themes: (1) valuing trauma-informed principles in our own meetings and interactions encouraged participants to engage fully; (2) a fuller understanding of trauma and its universality created urgency for action; and (3) the relationships formed protected the work and moved it forward, even in my absence. In my next chapter, I return to the themes, testing them against research in the field and proposing potential implications for wider study, policy changes, and changes in future practice.

CHAPTER SEVEN: DISCUSSION AND IMPLICATIONS

2018 Daily News Headline: Rural Community Trend - Students who are economically disadvantaged or homeless are being out-performed by every subgroup on state assessments. The trend line for child abuse and neglect, and special education referrals, is on the rise.

2021 Daily News Headline: Community of Hope - A small rural community is setting the standard for becoming one of the first to offer cross-agency collaboration to support families and children exposed to trauma. This healthy resilient community refers to this effective initiative as 360° of Hope: the support that circles the community.

When writing these headlines in the fall of 2017, I did so with a vision of exploring the elements for a positive sustainable community change. A change that would provide systems of care, influence and inform attitudes and beliefs, and enhance opportunities for the Michaels in the community. It was hoped, through thoughtful and intentional efforts, that a thoughtful collaboration could create a space for our community to work authentically across organizational sectors to mitigate the known consequences trauma presents.

Looking back today, the vision has become action and a working model. Although the research for the dissertation has concluded, the work continues to move forward in a collective manner expanding the sphere of collaborative influence. For example, an event called Community Healing featured an expert on human trafficking and one of my co-researchers, Julianna. Another Trauma Champion continues to offer train-the-trainer sessions to full classrooms, keynoting opening day activities for contiguous counties and district. The work continues to build momentum through the strength of the cross-sector collaborative efforts, enabling people to move forward sharing the supports and resources they require. Neighboring communities are looking at the efforts in our county and seeking guidance supporting their own

initiatives toward becoming trauma-informed communities. The relationships formed during the research project remain vibrant, reaching beyond the initial scope. Looking toward 2021 in the horizon, a developing community that reflects the fictitious headline imagined at the start of this work is beginning to emerge. A foundation supports the vision, and Montcalm County is newsworthy as a community of change. The story left to be told is the how the joint efforts are impacting families and children.

Inquiry Beginnings

Developing an understanding of the nuances between optimism and hope created a leadership action space for this research project. Optimism is perceiving the current situation and determining there is a possibility for change. Hope, however, is the ability to perceive the current situation and inspire action through the identification of resources and connections, building relational collateral in the community bank of assets. Radical hope exist when a person sees the possibility, albeit not perfect, for inconveniencing overwhelming dilemmas in a community and charts a concise forward (Lear, 2006). Hope is where this research project continues to live.

As a community leader, educator, and therapist, I participated and observed in our community we took on the task of dismantling multi-generational trauma. The number of Michaels in our schools, mental health systems, and judicial systems are on the rise, and service providers continue to be fatigued and disheartened. This epidemic changed a once self-sustaining community into one in which an increasing number of residents struggled to meet their basic needs. Intuitively, I knew addressing the predicament we observed would require a shift in current systems thinking and a deeper understanding of trauma within our community - and this is where my inquiry began.

I explore the necessary conditions for bringing together community sectors and educational institutions to engage in authentic dialogue through cross-sector collaboration. As I began the project, the new role, Community Liaison, placed me in the epicenter of this work. Using addressing trauma as a catalyst, I worked to bring interested sectors together and build the trusting relationships needed to facilitate authentic cross-sector collaboration. The literature was abundant with collaborative frameworks and resources to explore, while leaving opportunities for further discussion. The foundation of my research design was anchored in participatory research principles. This resulted in a vibrant, collaborative, engaged effort spanning over two years that fundamentally changed the conceptualization of trauma within our community.

In this chapter, I offer an overview of my study, including the research methodologies I used, key participants, community context, and main activities. Then, I turn my attention to the findings from the research. I do this by reviewing the themes that emerged from the two phases of research, and then re-casting these alongside the research questions. Next, I locate the findings within existing research and discuss the implications on future practice, policy and research. Finally, in response to the second research question, which focused on self-reflection as a leader, I examine my own growth as a professional, a researcher, and an individual.

Overview of Study

The intent of the study was to change and enhance the way rural community stakeholders engage to better provide coordinated services for the families and children we serve. The action research study was initially designed to involve three cycles of inquiry and three CPR members, and my role was intended to be lead participant action researcher. As detailed in Chapters Five and Six, due to a motor vehicle accident early in the research, a change of approach was required. Preserving the qualitative nature of the study, I made adjustments in the methodology

participatory action research as a full participant to action research as a participant observer. The collection and analysis offered a way to explore the action space and relational dynamics. The story of how the pieces come together are the backdrop to the research project. The important story is how stakeholders in a rural community became engaged and reached across organizational walls to commit to building a healing and resilient community

Where and Who

The study took place in Montcalm County, a rural community in central Michigan. Like many rural communities across the country, Montcalm County has a high level of intergenerational trauma, resulting from the multiple factors of poverty, substance use, poor educational outcomes, limited post-secondary education, and stagnated opportunities for gainful employability. For every struggle identified in the micro-, meso-, and macro-systems at play in Montcalm County, a corresponding asset could be found that begged to be better recognized and further explored.

In my role as a community outreach coordinator, I was situated for the research as I regularly partnered with local agencies and community members to address the needs of the most vulnerable populations. Mental health providers, religious sector leaders, prevention and wellness initiatives, economic development organizations, healthcare operations, and other educators were part of the project. We were optimistic in our initial interactions, as we frequently shared our challenges and sought input on solutions. Yet, the solutions continued to rely on independent agency responses. More hopeful attitudes toward authentic efforts at collaborative and stronger cross-sector responses were the goal of the project. The conversations we had established a common desire for a change in how we exchanged resources and how we could more effectively work together by recognizing available assets, not just overwhelming needs. In

a memo I reflected, “People are aware of the need for change, and bringing voices together is difficult. How can I honor the wisdom, energy, and individual needs and move the group towards a process of authentic engagement?” (E. Combs, research memo, Aug. 2017). This was the starting point of the research study. Through identifying the need for increased efficiency and a strength-based approach, we developed an interest in installing a cross-sector CoP.

What and Why

The idea for a cross-sector community of practice (CoP) originated through an analysis of literature for successful community-wide efforts (name some key sources). We already shared a community and a developed practice of meeting. What we needed was a framework that could connect the organizational interests of different players (i.e. domestic violence, substance misuse, homelessness) through a common thread; the emphasis on trauma and trauma-informed practice became a catalyst for organizing.

My initial inquiry became: *Could an understanding of trauma act as a catalyst to bring community leaders together for collective social impact?* As I explored the issue, trauma was at the core of the problem. Recognizing that the work we were trying to do in our siloed organizations was not meeting the needs of the community at large, I hoped that bringing together a CoP would help to break silos down and encourage authentic conversation about what each partner and partner organization could bring and how we could weave assets together to bring about meaningful change. I saw an opportunity to contribute to the literature regarding how a cross-sector CoP can influence organizational leader and change current practices by bridging communication, trust, and interdependence.

At the first CoP meeting, we decided on the theory of action for the CoP: *If rural community agencies come together in authentic collaboration to address the impact of trauma*

and if they use a CoP approach for sharing of wisdom and resources, then the community would be able to experience cross-sector collaboration, building a community of healing and resilience.

Translating the theory of action into practice required a series of research activities. I placed concentrated efforts on three primary areas of opportunity: (1) limitations of communication; (2) alignment of community vision; and (3) collaboration of services. As an action researcher, I hoped the process would help better illuminate the leadership skills and relational factors necessary for such efforts to gain momentum. I used qualitative data that included reflective memos, meeting artifacts, and observations to capture the two-year story.

How

To move toward the research aim, I designed an action space that consisted of : (1) organizing monthly CoP meetings, (2) establishing an executive committee that would meet one week prior to the CoP meeting, (3) planning a CLE and (4) coordinating various efforts throughout the county. Recognizing that these activities relied on strong relational collateral, we used strategies that were designed to develop the interpersonal connections needed to build a foundation for collaboration. From the first CoP meeting, I included the CLE axioms within the agenda, making time for all voices to be heard and creating an atmosphere of safety that could encourage full participation.

Within the first few sessions, however, while the practices are rooted in research on facilitating effective collaboration efforts, some co-practitioner researchers found these practices difficult. That strain was the tenor for the unfolding story told in Chapter Five, highlighting leadership learning and the relational tensions. In particular, two of the co-researchers, struggled with my approach and were uncomfortable, for example, with the idea of practicing mindfulness within a professional setting. As is the case in many change efforts, participants are used to

acting in a certain way and do not take the time to build trust and use evidence thoughtfully to make plans. While two of the members were actively dissatisfied, others, including Julianna, who would soon become a close collaborator, embraced the CLE axioms and the philosophy of investing in relationship and trust-building. Her partnership sustained and steadied me through the first few months of the project. The dissatisfied members self-elected out of the group by late September - only a month into research activities. The CLE at the start of the research had positive intentions and outcomes, but we were not able to fully sustain the momentum from that experience.

Despite my intentions, the research took a decidedly different turn in January of 2018 as detailed in Chapter Six. While I was not able to be present, Julianna stepped into the facilitator role, continuing to assemble the CoP monthly and operating within the axioms and norms we had established. The CoP was providing the necessary framework and action space to further explore the dynamics of relational collateral and trust. Trauma-informed tenets were organically happening as carry-over from the work started in the phase one, as described in Chapter Five. Evidence of safety, trust, collaboration, and empowerment are common in the data. In particular, Julianna cultivated the trauma-informed principle of empowerment through her leadership style. It was through watching her in this leader role that I was able to better understand authentic distributive leadership. Due in part to the fact that facilitating the CoP was an additional duty for Julianna, she formed committees within the CoP, and the heavy lifting of the work was distributed in an empowering way that I had not envisioned.

I re-entered the work twice, once in the Fall of 2018, when I hit the ground running expecting to be back in the leadership position. A setback with one of my injuries made this goal impossible as I was forced to remove myself from direct contact with the project so I could have

time to heal. Upon my second re-entry in late February of 2019, I took intentional effort to honor the work they had done while I was away. In the role of participant observer, I examined agendas, emails, and other artifacts. During that period, Julianna and I recognized that sharing the responsibilities for longer and planning a gradual return would be best.

The qualitative research spanned two years. I began as a full participatory action researcher and shifted to participant observer in the research study. Throughout the study, near-monthly CoP and executive team meetings were held; one CLE occurred in the fall of 2017. I conducted several interviews with participants and analyzed research memos. Taken together, these artifacts told a story about a rural community coming together to produce collective impact addressing trauma and highlighting community assets and resilience. In reporting the findings, I review the lessons learned through this research. Before continuing, however, it is important to consider the limitations of the study in order to fully understand the significance of its findings.

Limitations

The limitations of the study were its small scale, the change of methodology from PAR to POR, and the short time that has followed the formation of the CoP, thus limiting the ability to look at outcomes over time. Examining first the element of small scale, the project occurred in one rural county with a handful of organizations. Representatives from the business community, political leaders, and local or state government policymakers were not yet at the table. Follow-up studies that incorporate these constituents or those that examine multiple counties would help broaden the understanding I was able to reach.

The need to change methodology limited the study in certain ways. It did not allow me to enact the Plan, Do, Study, Act cycles as I first intended (Bryk et al., 2015). In addition, because I did not enter the work intending to serve primarily as a participant observer, this created a need

to renegotiate my role as I re-entered into the CoP. I found it difficult to become an observer on the periphery first and then gradually move into a more active role as leader (Adler & Adler, 1987); however, at other points, I saw the value of the role.

Lastly, the short duration of the project and my interrupted participation should be considered. The study offers a glimpse at factors influential in a community change effort but is far from conclusive. Evidence of effectiveness as a change in outcomes cannot be clearly ascertained this shortly after the start of the project, but the evidence suggests we have a relatively firm foundation for moving ahead, and we need to do as I suggest in Chapter Six: Look at the evidence of how our work serves and impacts families and children. While the study left much room for further questions and research, it also resulted in significant findings.

Findings

As the study proceeded and the evidence accumulated, the data analysis included the emerging themes in Chapter 5 and the three themes detailed in Chapter Six. In this section, I review the themes discussed in Chapters Five and Six, revisiting the evidence base in my work and the corresponding literature from the field. Then, I switch focus to the research questions directly, attempting to align the research with the themes.

Review of Emerging Themes from Phase One Activities

After the phase one, as described in Chapter Five, I had identified two emerging themes: (1) relational collateral and (2) leadership growth. Phase one was focused on bringing together different agencies to foster relational trust in sharing authentic dialogue about a complex problem. Prioritizing relationship development, I saw both themes through successes with the CoP and CLE and through the struggles I faced with two partners in particular. My emphasis on relationships mirrored what I had read from Bryk and Schneider (2002) about the establishing

and sustaining relational trust in the beginning stages as a necessary component to future success. Tuckman's (1965) work on the four stages of collaboration - forming, storming, norming, and performing - also indicated that I spend my time on this important endeavor. In a memo, I wrote, "There is a direct link between [relational] momentum and participation" (E. Combs, research memo, Sept. 12, 2017).

Spearheading this new approach to the work revealed my development as a leader, echoing research into the technical and adaptive skills required to initiate large-scale change (Heifetz, 1994). Some of my earliest stumbles occurred when I was trying to convince CPR group members of my capacity for leadership; I had a different leadership style. Shifting from the types of structures to a totally democratic, generative style of meetings was too abrupt for some members. From these missteps, I learned about the importance of incorporating technical components in meeting facilitation. For instance, the use of protocols, clear directives, role clarity, and consistent follow-through became necessary for certain members of the executive team to feel comfortable with the organization and the movement of the group. Without these, they doubted the capabilities of the CoP to deliver the outcomes it promised.

I likewise recognized strengths in my leadership, including my ability to bring people to the table, to build trust in relationships, to align individuals to an inspiring vision, and to relate with authenticity and realness. I had the ability to bring people together and highlight their assets. What I lacked was the ability to be comfortable when challenged and to negotiate in a way that was collaborative and responsive to the needs of those with a different orientation to mine. Still new to cross-sector leadership, I struggled to set a boundary with other agency leaders out of fear that they would lose their commitment to the CoP. This desire to keep everyone at the

table, even when it risked the success of the initiative, had momentarily made me lose sight of the theory of action behind a cross-sector CoP.

The rift with some members of the executive committee ended with an ultimatum on their end: work together without spending time on the relational factors, or they would walk away. This interaction forced me to reevaluate my commitment to the FoP. Recognizing that sometimes it is important to keep the eye on the prize, even if it means parting ways with those who have a different goal, was a key leadership lesson for me. At the end of the phase one activities, I was beginning to realize how to use my assets, but focus on providing technical supports. As winter deepened in central Michigan, I entered my second phase of research.

From Emerging Themes to Themes

As detailed in Chapter Six, when I was first able to return to the work, we hit the ground running only to be interrupted mid-step. During the second re-entry, relational factors shifted again as we adjusted to the slogan “go slow to go fast.” Understanding the influence that the emerging themes of relationships and leadership presented in the first phase, I wanted to apply the new learning and support the current relationships. I wanted to discover the formula to the glue that was holding this group together in my absence. Artifacts, meeting minutes, agendas, surveys, observations, and conversations served as data sources in; however, the key evidence was from field notes and research memos. Upon my return we participated in two community activities, and monthly CoP meetings; we used protocols to support our work together. The data collection confirmed the previous emerging themes and gave merit to three themes that I discuss in this section.

Valuing trauma-informed principles. Using trauma-informed principles in facilitating a productive cross-sector CoP was critical to our collaborative work. I found strong evidence of

five of the six trauma-informed principles in our ongoing work: (1) safety, (2) trust and transparency, (3) voice and choice, (4) empowerment, and (5) collaboration and mutuality (SAMHSA, 2014). The sixth principle, historical/cultural/gender issues, continued to be minimally represented, as had been the case in the phase one reviewed in Chapter Five.

The universal presence of the trauma principles created a safe environment and enabled the participants to engage in the vulnerable work required for authentic collaboration. In this way, attending to trauma became more than a goal for the community. Instead, by addressing our own wellness needs, we nurtured each other through the difficult process of blurring organizational lanes. When I looked at the agendas chronologically, I found momentum corresponded with times when the trauma principles were best represented. For instance, when the two co-researcher practitioners bowed out of the project during phase one, stronger attention was provided to the trauma principles. In response, attendance increased, partnerships expanded, and the work moved ahead.

Urgency catalyzed joint action. Trauma played yet another important role in the research. In the analysis of data from multiple sources, including the journey line activity facilitated with the CoP, the presentation to the county board, and an examination of the actions taken by individual organizations following their orientation to trauma in the CoP, I was able to verify how a sense of urgency propelled us to work with others. By exposing individual organizations to the commonality of trauma not only in their own scope but in those of others, we developed a sense of mutuality and a synergy of efforts. In addition, following trauma principles, the CoP members engaged in ways that were fulfilling outside of their own professional agendas. In bringing agencies together, the common purpose united parties and brought focus to the collaboration's goals (Kania & Kramer, 2011). As organizations created

their own plans for addressing trauma, they paralleled each other, weaving a stronger web to support and amplify their efforts.

Relationships enabled change. The relationships that formed as a result of the CoP approach made the change effort sustainable. Relationships had been established within the CoP through intentional design, including taking time to hold genuine, one-to-one conversations outside of CoP meetings and providing time in meetings for check-ins and informal, collegial engagements. These interactions are an example of social presence theory in action (Short et al., 1976). The early investment in relationship building provided a bank of trust--in other words, collateral for sustainability in the face of challenges. Following Tuckman's (1965) four stage process, the team had largely processed through the storming, forming, and norming phases and was moving toward performing.

The CoP relationships were sustaining to the participants. Even in the case when their job responsibilities changed, many still chose to come to the meetings. People found satisfaction because they were seen and valued. The purposeful meetings provided a level of self-validation that empowered them to carry the CoP's work into their own organizations. Practices such as mindfulness and engagement protocols radiated from our meetings to other meetings they facilitated or attended. More than just transmitting knowledge about trauma interventions, they replicated their experience with the trauma champions in other venues, magnifying the impact throughout our community.

Together, these themes revealed important truths about cross-sector efforts to influence community-wide change. By utilizing trauma-informed practices, centering an agreed-upon goal, and investing in relationships, the TCN was successful in creating an organizational capacity for social change. To consider how these results aligned with my initial hopes and the existing

literature in the field, I returned to the overarching and two other research questions to identify how the findings from the research had potential for contributing to similar reform efforts.

How the Findings Relate to the Research Questions

In this section, I first examine the overarching research question and relate the findings to Lawson's framework of cross-sector collaboration. Then I explore the other research questions in order.

Overarching Research Question

The overarching research question for this study was: *To what extent can cross-sector collaboration lead to enhanced services for families and children impacted by trauma?* It takes time to see changes in practice, and, as previously discussed the research only spanned two years and faced multiple obstacles. However, several promising indicators of enhanced services surfaced. To understand the early outcomes, I reviewed the extant research; Lawson's (2004) framework for the potential benefits of cross-sector collaboration was evident in our work: (1) effectiveness, (2) efficiency, (3) resources, (4) capacity, (5) legitimacy, and (6) social development. I recast the research findings against these benefits proposed by the research (see Table 11).

In looking at the results through Lawson's (2004) frame, I observe strong evidence for the majority of the indicators. In the area of legitimacy, there was an increased presence of influence from the micro- to the macro-context, with gains in power and authority from formal board presentations and state representative voices, as well as through community participation in events. The one domain in Lawson's (2004) frame that was least represented was effectiveness. This was not surprising to me when considering the short duration of the study.

Table 11

Summary of Research Findings and Lawson (2004) Proposed Benefits

Benefits of Cross-Sector Collaboration (p. 225)	Evidence from the Research Project	Continued Evidence
<i>Effectiveness:</i> improving results and increased problem solving	<ul style="list-style-type: none"> • Handle with Care initiative 	<ul style="list-style-type: none"> • Creation Community of Care
<i>Efficiency:</i> removing the overlap of services	<ul style="list-style-type: none"> • Community of Care coordinates resources • Common planning for events 	<ul style="list-style-type: none"> • Joint coordination of trainings • Common website
<i>Resources:</i> increasing funds due to reducing overlap and co-funding	<ul style="list-style-type: none"> • Mutual grant seeking to share funding • Signed memoranda of understanding 	<ul style="list-style-type: none"> • Letters of Support for others fundraising efforts
<i>Capacity:</i> utilizing strengths of other providers and mitigating professional gaps	<ul style="list-style-type: none"> • Hiring of Mental Health within school setting • Train-the-trainer • Mental Health First Aid 	<ul style="list-style-type: none"> • Distribution of work within CoP • Informal outreach by CoP to specialized expertise
<i>Legitimacy:</i> uniting for a common cause increases power and authority	<ul style="list-style-type: none"> • Expansion of TCN • Collaborative Hosting • Public events with press presence 	<ul style="list-style-type: none"> • Evidence of trauma awareness throughout county • Attention by politicians, including local State Representative
<i>Social development:</i> catalyzing a social movement	<ul style="list-style-type: none"> • Diverse representation of ACE's training • Participants joining CoP out of desire to be part of a movement 	<ul style="list-style-type: none"> • Trauma discussions across the county

Bolman and Deal's (1991) analysis of organizational change theory holds that changes in practice take time to develop. Similarly, Tuckman's (1965) "forming, storming, norming and performing" similarly holds that it can take a significant amount of time to measure success in practice. Yet even for the area of effectiveness, I was able to identify strengths, including the Handle with Care initiative. The initiative brought together the law enforcement, education and mental health sectors to be able to provide effective, trauma-informed intervention through increased coordination and a development of a common language and understanding of children's needs after a crisis at home. The creation of the Community of Care wraparound program and its quick generation of referrals provided secondary evidence of early effectiveness. Prior to the cross-sector CoP, services were fragmented as individual organizations tried to meet specific needs. The formation of a comprehensive wraparound program mitigated some challenges for the family because organizations were engaged in coordination behind-the-scenes.

With evidence found even for the weakest domain of the framework, several "sightings" that suggested the start of enhanced service delivery (McDonald, 1996). Even if only future research could examine impact, I can, nonetheless, now answer that there was evidence surfacing of enhanced services as a direct result of the cross-sector collaboration project. Hearing stories of progress and success within days after my accident and through the many trying months of recovery reassured me that positive community change was possible even in my absence. Being able to lift our most vulnerable population through adequate supports and increased community empathy has been a driving force.

Research Question One

Having vetted my first finding against the research, I turned to this question: *How does a cross-sector CoP influence agency professionals relationally?* I noted that this was the clearest

repeating theme from phase one through the end of the formal research activities. Given my professional background as a teacher of trauma-impacted students and a therapist, I have long centered relationships at the core of my work. No individual I have ever worked with has made positive movement until a solid relationship was in place, echoing the old cliché, “They don’t care how much you know until they know how much you care.”

What did catch me off-guard was the difficulty involved in leading a collaborative to form productive relationships. I had an expectation that professionals were better equipped to dialogue through conflict, be honest with discomfort, and engage in positive relationships. In negotiating this in my role as researcher-practitioner, I found myself mistrusting my intuition at times, sacrificing what I held as essential relationship-building components for the unachievable goal of appeasing participants who did not share my commitment to prioritizing relationships. Rather than satisfying them, however, this move stymied the work, exacerbating the relational challenges the group was experiencing as a result of the rift in perspective. Once I was capable of addressing this tension through direct conversation, we were able to make decisions that were based on transparency and trust. To understand the progression of relational work throughout the duration of my project and this work’s impact on agency professionals relationally, I decided to re-cast my findings within two frames: the SAMHSA (2014) trauma informed principles, and Bryk and Schneider’s (2002) model of relational trust.

SAMHSA framework. In Chapter Six, I cross-analyzed the agenda data against the SAMHSA (2014) six trauma-informed principles: (1) safety, (2) trust and transparency, (3) voice and choice, (4) empowerment, (5) mutuality and collaboration, and (6) historical/cultural/gender issues. As a result, I gained important insights about the centrality of these principles to the CoP’s momentum and success, as described by the last of my three main themes: relationships

formed sustained individuals and enabled transformation. I wanted to see how the theme held up at a higher level; Table 12 summarizes the re-cast of the main activities from my research against the SAMHSA principles to identify examples and non-examples.

Using integration of the SAMHSA (2014) principles into the work, I was able to fully examine the lay differences between phase one and phase two. During the contentious phase one, safety and trust were at a minimum. This is particularly salient because of the context as well as the time needed to establish deep relational trust. Rather than developing throughout the course of the first few months, safety and trust eroded. As a conflict within the CoP executive committee reached its crescendo, the community as a whole experienced discomfort, uncertainty and disengagement. Even as other principles began showing moderate evidence in practice, the lack of safety and trust did not allow the progress to shine, as individuals felt disconnected from each other and the work.(see Appendix I for the full table)

I saw a glaring difference in the level of trauma sensitivity present during the challenging phase one of the work as compared with the clear evidence of the principles later in the project. With this difference came different responses from agency professionals. Tuckman (1965) would define this period the most difficult “storming” episodes of the work, meetings were uncomfortable, we did not strengthen relationships among participants, and I did not lead to momentum for change. As the CoP reformed its membership and gained steam, agency professionals’ experience began to shift. Safety, trust, empowerment, voice and mutuality were the foundation of the community of practice allowing participants to belong to a collective

Table 12

SAMHSA (2014) Trauma Informed Principles Summarization

SAMHSA Principles	Phase One Examples	Phase Two Examples
Safety	<ul style="list-style-type: none"> • Meeting norms 	<ul style="list-style-type: none"> • Consistent attendees • Authentic engagement • Courageous discourse • Healthy conflict
Trust and Transparency	<ul style="list-style-type: none"> • Consistent meetings • Transparent to new leadership 	<ul style="list-style-type: none"> • Vulnerability • Creative thinking • Personal sharing • New partnerships
Voice and Choice	<ul style="list-style-type: none"> • Meeting requirement optional • Invitation participate in activities 	<ul style="list-style-type: none"> • Sub-committees formed through individual interest • Group norms for disagreement • Co-created agenda
Empowerment	<ul style="list-style-type: none"> • Opportunities for involvement • Asset driven engagement 	<ul style="list-style-type: none"> • Distributive work • Mission and Vision alignment
Mutuality and Collaboration	<ul style="list-style-type: none"> • CoP, • CLE • MOUs established 	<ul style="list-style-type: none"> • Website, Community of Care, co-constructed meetings
Historical/Cultural/Gender Issues	<ul style="list-style-type: none"> • Increased accountability • Explicit link for failed systems • Rural Context 	<ul style="list-style-type: none"> • Deeper understanding and empathy for challenges • Promoting assets growth mindset

which fed them, stretched them, and provided meaning beyond their professional commitment. Satisfied with the secondary screen of the SAMHSA (2014) principles to ensure their alignment, I turned my attention to a secondary frame to examine Bryk and Schneider's (2002) relational trust elements.

Bryk and Schneider framework. Looking at the evidence through the SAMHSA (2014) model hinted strongly at a link between ensuring safety, trust, collaboration and voice and influencing professionals relationally. To test this claim, I looked at the data in conjunction with another relational model, Bryk and Schneider's four elements of relational trust, as summarized in Table 13. The full table (see Appendix J) positions the evidence from the artifacts within the Bryk and Schneider (2002) model, reflecting on examples and non-examples and concluding the level of evidence present for each attribute in both of the research phases. I analyze the data in the table, looking first at the phase one and then interrogating the formal research activities.

Analyzing the findings from phase one. My first response upon seeing the evidence alongside the relational trust elements was that the moral imperative is what brought us together and best protected our levels of relational trust. Even when relational trust was at its lowest, a recognition of the moral imperative of helping our trauma-impacted community continued to bring people together. At the same time, relational trust was hampered by several factors, including the lack of ability to hold difficult conversations. At first this showed up as polite resistance. Not recognizing the need to address this element, I soon saw more passive resistance turn into doubt and disbelief. As a result of the low levels of relational trust during the phase one research activities, agency professionals disengaged or when participating, they took few risks and shared minimally.

The relational influence on participants was either neutral or negative. This touched every

Table 13

Evidence Using Bryk and Schneider (2002) Relational Trust Elements Summarization

Relational Trust Elements	Research Phase One	Research Phase Two
Collective decision making	<ul style="list-style-type: none"> • Mission Statement • Vision • Meeting Norms 	<ul style="list-style-type: none"> • Distributed Leadership • Collaborative decision model • Shared charge for success
Confidence to reflect and experiment	<ul style="list-style-type: none"> • Invitation through Circles • Mindfulness activities 	<ul style="list-style-type: none"> • Personal Sharing • Risk taking and Vulnerability • All voices heard • Positive environment • Julianna transformation • My facilitation building trust
Ability to have difficult conversations	<ul style="list-style-type: none"> • Exists in pockets 	<ul style="list-style-type: none"> • Process for discourse • Safe environment • Healthy conflict • Project passion • Deeper emotional connection
Moral imperative to do the work	<ul style="list-style-type: none"> • Mission • Vision • Personal relationships encouraged first attendance 	<ul style="list-style-type: none"> • Consistent people present • Making TCN priority meeting • Choosing to engage • Personal trauma influenced urgency

member of the CoP, whether they were in a leadership role or not, involved head-on in the conflict, or took one side another. For instance, when disengagement led to meetings every other month, one CoP member stopped attending entirely. In summary, during phase one - when examined against the elements of relational trust (Bryk & Schneider, 2002) - demonstrated low levels of relational trust and their ensuing consequences on professionals relationally.

Analyzing the findings from phase two research activities. Unlike the earlier stage of work, strong evidence for relational trust was evident in three of four elements for the duration of phase two, with moderate evidence in only one of the four (the ability to have difficult conversations). As a trauma-informed practitioner, I knew that relationships can repair the harm caused by trauma exposure, even at the neurological level (Conrad & Kellar-Guenther, 2006; Harrison & Westwood, 2009; Lee, Veach, & Macfarlane, 2015; Potter et al., 2014; SAMHSA, 2014). Confidence and creativity promoted opportunities to provide resources that were not accessible prior to the CoP, such as the Community of Care, a comprehensive, county-wide wraparound effort.

The foundation of relational trust allowed the CoP members to engage in healthy conflict, stretch their thinking and mindsets, and realize success that was previously inaccessible. After returning to the research, there is strong evidence that a well-functioning community of practice that attends to the SAMHSA (2014) trauma-informed principles and Bryk and Schneider's (2002) elements of relational trust can positively influence professionals relationally.

Research Question Two

Having compared the findings within the research, I turned to the second question: *How does my work with the CoP contribute to new leadership understanding and practice?* Even in the phase one, the central role of relationships and leadership capacity in enabling change were

emerging themes. I had conducted the self-assessment inventory beginning to focus on my personal strengths and rough edges. This time, I wanted to take both a deeper and a broader view. Next, I discuss the project's broad impact on my professional, researcher, and personal identities. Within the area of professional identity, which ties most closely to the research question's language around leadership understanding and practice, I look more deeply than before, examining the Bolman and Deal (1991) leadership orientation self-assessment.

Impact on professional identity. The first frame I used to consider my leadership development was a self-inventory previously shown in Table 10 (Musante et al., 2002) .I turned next to the Bolman and Deal (1991) self-assessment. Figure 20 shows the results of this pre-assessment, including my relative strengths in the political, human resource, and symbolic spaces and my considerable deficit as a structural leader. Analyzing the pre-assessment results in phase one, I noticed that the assessment aligned closely with feedback I had received about the strengths and gaps in my leadership. The scores are out-of-balance, with a range of 2%-38%. From the asset-based perspective, I could bring gifts from the symbolic, human resource, and political leadership frames. During phase one, I could point to examples of symbolic leadership (creating energy through a strong vision), human resource leadership (acting as facilitator that aims to bring people together and emphasize strengths) and political leadership (working across sectors with relative ease). My structural leadership was the most common element in which I received critical feedback. Because I did not always distribute meeting minutes in a timely manner, often left details open-ended, did not clarify roles or expectations and could not name concrete deliverables for the CoP, I quickly frustrated the more structured participants. This led to questions about my capacity as a leader and my ability to move a vision forward, furthering

Bolman and Deal (2017) Pre-Assessment Results

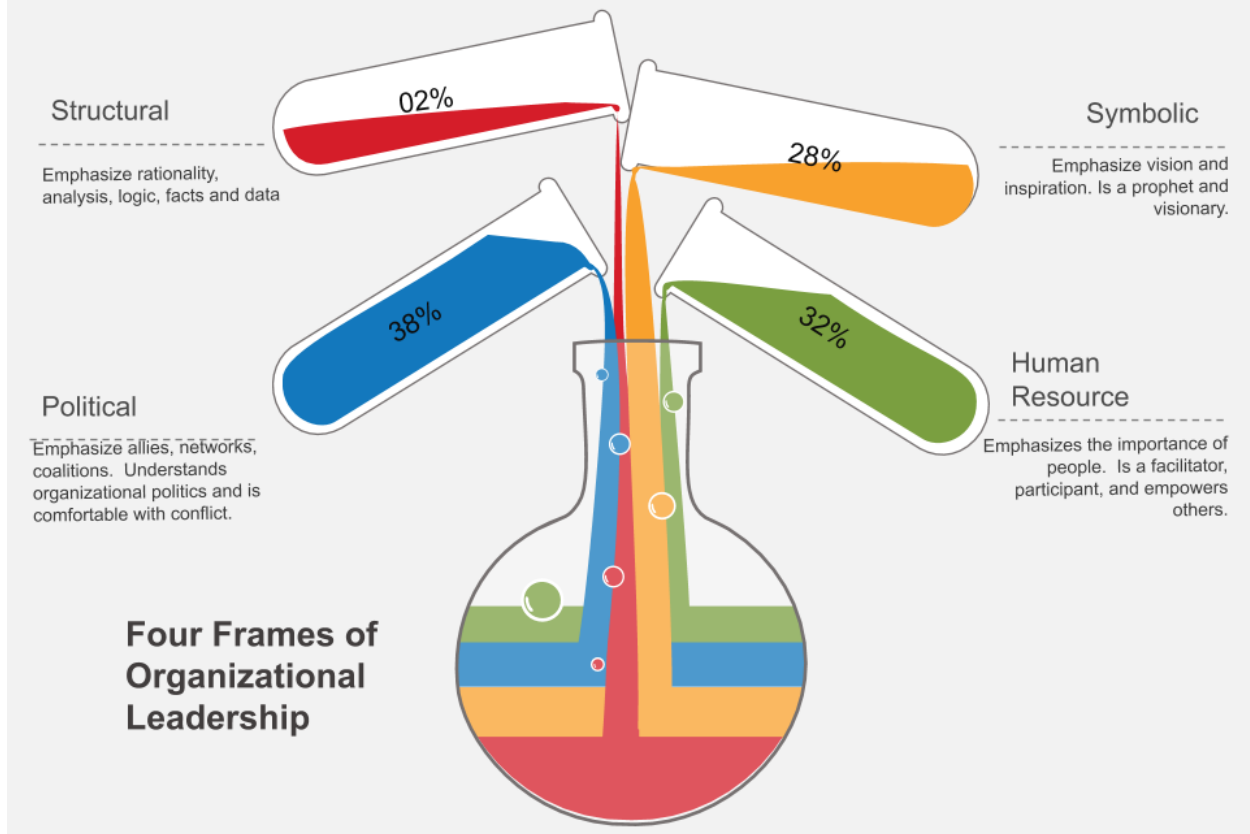


Figure 20. Bolman and Deal (1991) pre-assessment results.

the gap between myself and two of my co-researchers, who opted to leave the project after the first research phase.

The feedback I received on my lacking structural leadership led to several changes in practice. These included utilizing protocols to standardize the CoP and sending out agendas a week prior for feedback. Before the changes could be recognized by others, my car accident took me out of commission

To supplement my structural leadership further, after my second re-entry I introduced a secretary to the CoP so that I was not mired in the weeds of details while still providing structure for the team. Toward the end of 2019, I conducted the Bolman and Deal (1991) assessment to assess any changes. The results of the post-assessments Figure 21 point to a marked increase in my capacity for structural leadership.

My sub-scores on the Bolman and Deal (1991) post-assessment were distributed differently and more balanced. During the pre-assessment, the four frames ranged from 2-38%; that range now was 17-30%. This was in large part due to heeding the feedback I received about gaps in my structural leadership. Supporting this was a goal set with my doctoral field supervisor to improve my skills in this area. In the end, my score on the structural sub-area rose from 2% to 17%, indicating a substantial improvement over the span of the project. I attribute much of this change to the critical feedback I received and to the modeling of my colleagues and mentors. Julianna provided a model for keeping up with the monthly cadence of events and tasks related to the CoP. My ECU dissertation chair modeled how he attended to details in planning the CLE. Beyond the concrete models provided to me was a shift in my understanding of the project's requirements reflecting a growth mindset (Dweck, 2006).

Bolman and Deal (2017) Post-Assessment Results

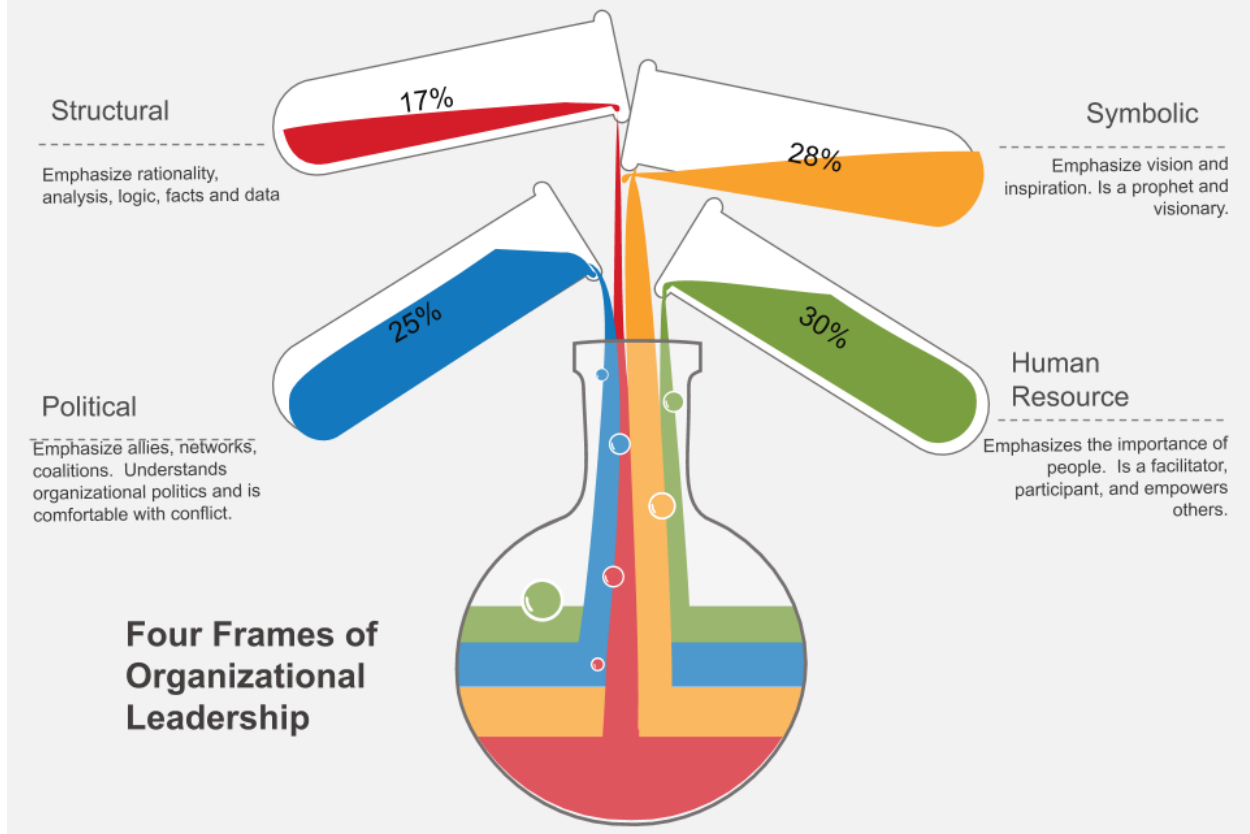


Figure 21. Bolman and Deal (1991) post-assessment results.

Engaging diverse participants in authentic conversation to bring about healing for the community has been my heart work for my entire adult life. The early pitfalls of the project helped mature my thinking and approach, reaching beyond emotion and clarifying the need for technical components such, measurable goals and clear indicators of success. When I consider the three themes that emerged from the study, I grew better at articulating both a vision and a plan for success, that others could “latch on,” growing the project’s momentum and adding value to the effort. The urgency we felt needed a road map.

The project affected my professional identity greatly. I have developed skills in strategic leadership, while also growing to recognize my strengths in three of the four Bolman and Deal (1991) frames, trust my intuition and have confidence in my facilitation skills. These changes coincided with significant personal learnings, which I will discuss later, as well as the solidifying of my researcher identity, to which I turn next.

Impact on researcher identity. Prior to this project, I did not consider myself a researcher. The concepts presented in many of my classes were foreign to me, and methodology was a great unknown. Although I had earned a masters degree and received exemplary notes on my capstone project, the work consisted of creating a research-based curriculum for family intervention. The project was concrete, steeped in literature support, drawing on my strengths and interests but requiring no data collection or analysis.

A life-long learner, I nonetheless felt prepared to participate in the doctoral studies as I packed my bags for my first summer courses in Bangkok, Thailand. From those earliest days, I felt lost, both in this bustling new city and in my studies. As I began the process of designing my dissertation proposal, these feelings of uncertainty and overwhelm continued. I felt I was learning a new language; conducting a literature review in an area in which I was well-versed,

such as trauma, was challenging, as I was developing a new vocabulary and skill for reading academic text.

I felt an encouraging pivot when I turned in my proposal and received IRB approval. Now, I rationalized, the work was back in my wheelhouse as I prepared to organize a community collaborative effort. This too was short-lived as I was faced with the reality that bringing together organizations for a common purpose required another new skillset, one I would have to “learn in public” while my mistakes were on display (Hughes, 2004). As a researcher, my confidence was shaken because I felt as though my prior learning was fraudulent and had not prepared me for something I thought I was ready for. Those around me who knew I was struggling with confidence told me about the “imposter syndrome” (Corkindale, 2008), which helped me to understand that this was not uncommon. It was, in sorts, expected as part of the process of stretching and learning. There was some relief in knowing that I was surrounded by peers who felt similarly.

My accident marked another important pivot. I was detached from my doctoral work for eight months, missing important milestones with my cohort, including a return to Bangkok, which had provided an anchor in my studies the previous two years. The accident created another level of isolation, adding to what I was already feeling as a new researcher. At the same time, my distance from the work also necessitated a change in methodology. Not only was I further away from the work and those who supported me in it, I was now learning a different methodology and re-designing my approach. Switching to a participant observer role required additional literature review and negotiations with the CoP and particularly its lead in my absence, Julianna. Being an observer was more confirmation that I was now on the outside. My comfort zone is action, so being a participatory action researcher held at least some elements of familiarity. Returning to do

primarily observatory research increased my feelings of being an imposter and of uncertainty that I was gathering information I could use to make meaning out of what was happening.

Coming back from months of hospitals and rehab meant trying to pick up the pieces at work, reconnect with my research, and keep up with a constant stream of health appointments all while still experiencing daily pain and significant physical limitations. The starts and stops as through the phases of returning to work and being pulled back out added an additional level of difficulty, forcing a recalibration in my doctoral plans. The chair of my dissertation committee recognized the challenges and offered options to mitigate my stress, including foregoing this dissertation and wrapping up with a capstone project and an Education Specialist degree. While it was a sad conversation, it validated how difficult the past year had been. The conversation also gave me what was required internally to find the energy to press on: confirmation that I would without a doubt conclude my research and earn my doctorate.

This marked the last significant pivot in my researcher identity. Now I saw the time I was given allowed me to pause and really look for the attributes I was hoping to discover in the work others had carried in my absence. Building confidence, I started to identify and connect current trends with the literature I reviewed and I began to write.

Writing has never been my comfort zone and continues to be an area of opportunity for growth, complicating even more by physical pain, an inability to type, and a learning style not represented by the current adaptive technology (such as Dragon Speak). I have learned to use frameworks to help me structure my writing. Outlining ahead of time has helped, as has spending time reading other people's dissertations for good writing models. Most of all, I have learned to embrace the power of the written word and how it can be influential in articulating processes and practices.

As I near the end of my doctoral project, I am a researcher. Even in my role providing informed consent for medical procedures, I come armed with literature I have reviewed, and a mindset of inquiry and a need to understand. I notice that I no longer wince at certain terminology or language common in journal articles. Because my vocabulary and knowledge base has expanded, I am no longer intimidated and have learned how to take a moment to see how specific words or concepts fit best in my own writing or work and look for opportunities for transfer. As an adult learner, being able to have direct application to new knowledge is fruitful (Knowles, 1977). The ability to apply new learning in a way that affirmed personal notions of what was happening in the work offered joy and satisfaction.

Impact on personal identity. The last four years of my life have been about self-reflection, grit, humility, and self-discovery. There could be an entire volume dedicated to that process. I focus on my growth in two areas: (1) a deepened understanding of the true racial injustices that undergird our country and (2) an operationalized definition of self-care.

Deepening understanding of race and racism. Prior to starting the program, I felt well-aware of systemic oppression, understanding the issues I saw in my own community as a manifestation of poverty. I live in a community that is rural, 97% white, and largely poor. Racism does not “seem to” appear in our community due to those demographics, so it was easy to be ignorant to the impact of racism and minimize the impact of the unintended consequence. Within the first class, reading Freire’s (1970) *The Pedagogy of the Oppressed*, began to open my eyes to the factors that have perpetuated and emboldened the current racial inequities. This new knowledge did not feel empowering; rather it felt like something I needed to learn more about. In response, I started asking questions of everyone, from my racially diverse cohort members to my white friends back home.

Throughout the doctorate, I was exposed to additional literature that continued my racial education. Beyond this, however, I learned the most from behavioral changes I made in my own life. I started watching movies created by and portraying authentic people of color. I independently listened to podcasts or read materials that would expose me to new knowledge. I followed more diverse social media and shared these, hoping to expose others within and outside of my immediate community. I can sense differences now in subtle ways. At a restaurant with a friend, I take note of the composition of the other patrons, and of issues such as who takes space and who has power. I am more thoughtful about interpersonal interactions like making eye-contact or giving space to people who might otherwise be afforded very little. The carryover has been to my family, where I have addressed racist attitudes and beliefs, and changed the tenor of conversation when a statement may be said out of humor, recognizing that this may continue to perpetuate harmful dynamics. I feel far from being completed in my understanding of oppression, racial bias, and inequitable systems; however, there is a spark of inquisition that never shone before, and I have confidence that I can and will continue to learn about being an ally.

Operationalized definition of true self-care. People say teachers are the hardest parents for other educators, and that doctors make the worst patients. As a trauma-informed therapist, I knew a lot about self-care that I did not practice. On one hand, the accident forced me to slow down and take inventory of what my body needed. However, the need to re-engage, demonstrate “wellness,” and perform made me rush back into the world of work. I was trying to put the oxygen mask on others without putting it on myself first, and unlike other times in my life when I seemed to do the impossible, my body was not up for the task.

Being away brought up feelings of uncertainty, aimlessness, and isolation. At times, I felt frustrated, at other times sad or unaccomplished. Only when I could look past my unhelpful goal of returning “back” as soon as possible, could my healing really begin. I had to let go of the external and internal expectations of efficiency and embrace “going slow to go fast.” As a result, I began to honor my space of healing, dedicating myself to my appointments, yoga, massage, positive music, and encouraging podcasts. I put my focus on the present and doing what needed to be done now before I could do much of anything in the future.

This time away still felt difficult, but not unrewarding. I yearned to be back in the mix of my work, but I found satisfaction in watching and supporting from the periphery and learned that the collaborative effort was not stopped in its place by my step toward self-care. Still out of work nearing the second anniversary of my injury, I continue to take pleasure in the momentum the Trauma Champions Network has generated: acceptance in the pace of healing and boundless joy in my ongoing roles as a mother, partner, woman, friend, community member and most recently researcher. Re-engaging with the research while still in the process of healing has given me a sense of purpose even in the absence of day-to-day professional work, which I hope to return to this spring, with a doctorate in education in hand.

Bateson (1994) asserts that one is changed slightly or profoundly different, but learning is welcome when it affirms a continuing sense of self. Much like Dewey’s (1938) criteria for experience as continuity, learning as coming home to self is a key part of any journey. In fact, actualizing my espoused values is part of what I have learned how to do much better. My learning from a personal, research, and professional standpoint directly contributes evidence in response to the second research question about leadership. I have demonstrated new leadership learning through personal insights, through development as a researcher, and perhaps most

concretely, in the growth in providing meaningful structural leadership that supports enactment of leadership values (Bolman & Deal, 1991). The findings suggest evidence that the work has greatly influenced my leadership understanding and practice.

Implications

My goal for this study was always about more than getting a doctorate. I wanted to institute real change in my community by designing a cross-sector effort that would see wide impact within Montcalm County. I dreamed of spreading information, through word-of-mouth, professional learning facilitation, or by publishing articles, about what we did and are doing to make change for our most vulnerable population. It is satisfying to think that my work has indeed had implications for practice, research, and policy and I offer these implications next.

Implications for Practice

During a recovery stage after my car accident, a co-researcher sent me an email to update me on the work. “You tossed the first snowball--coalescing around the trauma prevalent in our community --- and this work is becoming an avalanche” (J.L, email, Nov 2018). As I was considering the impact of the research study themes and findings as related to the research questions, the image of the snowball resonated with me again. I began to play with representing the snowball-to-avalanche metaphor, as shown in Figure 22. It represents a contribution to practice for those seeking to make community change. The metaphor connects the three themes; urgency to act, becoming a pathway building on the role of relationships and leadership thus creating momentum for possible social impact. As of yet, we have not reached this outcome, however, the necessary conditions are in place to do so. Additional implications from my study on practices include some of the lessons I have discussed previously in this chapter. These lessons include the need to “go slow to go fast,” the importance of attending to leadership styles.

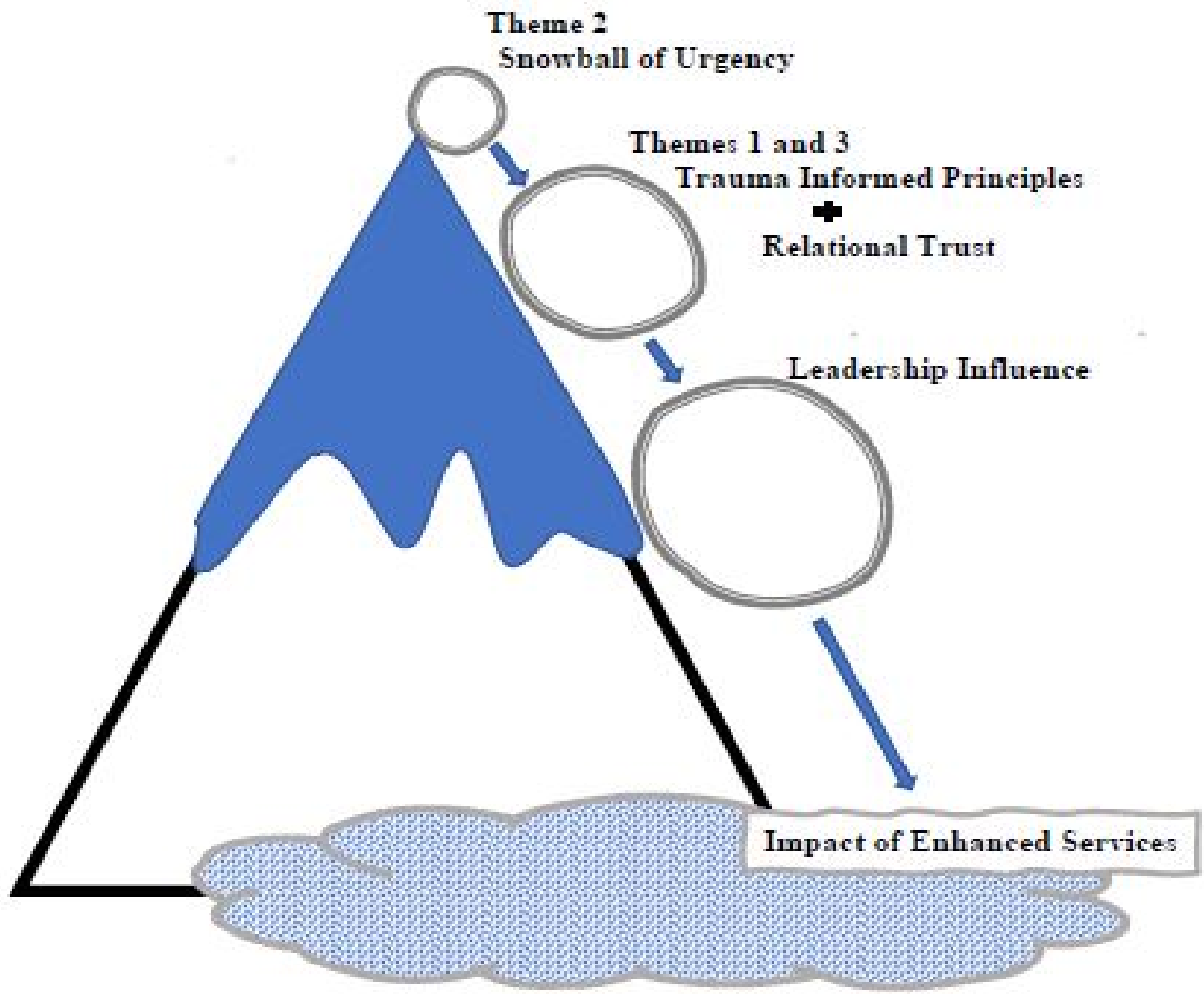


Figure 22. Snowball-to-avalanche metaphor of impact of services.

The need to “go slow to go fast.” There is an African proverb that reads, “If you want to go fast, go alone. If you want to go far, go together.” The goal of collective impact requires patience and being able to highlight incremental changes (Gawande, 2010). Future efforts to make large-scale change should expect to go slow and invest in relationships and process.

Distributed leadership. Distributed leadership, which is inherent in the CLE and CoP processes, protected the work when I stepped away. Future practitioners may wish to think strategically about how to promote the conditions for distributed leadership in their context. By experimenting with playing the role of actor at times and observer at others, leaders set the conditions for ensuring that the leadership that exists in an organization can flourish. They see leadership as a necessary function of a healthy organization, not only as a person.

Technical and adaptive leadership. The need for both technical and adaptive leadership was present throughout my research (Heifetz, 1994). Initially, I struggled when I underinvested in technical components, seeding doubt about my capacity in the CoP. As much as this was an obstacle in my work, my strong adaptability was an asset. Adaptability kept me engaged in the work, and when I learned to trust my intuition, I leaned into my adaptive leadership, bringing the strengths I had in three of the four Bolman and Deal (1991) frames: symbolic, political and human resource. In fact, a key tenet of adaptive leadership is the ability to “get on the balcony” and maintain a value of perspective. Because critical feedback made me aware of my weakest frame, the structural, I was now tapping into my adaptive strengths while consciously addressing my technical weakness. Future leaders may benefit greatly from the Bolman and Deal (1991) self-assessment and process of continual learning and reflection.

Implications for Research

In the limitations section of this chapter, I spoke to some difficulties of changing methodologies in the middle of the work. While the change in methodology proved challenging at times, it allowed for an opportunity to have two distinct lenses. Spradley (1980) framed this as insider/outsider positionality; an insider looking out and outsider looking in. In addition, the relationships I previously developed positioned me with close access to the work, offering the advantages of trust and more open dialogue (Ohnuki-Tierney, 1984). Jorgensen (1989) identifies that participant observation is fundamentally important in at least two ways: (1) it is where the researcher begins with the process of defining and refining issues and problems, and (2) it is where the researcher participates.

As a participant observer, I was able to capture relational complexities and dimensions I might otherwise have missed. I was able to reconnect without having to be the one trying to weave people together. I could take time instead to understand the elements that needed to be there for this weaving to occur: (1) seeing different leadership styles, (2) connecting with individuals who needed more technical guidance, (3) connecting with those seeking higher levels of relational interaction, and (4) seeing those who needed a clear vision to latch onto. This type of successful immersion explains the popularity of utilizing participant observation as a research method; the approach gives unique access to the complexities, diversities and emotional aspects of a social movement (McCurdy & Uldam, 2014). These benefits, when coupled with the benefits of utilizing PAR for the beginning of the project, widened my view of the work and its context. Future studies that blend the two methodologies in different change efforts may be of interest to the field, demonstrating a different aperture for learning. In addition to scholarship in that area, future studies of cross-sector CoP that utilize just one of either of the methodologies

for the duration of a research project might help add texture to this initial exploration of the two different approaches.

Another implication for future research is related to evidence. In the scope of the project, I was able to identify findings related to changing practices. I found modest evidence of enhanced service delivery, such as the Handle with Care initiative, which connected multiple agencies when one was aware that a child might be in crisis (see Chapter Six). Multiple sectors requested increased training in the science of trauma. Another example of changing practices was the increased use of a county-wide ACE evaluation and an environmental scan to identify trauma-informed practices. Both are now in place by many agencies throughout the county. While promising, the limited time between the formation of the CoP and the end of my research meant that I could only glimpse these positive steps and not yet see the hopeful destination: healthier families and more resilient communities. Future research within my context or in others that have done the work to create cross-sector collaboratives might help to uncover the outcomes and impact of such efforts on those they are designed to help by looking at county-wide data that speaks to the health and wellness of individuals within the community. For instance, with more agencies utilizing the county-wide ACEs evaluation tool as a result of the collaboration, a future inquiry into these cumulative scores might help identify the impact of cross-sector efforts within the county. Finally, the impact of the enhanced service delivery is an important area for future research. As a team, we definitely need to collect and organize quantitative and qualitative evidence of the benefits to stakeholders. As well, we could benefit from external researchers examining the model and its impact.

Implications for Policy

Lastly, the project suggests some implications for policy. The cross-sector CoP demonstrated, on a small scale, the benefits of silo busting as organizations sought mutual funding and shared resources. I believe this could inform policy to be more supportive of these types of collaborations. Policy that specifically incentivizes collaboration (such as preferential consideration for cross-sector funding proposals, or the availability of a government staff member to facilitate coordination) might remove barriers and bring more partners to the table. It would also reduce competition between providers trying to get a slice of the pie, increasing transparency and boosting opportunities for resource sharing.

An additional policy lever that would support this work would be the infusion of new funding in recognition of the prevalence of trauma. Local and state efforts in prevention or early intervention would likely mitigate some of the impacts of multi-generational trauma. Additional funding would help make the work more public, reducing stigma to individuals accessing resources, removing biases, highlighting the efforts of caregivers, and contributing to the overall emotional wellness of the community as a whole.

Lastly, it became clear in the literature review that Montcalm County was not an unfortunate exception. Populations of rural communities have unique assets and needs that should be considered by policymakers so that there is equitable distribution based on need. Accounting for the limited availability of resources in rural communities, as well as their vast size, would help inform policymakers' decisions. Future studies that look at these contextual factors more closely and demonstrate the sorts of efforts that work in rural settings would strengthen this claim and the advocacy for policy change.

Conclusion

An email I received two months after my accident from a member of the Trauma Champions read, “Continued prayers for healing, comfort and your continued positive outlook on recovery. Also praying for those of us that continue to carry the ball you started that together we’ll be able to serve our community so it can grow strong” (D.S., email, February 2018). Again - a ball is thrown and propelled forward with urgency to build momentum through relationships and intentional leadership. There were many opportunities throughout this research project for the metaphoric snowball to melt, and it has still not fully transformed into the sweeping avalanche of change my community deserves. However, the ball has continued to roll, gathering new partners and clearing a path for others to see the impact and to jump on board. This work started in the form of optimism, and optimism turned into hope - hope that a community could come together, finding space to heal. Today, as both my physical healing and community healing is underway, I remain hopeful for the initial vision of this work: living in a resilient, trauma-informed community by 2021.

Postscript

In Chapter Two, I re-traced the steps of one of the many Montcalm County children who have crossed my path. What made Michael’s story different was also what made it so similar to others. As I sat with other providers -- hearing the same frustrations, confronting known roadblocks, and again feeling despair that we might have no options to offer a family in need -- I was reminded of all the other Michaels whose meetings we all sat at. This time was the tipping point of frustration and the origination of this research inquiry.

Today, a situation like Michael’s would result in a different organizational response. Any concerned provider could make a referral to the Community of Care comprehensive wraparound

team, who would immediately discuss the case and dispatch appropriate supports. Montcalm County is still working to develop a future community in which Michael and his mother would encounter individuals with trauma awareness training in every school, daycare, and in all interactions with healthcare providers or the police. A cross-sector wraparound team would be supported by their trauma-informed supervisors and colleagues, such as the members of the CoP, who bring training in trauma, connection to resources from across the county, and a mindset that prioritizes developing relational trust and creating safe, trauma-informed working environments.

Having a space and processes for cross-sector meetings will someday, hopefully, provide relief from the isolation and stress of working in silos with limited resources. It can also open the door for creative, cross-sector collaboration and synergy in an environment in which organizations are incentivized to work together and have embraced trauma-informed principles. In this dissertation, I have revisited the Montcalm County of my mid-twenties and taken scope of the county I see today. As I prepare to wrap up my formal research, I now recognize a community full of assets and a beginning framework for fostering cross-sector connections. I find hope in knowing our community is now in a better position to support the Michaels among us.

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APPENDIX A: INSTITUTIONAL REVIEW BOARD APPROVAL LETTER



EAST CAROLINA UNIVERSITY
University & Medical Center Institutional Review Board
4N-64 Brody Medical Sciences Building · Mail Stop 682
600 Moye Boulevard · Greenville, NC 27834
Office 252-744-2914 · Fax 252-744-2284
www.ecu.edu/ORIC/irb

Notification of Continuing Review Approval: Expedited

From: Social/Behavioral IRB
To: [Esther Combs](#)
CC: [Matthew Militello](#)
Date: 8/5/2019
Re: [CR00007958](#)
[UMCIRB 17-001471](#)
Authentic Engagement

The continuing review of your expedited study was approved. Approval of the study and any consent form(s) is for the period of 8/2/2019 to 8/1/2020. This research study is eligible for review under expedited category #6&7. The Chairperson (or designee) deemed this study no more than minimal risk.

Changes to this approved research may not be initiated without UMCIRB review except when necessary to eliminate an apparent immediate hazard to the participant. All unanticipated problems involving risks to participants and others must be promptly reported to the UMCIRB. The investigator must submit a continuing review/closure application to the UMCIRB prior to the date of study expiration. The Investigator must adhere to all reporting requirements for this study.

Approved consent documents with the IRB approval date stamped on the document should be used to consent participants (consent documents with the IRB approval date stamp are found under the Documents tab in the study workspace).

The approval includes the following items:

Document	Description
APPENDIX 1 Interview.docx(0.01)	Interview/Focus Group Scripts/Questions
Authentic Engagement: A Rural Community's Journey to Cross Agency Collaboration(0.01)	Study Protocol or Grant Application
ECombsResearchProposal.pdf(0.01)	Additional Items
Informed Consent form.docx(0.04)	Consent Forms

The Chairperson (or designee) does not have a potential for conflict of interest on this study.

APPENDIX B: INFORMED CONSENT TO PARTICIPATE

*East Carolina
University*



Informed Consent to Participate in Research Information to Consider Before Taking Part in Research That Has No More Than Minimal Risk

Title of Research Study: Authentic Engagement: A Rural Community's Journey to Cross Agency Collaboration

Principal Investigator: Esther Combs under the guidance of Dr. Matthew Militello
Dr. Militello: Institution, Department or Division: College of Education
Address: 220 Ragsdale, ECU, Greenville, NC 27858
Telephone #: (919) 518.4008

Researchers at East Carolina University (ECU) study issues related to society, health problems, environmental problems, behavior problems and the human condition. To do this, we need the help of volunteers who are willing to take part in research

Why am I being invited to take part in this research?

The purpose of this participatory action research study is to investigate the ways in which a diverse group of co-researcher participants can organize for a common goal: agencies from rural communities coming together in authentic collaboration with a focus on trauma informed practices to enhance service delivery for the children and families we serve. For this purpose, I will be one of about four people to take place in this research. I will focus my action research on working primarily with three agency partners to evaluate collaboration data and research cycles to build community agency collaboration.

The findings of this study should provide useful lessons for rural agency collaboration.

Are there reasons I should not take part in this research?

There are no known reasons for why you should not participate in this research study.

What other choices do I have if I do not take part in this research?

You can choose not to participate.

Where is the research going to take place and how long will it last?

The research will be conducted at your school. The total amount of time you will be asked to volunteer for this study is approximately three hours.

What will I be asked to do?

If you agree to participate in this study, you may be asked to participate in one or more surveys, interviews and focus groups. Interviews and focus groups will be audio/video recorded. If you want to participate in an interview but do not want to be audio recorded, the interviewer will turn off the audio recorder. If you want to participate in a focus group but do not want to be video recorded, you will be able to sit out of field of view of the video camera and still be audio

recorded. Interviews, and focus group questions will focus on your reflections and experiences of establishing practices of authentic agency collaboration.

What might I experience if I take part in the research?

We do not know of any risks (the chance of harm) associated with this research. Any risks that may occur with this research are no more than what you would experience in everyday life. We do not know if you will benefit from taking part in this study. There may not be any personal benefit to you but the information gained by doing this research may help others in the future.

Will I be paid for taking part in this research?

We will not be able to pay you for the time you volunteer while being in this study.

Will it cost me to take part in this research?

It will not cost you any money to be part of the research.

Who will know that I took part in this research and learn personal information about me?

ECU and the people and organizations listed below may know that you took part in this research and may see information about you that is normally kept private. With your permission, these people may use your private information to do this research:

- Any agency of the federal, state, or local government that regulates human research. This includes the Department of Health and Human Services (DHHS), the North Carolina Department of Health, and the Office for Human Research Protections.
- The University & Medical Center Institutional Review Board (UMCIRB) and its staff have responsibility for overseeing your welfare during this research and may need to see research records that identify you.

How will you keep the information you collect about me secure? How long will you keep it?

The information in the study will be kept confidential to the full extent allowed by law.

Confidentiality will be maintained throughout the data collection and data analysis process.

Consent forms and data from surveys, interviews, and focus groups will be maintained in a secure, locked location and will be stored for a minimum of three years after completion of the study. No reference will be made in oral or written reports that could link you to the study.

What if I decide I do not want to continue in this research?

You can stop at any time after it has already started. There will be no consequences if you stop and you will not be criticized. You will not lose any benefits that you normally receive.

Who should I contact if I have questions?

The people conducting this study will be able to answer any questions concerning this research, now or in the future. You may contact the Principal Investigator, Esther Combs 989-287-1887 or combse16@students.ecu.edu

If you have questions about your rights as someone taking part in research, you may call the Office of Research Integrity & Compliance (ORIC) at phone number 252-744-2914 (days, 8:00 am – 5:00 pm). If you would like to report a complaint or concern about this research study, you may call the Director of the ORIC at 252-744-1971.

I have decided I want to take part in this research. What should I do now?

The person obtaining informed consent will ask you to read the following and if you agree, you should sign this form:

- I have read (or had read to me) all of the above information.
- I have had an opportunity to ask questions about things in this research I did not understand and have received satisfactory answers.
- I know that I can stop taking part in this study at any time.
- By signing this informed consent form, I am not giving up any of my rights.
- I have been given a copy of this consent document, and it is mine to keep.

Participant's Name (PRINT)	Signature	Date
-----------------------------------	------------------	-------------

Person Obtaining Informed Consent: I have conducted the initial informed consent process. I have orally reviewed the contents of the consent document with the person who has signed above and answered all of the person's questions about the research.

Person Obtaining Consent (PRINT)	Signature	Date
---	------------------	-------------

APPENDIX C: INTERVIEW PROTOCOLS

Authentic Engagement: A Rural Community's Journey to Cross Agency Collaboration Interview Protocol

Introduction

Thank you for taking time from your busy schedules to meet with me today. I appreciate your willingness to participate in this focus group interview and will limit the time to one hour.

My name is Esther Combs I will serve as the moderator for the interview. I am conducting research as a graduate student at East Carolina University. The interview is part of a study to assess how can more authentic and intentional collaboration of multiple agencies in a rural community lead to an enhanced service delivery model for families and children?

Disclosures:

- Your participation in the study is voluntary. It is your decision whether or not to participate and you may elect to stop participating in the interview at any time.
- The interview will be digitally recorded in order to capture a comprehensive record of our conversation. All information collected will be kept confidential. Any information collected during the session that may identify any participant will only be disclosed with your prior permission. A coding system will be used in the management and analysis of the focus group data with no names or school identifiers associated with any of the recorded discussion.
- The interview will be conducted using a semi-structured and informal format. Several questions will be asked about both the individual knowledge and skills gained and the organization practices used. It is our hope that everyone will contribute to the conversation.
- The interview will last approximately twenty minutes.

Interview Questions

TURN RECORDER ON AND STATE THE FOLLOWING:

“This is Esther Combs, interviewing (*Participant Code*) on (*Date*) for the Authentic Engagement Study”

To begin the conversation, please introduce yourself and describe your role.

Following this, the questions themselves can begin. The questions are organized into two subcategories: agency isolation and individual support.

Agency Isolation

- 1 – What made you agree to be a part of this process?
- 2 – How did you feel about participating in the CoP?
- 3 – How do you determine if the CoP could benefit your agency?

Individual Support

- 4 – How does the current agency practice individual support?
- 5 – How would you describe your connection with other agencies?
- 6 – How do you know whether your role is making an impact on the current system?

Authentic Engagement: A Rural Community's Journey to Cross Agency Collaboration Interview Protocol

Introduction

Thank you for taking time from your busy schedules to meet with me today. I appreciate your willingness to participate in this focus group interview and will limit the time to one hour.

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Disclosures:

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- The interview will be digitally recorded in order to capture a comprehensive record of our conversation. All information collected will be kept confidential. Any information collected during the session that may identify any participant will only be disclosed with your prior permission. A coding system will be used in the management and analysis of the focus group data with no names or school identifiers associated with any of the recorded discussion.
- The interview will be conducted using a semi-structured and informal format. Several questions will be asked about both the individual knowledge and skills gained and the organization practices used. It is our hope that everyone will contribute to the conversation.
- The interview will last approximately sixty minutes.

Interview Questions

TURN RECORDER ON AND STATE THE FOLLOWING:

“This is Esther Combs, interviewing (*Participant Code*) on (*Date*) for the Authentic Engagement Study”

To begin the conversation, please introduce yourself and describe your role.

Following this, the questions themselves can begin. The questions are organized into three subcategories: agency collaboration, community of practice influence, leadership practice.

Agency Collaboration

1. Share with me your knowledge regarding cross-sector collaboration.
2. What do you think is the most effective collaboration that is currently taking place?
3. How do you think this established relationship could be more effective?
4. What role do you play in this collaboration?

Community of Practice

1. How is your role connected to a larger practice of professionals?
2. How do you feel about the current meeting practice?
3. How do you share information or establish meeting topics?
4. What is your influence to the direction of future meetings?

Leadership Practice

1. How has the participating in a CoP impacted your leadership?
2. What would you determine to be the most effective practice you have implemented?
3. How do you know that this was met with a positive outcome?
4. What questions might you still have regarding your own leadership practice?

APPENDIX D: CLE AGENDA

KNOW THE NEED: BUILDING A TRAUMA-INFORMED COMMUNITY THROUGH PARTNERSHIPS

Mission: *As a Community, We Develop Awareness of Trauma and Empower Pathways of Resiliency*

Overarching Goal: *To build a trauma-informed community able to promote resiliency in our children, families, and community members by 2021*

ESSENTIAL QUESTIONS

1. What are the assets in our community?
2. What does trauma look like in our community today?
3. What adverse childhood experiences do our children experience and what are the impacts on their adolescent and adult lives?
4. What would our community look like if we become a trauma-informed community by 2021?
5. How do we work together to become a trauma informed community creating a pathway of resiliency?

LEARNING EXCHANGE OUTCOMES

1. Development of a common understanding and language for Adverse Childhood Experiences (ACEs).
2. Understanding of how ACEs affect the culture of our organizations and our community as a whole.
3. Create organizational goals that feed the community-wide goal of creating a trauma informed community by 2021.
4. Sharing and planning across organizations to build understanding and trust and to collaborate, commit, and hold each other to account.
5. Utilize improvement science model to create specific and actionable goals to meet the overarching goal.

APPENDIX E: LOGIC MODEL WITH PARTNERSHIP ASSETS

L O G I C M O D E L					
<i>To build a trauma-informed community able to promote resiliency in our children, families, and community members by 2021.</i>					
GOALS	INPUTS/ ACTIVITIES	NEEDED PARTNERSHIP ASSETS	TIMELINE	ENDS	
<p><i>SMART: Specific, Measurable, Action-oriented, Realistic, and Timed</i></p>	<p><i>In order to address the goals the following inputs will be provided and activities will be accomplished.</i></p>			<p><i>If the activities are accomplished they will produce evidence of service delivery and fidelity of the goals (outputs), short and long-term changes (outcomes), and long term systemic changes (impacts).</i></p>	
				OUTPUTS (FIDELITY)	OUTCOMES

APPENDIX F: FIELD SUPERVISOR CORRESPONDENCE

Esther Memo Reflection	Dr. Mc Farland Email Reply
<p>9/14/17:</p> <p>Conflict is happening as we plan the CLE. Unfortunately, they (members of the Trauma Champions Executive Committee) have shared with others some of the conflict as well as [a person] being rude to me in front of the group making the others question the continuity of the team. How do we rebuild the team and demonstrate a united front and move forward? Approaching this in a way that does not look defensive will be tricky. Honoring the team and their inability to be reflective provides an opportunity for leadership growth.</p>	<p>Have you considered stepping back and focusing on some team building prior to moving forward? It may slow the work initially but could be more beneficial in the long run.</p> <p>Keep focusing on your ability to build relationships around your work of building cross-agency collaboration. Research tells us that forging positive relationships with the folks we work is one of the most important elements to achieving team success. The behaviors I reference include those that demonstrate warmth and human connection, sensitivity to a person’s emotional state and a regard for that person’s opinion and perspectives. Human interaction is as important to organizational success as the leadership framework.</p>
<p>9/28/2017</p> <p>We lack relational trust and reflective practices to allow for inquiry and building a shared vision</p>	<p>Establishing trust with each other is the glue that will hold the work together</p>
<p>10/5/2017</p> <p>People are reaching across boundaries to have authentic conversations and build relationships of professional trust. My understanding of trust is shifting. I do not need a relationship to trust someone I need them to act “trust worthy” to be able to trust.</p> <p>Moving forward, I need to engage with trust building activities, using experiences to accept where individuals personally represent in a space of openness and personal needs</p>	<p>I am enjoying the reflections about the group, your work, and struggles which I hope will benefit you as you embark on writing Chapter 5. You appear to be a realist, in that you observe interactions and report them without the temptation to put a “positive spin” or explanation on it.</p>

<p>10/09/2017</p> <p>I am not listening to other people.</p> <p>Building relationships where there is purpose for both parties. Defining the purpose and bringing equity to the relationships is a challenge</p>	<p>Not listening and not hearing are two different things. How can you go back and repair?</p> <p>What or where is the common ground? What are the essential agreements</p>
<p>10/11/2017</p> <p>Communication is often the key to the relationship</p>	
<p>10/25</p> <p>Building relationships is very important and understanding emotional intelligence needs to be part of my thinking. Move slower and be inquisitive to their thinking. Ask questions to develop a better understanding of their intentions</p>	
<p>11/5</p> <p>My logs have become more scripted and I am seeing a pattern in my writing. I wish I had someone beside me, so I could get their perspective to help determine if I am really on track with my perceptions.</p>	<p>Esther- your logs have become more scripted – but you are attaching your thoughts, ideas, reflections, and learnings to your research questions. I expect when you begin your coding descriptive words and phrases will emerge. I have tried to offer my perspective, critical questioning and support through my comments. I found the format a little difficult through the first read – but when going back to make comments – I could make connections much easier. Keep up the important work.</p>

APPENDIX G: CROSS-SECTOR TRANSFER EMERGING FROM INITIAL CLE

Cross-Sector Transfer Emerging from Initial CLE


Name of Org Description	Evidence of Transfer
<p>Ionia ISD Neighboring Intermediate School District providing special education services for the Local School Districts</p>	<ul style="list-style-type: none"> ● 1 representative joined the CoP ● 1 representative joined the I Am Safe network of the Child Advocacy Council ● Collaborated with EC to identify a trainer for a district-wide training ● Implemented the Handle with Care initiative (collaborated with local law enforcement to introduce two-way communication about struggling youth and families) ● Ongoing training for trauma-informed practices ● Continued communication supporting efforts in both counties
<p>8-cap Eight CAP improves our community by partnering with private, government, and community organizations to deliver programs to low-income residents that alleviate the local causes of poverty and its effects through: early childhood education, on-going education, housing, veterans</p>	<ul style="list-style-type: none"> ● 1 representative joined the CoP ● 1 representative joined Community of Care ● Foster Grandparent Trauma Informed training ● Collaborated with EC to write a grant addressing unaccompanied youth homelessness ● Hosted community event: Resilience movie
<p>Cherry Health Cherry Health is an independent, non-profit Federally Qualified Health Center (FQHC) with a primary focus of providing high quality health services to those who have little or no access to health care. Eight Dimensions of Wellness drives the prevention action. Three prevention workers in the county focusing on schools and developing youth leaders.</p>	<p>Director of Prevention was instrumental in brain mapping the county implementation of TCN. In partnership created CLE and attended. Ongoing partner of TCN.</p> <ul style="list-style-type: none"> ● Newly hired staff attend TCN ● New hires are trained to be trainers ● 7th annual Recovery Symposium incorporated trauma and resilience as keynote topics. ● Following TIP in policy and practices

<p>MCN Integrated care provider for the residents of Montcalm County. Medicaid funding structure.</p>	<p>Personal invite to become a partner in the work of developing a trauma informed county. Julianna is on CPR team.</p> <ul style="list-style-type: none"> ● Trauma Tab added to the web page ● Sending employees to TI trainings ● TI grandparent training ● Creating Community of Care wrap around ● Bring diverse staff to CoP ● Partnering with ISD in grant writing
<p>Families Against Narcotics A community-based program for those seeking recovery, those in recovery, and family members affected by addiction. Drug court Judge uses this as a primary support for clients</p>	<ul style="list-style-type: none"> ● Sends a rep to CoP ● Drug court ● Requesting Trauma Informed training to court, FAN ● Bringing Restorative Practices training to court
<p>Public Schools Local district serving students 59% free and reduced lunch.</p>	<ul style="list-style-type: none"> ● Trained staff in TIP ● Implementing RP as a pilot program ● Piloted Handle with Care
<p>Law Enforcement State police, local sheriff,</p>	<p>Partnering with Handle with Care</p>

APPENDIX H: BROCHURE

ADVERSE CHILDHOOD EXPERIENCES

ACEs in Michigan



MiBRFSS conducted a survey in 2013 that indicated most adults in Michigan have experienced at least one Adverse Childhood Experience, or ACE, before adulthood and 15.2% of adults have experienced 4 or more ACEs. Those that reported 4+ ACEs are more likely to report poor mental health and depression.

38.1% 0 ACEs
61.9% 1+ ACEs

ABUSE

Emotional Abuse	35.3%
Substance Abuse	27.2%
Physical Abuse	17.2%
Sexual Abuse	10.7%

HOUSEHOLD DYSFUNCTION

Separation/Divorce	26.6%
Violence Between Adults	16.3%
Mental Illness	15.9%
Incarceration	7.8%

WHY DOES THIS MATTER?

Individuals and Families
When we experience trauma as young people, it can impact the way our brain develops which can lead to more challenges over our lifespan. Additionally, the effects of childhood trauma can be passed down through generations.

Communities
The lifetime cost per victim of childhood trauma is about \$200,000. This includes losses in job productivity, child and adult medical and social services costs, and costs to the criminal justice system.

WHAT'S YOUR STORY?

Do you experience any of these behaviors or coping skills?

- ✓ Anxiety or depression
- ✓ Difficulty learning
- ✓ Emotional outbursts
- ✓ Oversensitivity to stressful situations
- ✓ Trouble in relationships
- ✓ Addictions
- ✓ Any of the health and behavioral challenges listed inside?

Consider your own life history and what kind of tough experiences you've had. If trauma is a part of your past, acknowledging it and addressing it can help improve your health and well-being.

Fortunately, the brain is adaptable and can heal, at any age, from the effects of Adverse Childhood Experiences. What strengths do you have that have helped you get through tough times? What things can you do to help retrain your brain?

SUPPORT IS AVAILABLE

 Montcalm Care Network (989) 831-7520	 Montcalm Area ISD (989) 831-5261	 Montcalm County Great Start Collaborative (616) 225-6146
 FAN Families Against Narcotics (616) 329-9645	 Alcoholics Anonymous (616) 913-9149	 MDHHS Department of Health and Human Services (989) 831-8400
 EightCAP, Inc. (866) 754-9315	 Religious Communities	 Cherry Health (616) 225-9650
 Relief After Violent Encounter	 RAVE (800) 720-7233	

CITATIONS

Michigan ACEs: <http://www.michigan.gov/mdhhs>
 National ACEs: www.cdc.gov/violenceprevention/acesstudy/
 ACEs Connection: acesconnection.com
 National Child Traumatic Stress Network: nctsn.org

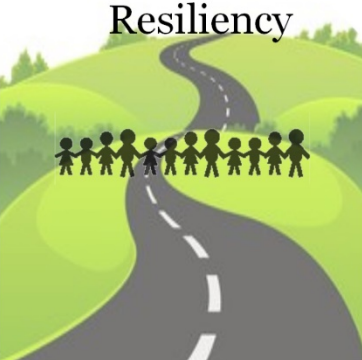
For more information contact:
 Estlier Comitis: ecomitis@maisd.com
 616-225-6126

WHAT'S YOUR STORY?

Mission: As a community, we develop awareness of trauma and empower pathways of resiliency.

Vision: Build a trauma informed community by 2021

Resiliency



Learn More About
 ADVERSE CHILDHOOD EXPERIENCES
 also known as

ACEs

APPENDIX I: FULL TABLE OF TRAUMA INFORMED PRINCIPLES PHASE COMPARISON

Table I1

SAMHSA (2014) Trauma Informed Principles

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Safety	Meeting norms were created	Even in norm-setting, some CoP members expressed hostility Use of sarcasm	Weak	Same as Pre-Research AND Consistent attendance People came early and stayed late Courageous discourse Healthy Conflict	Lack of predictability in my availability and participation as a result of the accident Fear of losing momentum	

Table II (continued)

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Trust and Transparency	Consistent meeting times	Dishonesty in conversations	Weak	Same as Pre-Research AND	Transparency about my role and scheduled return	Strong
	Transparency that facilitator (I) was green	Email sent to field coach: We lack relational trust		Vulnerability	hazy at times	
		Role confusion		Creative thinking	Ambivalent trust in level of commitment and	
		Individual Agendas		Personal sharing	hopes for sustainability	
				New interagency partnerships		

Table II (continued)

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Voice and Choice	Meetings were optional Invitation to participate in mindfulness (rather than a mandate)	Executive Committee makes the decisions	Moderate	Same as Pre-Research AND Subcommittees established based on participant interest Process for disagreement was created Co-created agenda	N/A	Strong

Table II (continued)

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Empowerment	Volunteering opportunities for interested members Utilizing expertise of members (requesting trainers, etc.)	Uneven work distribution Some critical information withheld by Executive Committee	Moderate	Same as Pre-Research AND Distribution of work Mission-key information accessible Opportunities to build on assets to support effort across sectors (becoming a trainer, etc.)	N/A	Strong

Table I1 (continued)

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Mutuality and Collaboration	Development of a CoP Design of CLE activities Developing MOUs for shared services/resources	Gossip Action taken behind others' back Utilizing CoP resources for personal gain Invitation to event hidden on website	Moderate	Collaborative website launched Presentations and meeting agendas co-constructed and facilitated Community of Care initiative braids providers together around families in need	Different starting places for certain individuals and/or sectors needed to be negotiated Some sectors still not integrated into county-wide effort	Strong

Table II (continued)

SAMHSA's Principles	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-examples	Project End Evidence Level
Historical/ Cultural/ Gender Issues	<p>Accountability for addressing issues from the lens of multi-generational trauma and poverty</p> <p>Attention to the rural context</p> <p>Explicit link between system failures and ongoing trauma</p>	<p>Empathy and asset-based thinking was not present by every member of the CoP</p> <p>Underrepresentation of oppressive systems at play (i.e. the role of sexism, classism, ableism, etc. in community challenges)</p>	Moderate	<p>Same as Pre-Research AND</p> <p>Efforts to include, accommodate and uplift a team member (me) returning with a new disability</p> <p>Discourse changes from deficit-mindset to increasingly asset-based</p>	<p>Continued underrepresentation</p> <p>CoP work informed more by professionals than by families, youth and community</p>	Moderate

APPENDIX: J BRYK AND SCHNEIDER'S COMPARISON FULL TABLE

Table J1

Evidence Using Bryk and Schneider (2002) Relational Trust Elements

Relational Trust Elements	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-Examples	Project End Evidence Level
Collective decision making	Mission Statement Vision Statement Norms	Information filtered to the group by Executive Committee	Weak evidence	Subcommittees share power and responsibility Agreed-upon decision making process Mutual responsibility for overall success of project	One person retained primary responsibility for agenda creation, even with increased opportunities to contribute	Strong

Table J1 (continued)

Relational Trust Elements	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-Examples	Project End Evidence Level
Confidence to reflect and experiment	Utilizing Circles to start meetings Mindfulness activity	Eye rolling or nay-saying at new ideas Use of sarcasm Controlling outcomes	Weak evidence	Personal sharing Risk-taking and vulnerability Quieter members finding increased voice Positive environment for receiving new ideas (i.e. no sarcasm, etc.) Julianna's transformation as facilitator My ability to facilitate the "soft" activities that deepen trust	Some trepidation in how to return to work after the accident to "make up for lost time" while honoring the work that had been done	Strong

Table J1 (continued)

Relational Trust Elements	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-Examples	Project End Evidence Level
Ability to have difficult conversations	Exists in isolated pockets (2-3 people)	<p>Not reflected in established norms</p> <p>Attempt met with a fight-or-flight response</p> <p>Polite resistance in the beginning</p>	No evidence	<p>Agreed-upon process for difficult conversations</p> <p>Safe, nonjudgmental environment</p> <p>Feeling known by each other</p> <p>Increased understanding that conflict can be healthy</p> <p>Common passion for the success of the project</p>	When I returned, individual members would prefer to talk to me directly, but not each other, about concerns that had arisen	Moderate

Table J1 (continued)

Relational Trust Elements	Phase One Examples	Phase One Non-examples	Phase One Evidence Level	Phase Two Examples	Phase Two Non-Examples	Project End Evidence Level
Moral imperative to do the work together	Mission Statement Vision Statement Personal relationships encouraged many to attend	Influx of attendees, not all of them committed to singular focus or to sharing the lift Some people came out of work obligation alone Some examples of showboat-ing to advance own agenda	Moderate evidence	Consistent attendance and participation Opting into meetings over other requirements Continued engagement if/when job role shifts Bringing personal experience (including trauma history) to create a new level of urgency	Some participants continued to attend out of work obligation	Strong

