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From Skepticism to Engagement:
An Appreciative Inquiry into One Community's Journey

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Summary

Between 2013 and 2016, a state of the art community mental health and wellness facility was constructed in a racially charged and economically distressed Denver, CO-area neighborhood. Despite initial skepticism and resistance on the part of community members, the facility garnered strong local, regional and national support by the time that it opened. This paper and the project on which it is based explores what enabled a sampling of said community members to make that shift.

The paper describes an Appreciative Inquiry (AI)-based research process that engaged staff members as 'co-researchers,' conducting one-on-one interviews with selected community members. The study aimed to discover and create shared understanding around *something good* that had already taken place. While we recognize the contextual specificity of our findings, we notice that they are consistent with current academic thinking: that community-based participatory processes foster grassroots ownership and empowerment, particularly in the areas of health and welfare.

The paper also explores how participation as co-researchers in this affirmative research process influenced perceptions and relationships between participating managers and community members, and among managers. Finally, it raises questions and suggests new possibilities for Appreciative Inquiry as a *foundational practice* for organizations wishing to promote or accelerate shared commitment, collaboration, and co-design of contextually-appropriate programs and services in community mental health, and beyond.

We hope that providers, communities and researchers facing similar challenges and questions in the future might gain insight from this study about *what might be,* and that their decisions and choices – informed by our experiences – might further the greater good.

Glossary

- **4- or 5-D cycle** – the phases of an AI process, including Definition (aka "change agenda" or "strategic focus" in the 4-D version), Discovery, Dream, Design and Destiny/Delivery.

- **Action Research** – a work-based learning approach which focuses on a researcher seeking to improve aspects of his/her (or colleagues') practices. 4 components: plan, act, observe, reflect. Demands active participation of researcher. May involve *multiple cycles.*

- **Appreciative Inquiry** – the study of what 'gives life' to human systems, when they are at their best.

- **Case Study** – an empirical inquiry about a contemporary phenomenon, set within its real-world context – especially when the boundaries between phenomenon and context are not clearly evident.

- **Community-Based Participatory Research (CBPR) –** a collaborative process that equitably involves all partners in the research process and recognizes the unique strengths that each brings. CBPR begins with a research topic of importance to the community with the aim of combining knowledge and action for social change to improve health and human welfare.

- **Community Engagement –** the process by which organizations and individuals build ongoing, relationships, to further creation and/or implementation of a shared vision, program or project.

- **Critical Theory –** a philosophical approach to culture and/or literature that seeks to confront the social, historical, and ideological forces and structures that produce and constrain it.

- **Image Theory –** the assumption that human actions are influenced or motivated by people's active images of the future.

- **Member Checking –** During an interview, researchers restate or summarize information and then question the participant to determine accuracy. Member checks completed after a study are completed by sharing findings with the participants involved. This allows participants to critically analyze, comment on and/or affirm the findings.

- **Narrative Analysis –** the use of narrative data such as stories or life experiences as the unit of analysis to research and understand the way people create meaning of a situation.

- **Nominal Group Technique –** a structured group process which taps the experience, skills or feelings of participants. A group leader asks a question, then invites each member in turn to state one new idea or response. No discussion is permitted until all ideas have been listed. Each item is then briefly discussed in an interacting group format. Participants often indicate their preference for important items by rank-ordering*,* a process which may be repeated with intervening discussion and argument. The outcome of the process is the mathematical aggregation of each member's preferences to give the group's ranking of responses to the question.

- **Participatory Action Research (PAR) –** a participatory, democratic process that brings together action and reflection, theory and practice in participation with others, in the pursuit of practical solutions to issues of pressing concern to people, and more generally the flourishing of individual persons and their communities.

- **Positivist –** the belief that knowledge is based on natural phenomena and their properties and relations. Thus, information derived from sensory experience, interpreted through reason and logic, forms the exclusive source of all authoritative knowledge.

- **Qualitative Research –** an approach to research that aims to create meaning or understanding through first-hand experience, individual reporting, and quotations of actual conversations. It aims to understand how the participants derive meaning from their surroundings, and how their meaning influences their behavior. Qualitative Research does not introduce treatments or manipulate variables, or impose the researcher's operational definitions of variables on the participants. Rather, it lets the meaning emerge from the participants.

- **Social Constructionist Position –** the belief that knowledge is constructed in relationship and conversation. Constructionist-based research engages researcher and subject in dialogue, mutual reflection, shared meaning making. The researcher (including his/her perspectives, values, life experiences, etc.) is part of how the data emerges.

- **Stakeholder –** a person, group or organization with interest, influence, information, or investment in an issue or organization.

- **Thematic analysis –** emphasis is placed on *what* was said, more than *how* it was said … the *told,* rather than the *telling.*

Chapter 1: Introduction

The Dahlia Campus for Health and Wellbeing (owned and operated by the Mental Health Center of Denver, or MHCD) is a 4-acre mental health, health care and community center whose purpose is to "provide a place for community members to connect with their neighbors, learn new skills and find supports they need to increase their health and well-being" (Mental Health Center of Denver, n.d.). Opened for business in January 2016, the campus resides in Northeast Park Hill: a once-vibrant, now low-income neighborhood in Denver, CO. The area is home to many MHCD clients who – until now – have had to travel great distances to avail themselves of needed services.

Northeast Park Hill has a rich but intermittently troubled history (see Appendix A for details). In particular, the site on which the campus is built – once home to the largest African American-owned shopping mall in the US – has been the center of significant political and social controversy since the late 1970s, including multiple failed attempts at redevelopment. Long-time community members, grown weary of broken promises, initially eyed the proposed development with understandable skepticism; while local elders and families, concerned over issues of safety, expressed both questions and concerns over the presence of a mental health facility in their largely residential area.

Today, more than nine months after the campus opened its doors, the prevailing

narrative (documented in Appendix B) is that skepticism or resistance has in many cases turned to enthusiastic support. Once-reserved community members actively contributed to the design of programs and services prior to opening; while others have volunteered to work on the campus on an ongoing basis. Indeed, the "thank you" mural in Dahlia's main reception area (see left hand photo) showcases names of 750 contributors: people and organizations that have given significantly of their time, talent and/or treasure to assure the campus' success.

Initial interviews with community members and staff suggest that this predominantly positive community response was in part the result of the proactive outreach efforts of both Dr.

Lydia Prado (MHCD Vice President, Child & Family Services and Dahlia Lead) and Dr. Forrest Cason (MHCD Vice President and Chief Financial Officer). Dr. Prado speculates that their cultural backgrounds – which are closely matched to those of community members – uniquely qualified them to form respectful and positive two-way relationships with members of the Northeast Park Hill community.

However, while Prado and Cason formed powerful, positive relationships with community members, other Dahlia team members remained largely isolated from the community prior to the campus' opening. Indeed, "Dr. Lydia" became – and has continued to be – the face of Dahlia for many community members.

I was introduced to the Dahlia Campus at an MHCD fundraiser in the fall of 2015. The project was well under way (scheduled to open in 3 months), and I was captivated by its vision. I asked my friend – MHCD Chairman of the Board – to introduce me to Prado, so that I might explore the possibility of completing both a M.Sc. project and research on the campus. She and I, along with senior members of the Dahlia Management Team, agreed that I would offer my services pro bono during the period November 2015 through August 2016: first providing 'change management' support for members of the management team (prior to and immediately after the campus' opening), and then working with Prado to design and implement a research project that would be documented in my thesis.

Believing that the research project should benefit the Dahlia team (as well as me, the researcher), the DL and I co-designed a process that would achieve three goals:

- Celebrate and learn more about the *something good* that had already taken place. We believed that the "success" stories we gathered might offer MHCD (perhaps even other mental health organizations) insight or guidance on how to achieve similarly positive community responses to future projects and programs.
- Enhance connections between members of the Dahlia team (*in addition* to Prado and Cason) and key community partners. Our positive, relationally-based approach was specifically designed to foster positive one-on-one relationships, which would in turn set the stage for similarly positive relationships between Dahlia staff and the broader surrounding community.

- Learn more about the relational approach to leadership and engagement that Prado and Cason practiced prior to opening, believing that managers might apply what they learned to enhance or fortify relationships *within and among* the Dahlia team.

Chapter 2: Terms of Reference, Objectives and Literature Search

Research Question

What enabled these community members to move from a position of skepticism to support for the Dahlia Campus? - "*These community members*" refers to individuals who participated in the study, as opposed to the broader Northeast Park Hill community.

Research Objectives

- Enable participants (co-researchers and those who are interviewed) to understand, amplify and build upon the '*something good'* that community members, partners and staff assert has already happened.

- Build or enhance relationships between participating co-researchers (members of the Dahlia management team) and community members*.*

Outcomes and Deliverables

- Articulation of key "success factors" (that enabled these community members to experience a shift from skepticism to support for the Dahlia Campus)

- A list of community members' "hopes and dreams" for Dahlia's future

- Reflection on "implications" of the findings

- Comparison of our findings vs. "prevailing wisdom"

- Reflection on the research process itself

- Recommendations

Beneficiaries

- **The Client.** Until recently, Dr. Lydia Prado – the Dahlia Lead (DL) – has been the "face" of Dahlia within the community. We hope that stronger relationships between managers and community members will enable others to share the "community outreach" load.

- **The Community.** Having managers who are more "attuned" to the community's hopes and dreams may expedite decisions and accommodations that will enable the Dahlia Campus to make an even more positive contribution to the Northeast Park Hill community.

- **The Researcher.** This project enhanced my understanding and appreciation of Appreciative Inquiry (AI) as both a research methodology and a coalition builder in communities that are divided by race, class, socioeconomic status and historical trauma.
- **The Academy.** I hope to speak and write about our findings, to enhance our collective understanding of both positive community engagement practices and Appreciative Inquiry as a powerful approach to community-based research.

Scope

This study involved an 8-person, hand-picked group of community members who were interviewed by an equal number of co-researchers: volunteer members of the Dahlia Management Team. It was designed to help us learn more about – and to amplify the effect of – actions and activities that took place prior to the campus' opening, during the period 2013-2016.

Constraints

Our primary constraint was time. From the beginning, the Dahlia Lead insisted on limiting the time required of both managers (co-researchers) and community members (interviewees). Her commitment informed nearly every aspect of the Project Methodology and Activity (see Chapter 3).

A secondary constraint related to selection of community participants. Though we originally agreed to focus outreach efforts on community members who had clearly shifted from skepticism and resistance to support, many of the people the DL invited were supportive of the initiative *from the start* (see p. 22 for details on how participants were selected and invited)*.* This may have created dissonance between the research question and the responses we received (see Chapter 4 – Project Findings.)

Literature Review

With the research question and objectives as foundation, my literature review focused on three areas of concern:

- **Community engagement.** What *good* or *effective* community engagement practices have been utilized – particularly in "disempowered" or "distressed" communities

(i.e., those in which race, socioeconomic status or historical trauma have led to resistance to "outside" influence or intervention)?

- **"Outsider" research.** How do "outside" researchers create an environment of trust and collaboration with participants, to achieve "meaningful" results?

- **Appreciative Inquiry as research methodology.** Is Appreciative Inquiry an effective approach to research? If so, why?

Below is a summary of my findings.

Community Engagement

In democratic societies, *community engagement* is often considered an effective and ethical way of garnering support for controversial initiatives. Research conducted by the International Association for Public Participation (with support from the Kettering Foundation) says: "there is evidence of improved outcomes as a result [sic] of public participation" in the areas of decision making, trust, accountability, open-mindedness to other points of view and "other democratic outcomes" (2009, p. 6).

Community engagement (i.e., outreach, organizing and community-based participatory research) has been shown to produce particularly powerful results with health and welfare initiatives. Duran (2013, 2010, 2005 and 2003), Minkler (2014, 2012 and 2008), Wallerstein (2014 and 2003) and others suggest that – particularly in disempowered or distressed communities – "[t]he public health professional, social worker, or urban and regional planner who begins with the community's felt need will more likely be successful in the change process, and in fostering true community ownership of programs and actions" (Minkler, 2012, loc. 620 of 6880). Such approaches "break down barriers … and value community partners as equal contributors … [they] underscore ethical principles such as self-determination, liberty and equity and reflects an inherent belief in the ability of people to accurately assess their strengths and needs and their right to act upon them" (Minkler and Wallerstein, 2003 cited in Minkler, 2004, p. 684).

Following are several recommended practices for community engagement and community-based participatory research.

- Promote active collaboration between people with local knowledge (i.e., community members) and those with "specialized" or "strategic" knowledge (i.e., professional expertise, planning, administration, funding) (Aslin and Brown, p. 5).

- Host community meetings (Aslin and Brown, p. 7).

- Use displays, stands and regular events (Aslin and Brown, p. 8).

- Release public discussion papers and reports, and seek comments (Aslin and Brown, p. 8).

- Identify and work through "key influencers" or "boundary spanners" who can help in identifying mutual goals (Kelly et al., 2001 cited in Minkler, 2004, pp. 687-688).

"Outsider" Research

I was an "outside" researcher in the Dahlia system. But co-researchers may also have been experienced as "outsiders" by the community members they interviewed, for a variety of reasons.

- All but one co-researcher was white, while all but one community participant was African American.

- All co-researchers held (in some cases multiple) advanced degrees, while many community participants were less educated.

- "Dr. Lydia" was the *only* person on the campus to have formed close personal connections with participating community members, and most co-researchers met their interviewer partners for the first time as part of this project.

In situations like these, the literature I reviewed advocated:

- "Determining whether the proposed subject really is high on the agenda of the affected community" (Kelly et al., 2001 cited in Minkler, 2004, pp. 687-688).

- "[H]elping community partners think through the pros and cons of undertaking the project to begin with" (Minkler, 2004, p. 688).

- Assuring that participation is perceived as truly voluntary, and adjusting and/or negotiating project timelines to account for what may be "substantial differences in the timetable and priority ascribed to the research by community and outside research partners" (Minkler, 2004, p. 689).

- Ensuring that the research will "benefit the local community by providing new information on a topic of concern, increasing human resources, and including action to help redress … problem[s] as an integral part of the research process" (Minkler, 2004, p. 689).

- Practicing "openness to the culture and reality of others, and a willingness to listen and continually learn" (Minkler, 2004, p. 691).

- Committing to "giving the study findings back to the community and facilitating strong community involvement in decision making about the use of those findings for action and social change" (Minkler and Wallerstein, 2003; Ansley and Gaventa, 1997; and Hall, 1992 cited in Minkler, 2004, p. 693).

Appreciative Inquiry as Research Methodology

Appreciative Inquiry is described as "valuable as a research tool for interviewing in the field" (Reed, 2007; Boyd and Bright, 2007; and Michael, 2005, p. 229), both in situations where a solitary researcher conducts appreciative (vs. problem-focused) interviews, and where large groups of people gather to interview one another, make choices and act in support of their findings.

As multiple authors suggest, the underlying problem-focused assumption of traditional action research – that 'something is wrong around here' — "tends to make community members wary of the consultant, especially if they have been burned by past development activities. As a result, data collection can generate skepticism, and feedback to community members may be met with concern, fear, or high anxiety among participants" (Powley et al., 2004 cited in Boyd and Bright, 2007, pp. 1024-1025). By contrast, people interviewed over the course of Appreciative Inquiry-based research are described as "eager to tell their stories." They speak "openly, with less defensiveness [than in the context of traditional action research] or fear of reprisal" (Michael, 2005, pp. 226-227). Thus, authors describe AI-based research as effective because it:

- Begins to address some of the key concerns of participatory research, including "how to get buy-in from community members, … involve multiple stakeholders, … take into

account potential consequences to a whole community system … [and] develop a sense of empowerment among participants" (Boyd and Bright, 2007, p. 1019).

- "[S]erves to strengthen the relational ties between people, while 'expanding the strengths and opportunities that people see in their communities'" (Gergen, Gergen, and Barrett, 2004, cited in Boyd and Bright, 2007, p. 1026).

- "[T]ends to level the hierarchical boundaries that often separate people; [and] …. in the best cases, a relationship may develop that shifts the assumptions that each holds of the other" (Powley et al., 2004 cited in Boyd and Bright, 2007, p. 1026).

- "[A]llow[s] for an extension and elevation of community strengths, where the images of normative existence within that community are shifted toward the exceptional or extraordinary" (Cooperrider and Avital, 2004; Cooperrider, Whitney, and Stavros, 2003; Ludema et al., 2003; Whitney and Trosten-Bloom, 2003; and Cooperrider, 1990; cited in Boyd and Bright, p. 1025).

- "[H]as the potential to reframe and dramatically shift organizational and community norms" (Boyd and Bright, 2007, p. 1019).

Implications

In the concluding section of Chapter 4 – Project Findings, I compare these insights and recommendations to what Dahlia co-researchers learned through their inquiry and narrative analysis. Reflections on *my learnings* (as lead researcher, facilitator and archivist) compared to those put forth in my literature review appear as they are relevant, throughout the paper.

Chapter 3: Methodology and Project Activity

Approaches Considered

In crafting my thesis proposal, I contemplated – but did not pursue – three different approaches. Two of these (Case Study and Deep Unstructured Dialogue) proved incompatible with the project's purpose and constraints. The third (Participatory Action Research, aka Community-Based Participatory Research) was extremely congruent with the purpose and constraints, but was "off the mark" when it came to the project's research question.

Case Study

This approach is described as "an empirical inquiry about a contemporary phenomenon, … set within its real-world context – especially when the boundaries between phenomenon and context are not clearly evident" (Yin 2009a cited in Yin 2012, p. 3). (See Appendix C for more information about this approach.)

A Case Study would have been appropriate had I pursued my initial purpose: to discover "best practices" that were embedded in this project, to share these more broadly with both the mental health and organization development / organizational change communities. Considering our final purpose, however, the Case Study approach seemed less appropriate.

Deep Unstructured Dialogue

This approach is similar to the "long qualitative [or intensive] interview" put forth in Grant McCracken's 1988 *Little Blue Book*. Deep unstructured dialogue "gives us the opportunity to step into the mind of another person, to see and experience the world as they do themselves" (p. 9). (See Appendix C for more information about this approach.)

Though this would have been a powerful and deeply meaningful way to answer the research question, the approach is generally both iterative and time intensive and would require extensive training of co-researchers. Given the time constraints within which the study was to be conducted, it was not a viable option.

Participatory Action Research (PAR) / Community-Based Participatory Research (CBPR)

Reason and Bradbury describe Participatory Action Research as a "participatory, democratic process … [that] brings together action and reflection, theory and practice, in participation with others, in the pursuit of practical solutions to issues of pressing concern to

people, and more generally the flourishing of individual persons and their communities" (2001a, p. 1 cited in Reason, p. 189). Minkler and Wallerstein describe Community-Based Participatory Research as "a partnership approach that breaks down the barriers between the researcher and the researched and values community partners as equal contributors to the research enterprise (2003 cited in Minkler, 2004, p. 684).

Following is a visual synopsis of the kind of learning cycle that PAR and CBPR researchers propose as the foundation for their work (Carr and Kemmis, 1986 cited in Riding, Fowell and Levy, 1995):
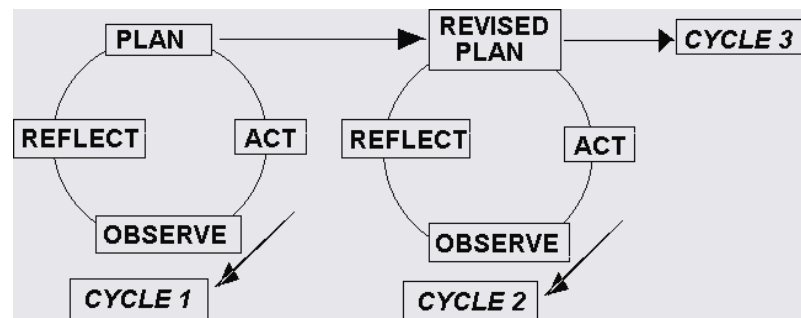
Either PAR or CBPR would have been exceptional processes for engaging the Dahlia community in learning about itself. Indeed, we studied and built upon key elements of these processes in the design of our project. But for reasons detailed below, we found the Appreciative Inquiry approach to be best suited to the research purpose and question.

The Chosen Approach: Appreciative Inquiry (AI)

Initially, Appreciative Inquiry seemed to be the best match because we hoped to identify and learn from "something good" that happened prior to opening. As the project progressed, however, the Dahlia Lead and I felt increasing commitment to this approach because of the ancillary benefits it offered to community and staff members. Below, I introduce AI, explore its theoretical roots, and articulate some of what distinguishes AI-based research from either positivist approaches or PAR / CBPR.

What is Appreciative Inquiry (AI)?

Appreciative Inquiry (AI) has been described as "the study of what gives life to human systems when they function at their best" (Whitney and Trosten-Bloom, 2010, p. 1). Evolving out of three traditions – social construction, image theory and *grounded/action research* [my

italic] (Whitney and Trosten-Bloom, 2010, p. 49), AI suggests that because human systems move in the direction of that which they study, the best way to amplify success is to study it.

AI as a Research Methodology

In 2007, medical researcher Jan Reed wrote a book called *Appreciative Inquiry: Research for Change.* There she made the case that AI is a credible and effective approach to participatory action research, as well as a powerful approach to organizational change. Reed suggests that Appreciative Inquiry-based research gives form to two worldviews – *critical theory* and *social construction* – both of which ask us to take "a critical stance toward taken-for-granted knowledge" and understanding (Burr, 1995 cited in Reed, 2007, p. 55), seeking to discover and deconstruct often-untold stories of success to gain insight into what might be.

Affirming what constructionists might call the "historical and cultural specificity" of knowledge (Burr, 1995 cited in Reed, 2007, p. 56), AI-based research generally concerns itself with "how people feel and think," with respect to "'naturally occurring' phenomena rather than controlled experimentation" (Reed, 2007, pp. 53-54). Assuming that meaning is negotiated and co-constructed in conversation, relationships and context (Reed, 2007, p. 55) and that "knowledge is sustained by social processes" (Burr, 1995 cited in Reed, 2007, p. 56), AI-based research is most often conducted qualitatively (through paired interviews and group discussions), and explored using narrative analysis techniques.   And believing that new relationships and conversations pave the way for new ways of seeing and acting (Reed, 2007, p. 56), AI-based research liberates participants from socially-constructed patterns of oppression and exclusion by encouraging participants to "recognize that the world and their organization is open to social change as created by and through human interaction and creativity" (2010, p. 269).

Finally, AI-based research – like critical theory and social construction – posits that concepts such as *"neutrality," "objectivity"* and *"validity"* are illusory. It asserts that *every* form of research – no matter how "controlled" – is historically-situated and biased. Believing this to be the case, Appreciative Inquiry-based research is *purposefully biased* in favor of "the good, the better and the possible" in human systems (Cooperrider et al., 2001, p. 12).

AI generally unfolds in what is most often described as 4-D or 5-D cycle (The

Management Centre, n.d.):
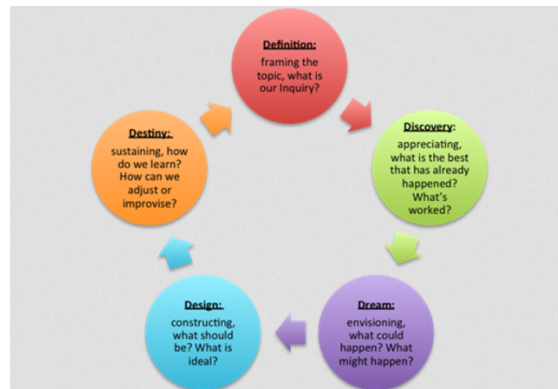
In the *Definition* phase, participant researchers determine the *strategic focus* of the inquiry,

along with the *questions* they will ask, *of whom.* In the *Discover* phase they:

- Collect and compile "data" (personal stories) via one-on-one or group interviews,

- Share stories with co-researchers, and

- Together, identify patterns, themes and implications.

Then, in the *Dream, Design* and *Destiny* phases they envision, design and implement changes to

their workplace or community, to enable what might once have been *exceptionally positive*

results to become *everyday and ordinary* (Whitney and Trosten-Bloom, pp. 8-9).

Indeed, Reed describes AI as a positively focused participatory action research process

(2007, p. 64). Unlike PAR and CBPR, it does not include a formal "evaluation" phase – though

the "continuous loop" (from Destiny to Definition, etc.) assumes that participants will reengage

in inquiry once action has taken place.

I *could* have crafted a research process that had involved me personally conducting one-

on-one appreciative interviews with community members. But according to some, members of

Northeast Park Hill and the surrounding community have for years been over-researched and

over-organized by well-meaning "outsiders"; and such a design might have been experienced as

objectifying or alienating by the very community members that Dahlia leaders had previously

worked so hard to engage. Further, the stated purpose involved forging or supporting

relationships between staff and community members. So, the DL and I opted for a highly

participatory process that was coordinated and "owned" (to the extent that time would allow) by members of the Dahlia team, with input from the community.

The constructionist principle of Appreciative Inquiry suggests that by changing the nature of our conversations and relationships (i.e., who talks to whom, and what they talk about), we change the daily reality of our organizations' and communities' members (Whitney and Trosten-Bloom, 2010, pp. 51-54). Thus, this decision to have Dahlia own the research project was consistent with recommended "best" practices in both CBPR and AI.

Following is a step-by-step synopsis of how the project unfolded, beginning with *Definition* (steps 1 through 4), and continuing through *Discovery*, *Dream* (steps 5 through 7), and *Design* (step 8). The *Destiny* phase, which was independently conceptualized by co-researchers following our work together, will continue to unfold over the coming months and years.

References to where and how ethical considerations were addressed in this project are included in the project description. Please note that the signed Ethics Release Form is reproduced in Appendix D.

Project Methodology and Activity – Step-By-Step

Key Project Players
- Dahlia Lead (DL) – Dr. Lydia Prado; lead client, advisor and "relational glue"
- Amanda T-B (me) – process expert, facilitator and archivist
- Executive Assistant (EA) – administrative coordinator; coordinate materials distribution and collection
- Advisors – DL + one community elder; identify community participants, review and approve participants
- Co-researchers – 8 volunteers from the Dahlia management team; conduct and make meaning of community interviews

Step 1: Definition – Purpose, Research Question and Approach

During my first two months with the team (see p. 8 for background on my role), I worked with the DL to determine how we would move forward in the second phase of our partnership. I watched video interviews with several community members as they spoke of their pre-opening experience; and listened as the DL shared her experience of what had taken place thus far, and where the campus needed to move. Based on what I was hearing, I drafted five alternative designs that served as "fertilizer" for our conversations.

Reflecting aloud on the pros and cons of each alternative enabled the DL to clarify what she wanted to achieve, and for whom – so that we could together *define* an overall purpose / research objectives (articulated on p. 10), research question and approach

Step 2: Role Clarification

We next determined who we would engage, and how we would interact with one another through subsequent phases of the 5-D cycle.

We agreed that volunteer ***co-researchers*** from Dahlia's staff would conduct the research. ***I***, in turn – with periodic input from co-researchers and advisors – would serve as a process expert. I would propose an overall process, draft then finalize materials, prepare and support co-researchers, and facilitate the making of meaning. At each stage of the game, I would review the process and materials with participants, and amend them as required (though in the end, neither advisors nor co-researchers recommended substantial revisions). We also agreed that I would document co-researchers' findings.

In addition to defining the research purpose and question, the Dahlia Lead (until now, the "face" of the Dahlia Campus in the community) would:

- Provide the "relational glue" that would assure the project was well received by and beneficial to all who participated.

- Recruit ***advisors***, who would identify prospective participants and review materials.

- Reach out individually to community members (prospective participants identified by advisors) to describe the project and invite them to participate.

- Pair co-researchers with community members, taking into consideration who might need to work with one another in the future, who had the most relevant experience or insight to share with whom, etc.

- Introduce community participants to their staff research partners.

The DL's ***executive assistant (EA)*** – who, like the DL, had prior relationships with community members – would coordinate distribution and collection of consent forms and recordings.

Step 3: Meet with the Advisory Team

The DL and I initially agreed to a three-person team of advisors (the DL, 1 community member and 1 potential co-researcher); but in the end, to minimize the time required (her own and staff), she chose to recruit just one other than herself. I supported her decision because:

- The DL initially planned to serve as an interviewer (and was therefore able to represent co-researchers), and

- The DL was more suited to identify and recruit potential participants than any of the other interviewers, because of the close community relationships she had already established.

Advisors partnered with me on question content and design (Ethics Release Form item 6). (A copy of the final approved Interview Guide is reproduced in Appendix E.) They also reviewed and finalized the Information and Consent Forms for both Interviewees and Interviewers (see Appendix F), assuring that all participants were offering "free and informed consent, as culturally defined and relevant for individuals, families, groups, and communities" (Universal Declaration, p. 2; Ethics Release Form items 5 and 6).

Having brainstormed and discussed possible participants, each of the two advisors identified: first, the 10 people they believed to be the most appropriate (given the research question); then, the 10 best "backups" (should first-choice participants not be available).

We agreed that unless community members requested otherwise, their names, stories and direct quotes would be shared openly among fellow researchers. Advisors reviewed and modified the proposed consent form to assure it would be culturally relevant, and would support community members' understanding of these conditions (Ethics Release Form, item 7).

Before parting, the advisors also reviewed and revised the interview guide I had drafted, and determined that the DL would invite people by phone, beginning with those the advisors had deemed most suitable and moving down the list, until an appropriate number of interviewees had been identified.

Step 3: Solicit and Prepare Co-Researchers

The Dahlia Lead asked me to join one of the regular managers' meetings, to help introduce the project to prospective co-researchers. She shared its overall purpose and

benefits, describing participation in the project as a "gift" that she was offering to the team. (She said she had felt both privileged and "blessed" by the community connections she'd made prior to start-up – and that she wished to share them.) I then outlined the research process and timeframes, inviting and answering questions along the way.

Throughout the conversation, the DL and I emphasized that participation was strictly voluntary and would not impact performance ratings (Ethics Release Form, item 3). We further explained that if a co-researcher were to become unavailable to complete their assigned interview, members of the Advisory Team would determine whether to assign the interview to a different co-researcher, or drop that community member from the "data base" (Ethics Release Form, item 4).

We asked people to consider and share how they felt they might benefit from participation in the project, then gave them a week to decide whether they *would* or *would not* serve as co-researchers. To avoid the perception of outside pressure, follow up messages to participants were written by me but distributed by the EA, who collected people's responses and confirmed participation.

Initially, nine members of the 15-person management team volunteered to serve as co-researchers; though before interviewees were assigned, the DL (who had also planned to serve) chose not to conduct an interview. This left eight co-researchers, each of whom was paired with a single community member. During the interviewer orientation, co-researchers reviewed and approved materials (including interview questions, and a post-interview reflection sheet for interviewers), reviewed pairings, learned how to use the recording device(s) and signed consent forms.

Step 5: Interview and Reflect

With copies of the interview guide and reflection sheet in hand, co-researchers contacted their partners and conducted interviews. We encouraged them, rather than gathering responses to tightly scripted questions, to "create meaning collaboratively" while they were interviewing (Riessman, 2006 cited in Jupp, 2006, p. 188): to ask clarifying questions, pursue curiosities and probe deeply, as they were moved through conversation.

Upon conclusion of the interview, co-researchers shared with their partners the

meaning they had made of the conversation, invited further input and *confirmed* participants' willingness to have their names and stories shared during the meaning making session (Ethics Release Form, Item 7). To assure that there would be no misunderstanding, participants signed a *second* consent form confirming their agreement with what had been shared.

Finally, interviewers considered and made notes on the four-question reflection sheet (see Appendix G). This captured their top-of-mind experiences and learnings, and prepared them for the meaning making session.

Step 6: Transcribe Interviews

In many AI processes – particularly those whose purpose is community or organizational change – interview data is gathered and filtered through the person conducting the interview. Notes are taken, and sometimes (in longer-term, larger-scale projects) summary sheets are also completed; but the original interview is neither recorded not documented at depth. This approach – which springs from AI's constructionist roots – makes sense given the assumption that "meaning" has been constructed in the relationship between interviewer and interviewee. Rather than "reporting" their partner's stories verbatim, interviewers are sharing the meaning that they made *in dialogue* with their partner.

Because ours was a research process as well as a change initiative, interviews were recorded and transcribed by an independent agency, and I stored transcriptions on a hard drive that is backed up multiple times per day. Though we offered confidentiality to both co-researchers and community members, only one participant (an interviewer) requested it. In this person's case, I stored the transcript under an assumed name (Ethics Release form, item 7). Co-researchers distributed draft transcripts only to those community members who asked to review them. Co-researchers then retrieved edited versions which they submitted to me.

Unfortunately, during one of the eight interviews the recording device failed to deliver an audible recording. I contacted both the manufacturer and an independent data recovery service to see if the corrupted file could be restored, but all efforts failed. Thus, in just one case, the co-researcher typed interview notes and submitted them to me in lieu of a transcript. Though I asked her to confirm the notes with her partner, time constraints made it impossible for her to do so.

Under the circumstances, this interviewer and I had to decide whether to share these notes during the meaning making session. Since the interviewee had declined to review transcripts (when she believed one would be available), we agreed that it was ethically appropriate for her to do so.

Step 7: Analyze Data

All eight co-researchers attended our four-hour meaning making session. The Dahlia Lead also participated in all but the last 30 minutes of the meeting, contributing background information and personal stories from her pre-opening experience. In addition, we were surprised but pleased when MHCD's "Mental Health Ambassador" (a local philanthropist with a standing invitation to drop in on non-clinical gatherings) chose to join us.

Because of time constraints, our "change agenda" (research), and the small number of participants we deviated somewhat from a "standard" AI-based meaning making process (Trosten-Bloom, 2015). Specifically, we bypassed one-on-one reflective interviews at the beginning of the session, incorporated written transcripts, and processed all data in the full group (rather than in smaller subgroups).

In preparation for the meeting, I color-coded the transcripts to help co-researchers determine which sections of the transcripts related to which portions of our agenda (e.g., "initial impressions" were orange, "where we are today" was green, etc.) Then at the beginning of the session, I randomly distributed transcripts so that each meeting participant was responsible for reflecting on both their own interview *and one other*.

Following is a high-level summary of our reflective process (the meeting agenda is reproduced in Appendix H). The *output* of the meeting (co-researchers' findings and recommendations) appears in Appendix I.

Initial and current impressions of the campus. Here, we corroborated our original assumption that "something good" had happened prior to opening. Using a modified nominal group technique, co-researchers identified interviewees' *before* and *after* impressions. I served as scribe. Going "round robin," participants took turns sharing something *new* that was not already on a growing list of initial and current impressions. They "passed" if they felt they had

nothing new to share. At the end of two rounds, participants randomly added to the list until everyone in the group agreed it was complete.

Hopes and dreams for the future. Individually, quietly and on sticky notes, co-researchers recorded their partners' responses to the "magic wand" question (see Appendix E, question 4); then posted the individual notes on the wall. During a 10-minute break, three co-researchers clustered the notes; then, once everyone had returned, the group discussed, finalized and named the clusters.

What enabled the transition. My original design included 45 minutes of small group work, followed by whole group report-outs. In subgroups, I'd intended that participants would share stories of the transition, conduct a thematic analysis, and prioritize what they had heard (Riessman, 2006 cited in Jupp, 2006, p. 186). Instead, the group asked to remain whole. Interviewers shared their partners' stories, then group members discussed what *they'd heard* had enabled this community member to move "from skepticism to support"? We created a running list of "enablers" on a flip chart page, and added to it after every story. Once all the stories had been told and discussed, individual co-researchers were each given 5 sticky dots, which they placed on the enablers they personally felt were most vital.

Implications, reflections and recommendations. Reflecting on all they'd experienced, heard and learned, co-researchers discussed the *implications* of what they'd heard and learned – for the Dahlia management team, for MHCD, and for future projects like this. Though we had planned for all co-researchers – together with the DL – to participate in this final reflection, the DL left the meeting early because of a scheduling conflict. I experienced her departure as an unplanned boost to co-researchers' sense of personal "ownership" over (and responsibility to disseminate) their findings.

Our reflection time was brief, so co-researchers chose to schedule a follow-up meeting (one week later) to continue discussing their experience and prepare a presentation for non-participating managers. In this follow up meeting they identified five "action areas" and established goals for how to implement proposed changes/improvements to Dahlia's current policies, then met with the broader management team to engage others in implementing the proposed changes.

Step 8: Project Report

Following the meaning making meeting, I assembled a final report summarizing the themes identified and decisions made by co-researchers, along with a comparison of our findings to "prevailing wisdom" and my personal reflections on our shared process (see Chapter 4: Project Findings). I clustered the *First Impressions* and *Where We Are Today*, and combined several of the single-vote *Top Enablers* with those that received multiple votes. Finally, I returned to the transcripts for supporting, explanatory and illustrative quotes. In so doing, I noticed that co-researchers' descriptions of their partners' *First Impressions* seemed negatively biased (as compared to what I read in the transcripts); and I reflected on why this might have been.

Before submitting report to PDF, I invited both co-researchers and advisors to review it in its entirety and, as appropriate, discuss or revise it. None of the participants accepted my invitation.

Forty-five days after the meaning making session, I joined co-researchers and community members for a celebratory meal, sponsored by the DL. There, we shared and discussed what we had learned and discussed next steps that were already under way (Ethics Release Form, item 8). Three months after that, the DL and I shared our mutual experience and findings at a Relational Practices in Healthcare conference. The DL and I will also meet with members of the Dahlia leadership team in early 2017, to discuss my final *recommendations* (see Chapter 5).

Strengths and Potential Weaknesses: My Reflections on the Methodology and Approach
Strengths

In my opinion, a significant benefit of our approach is that the project was owned by members of the Dahlia staff. Though this periodically presented challenges, it seemed clear as the project progressed that the work we were doing became a "second wave" of community engagement: an opportunity to build upon the good work that had gone before. Indeed, my experience was that staff investment (including the DL's self-described investment in the process) increased as the project progressed. Had I personally conducted interviews, the process would have been more predictable – but less beneficial for participants.

It appears that, true to AI theory (Whitney and Trosten-Bloom, 2010, pp. 10-11), participation in AI interviews also increased community members' appreciation for what had already taken place, for what the campus offers today and for what might yet be at Dahlia. Co-researchers suggested that interviewees seemed pleased to share their stories: a phenomenon that continued through the celebratory luncheon. And responses to the "magic wand" question in the interview (see Appendix E) demonstrated interviewees' deep concern for and commitment to the campus. Indeed, several people suggested that they feel an ongoing sense of *personal responsibility* to function as campus partners: reaching out to and engaging more and more of their neighbors in the Dahlia experience.

The DL was initially concerned that community members, who had already given a great deal to Dahlia prior to opening, would be resistant to participating in interviews. However, nearly everyone who was invited agreed to participate. Indeed, it seems that we might have engaged an even larger segment of the community had our research team been larger or had co-researchers conducted multiple interviews.

We were delighted to see that a few of the interviews resulted in powerful and positive *personal* connections between co-researchers and community members. For example, when one of the community members (who was undergoing chemotherapy during the interview) failed to attend the celebratory lunch, her interviewer announced her intention to "touch bases" with her to see how she was doing.

Similarly, my review of the transcripts pointed to a surprisingly personal connection that was made during one interview, between an African American staff member and the African American community leader with whom he was partnered. Before the interview began (but after the recording commenced) they had a long exchange about their shared experiences growing up in largely black communities, while attending "white" schools outside of their neighborhoods. Similarly, at the end of the interview, the community member asked to hear how the interviewer had chosen to do the work he does – which led to more stories about family relationships and life history.

With these and other examples as backdrop, it seems fair to say that we achieved our original purpose: to cultivate positive, respectful relationships between co-researchers and the

people they interviewed, even as we explored and answered the research question. With me in the background, serving as facilitator/coordinator of the process, team members gained clearer insight into who they are serving and how they might best engage with them in the future. Because of who advisors recruited to be interviewed, the process also connected co-researchers closely with a group of *community catalysts* – "people identified as informal opinion leaders" (Whitney and Trosten-Bloom, p. 248); and this, in turn, may open doors to further connection within the broader Northeast Park Hill community.

Potential Weaknesses

We were significantly challenged to design and implement a *meaningful* process, while respecting the boundaries of time and energy that were outlined from the start. In deference to the constraints, we agreed to *one-way* one-to-one interviews (paired by the DL, based on who she believed would most benefit from the relationship), rather than a more traditional AI design (*two-way* appreciative interviews among "improbable pairs"). While the pairings seemed to make sense in this context, co-researchers and I agreed that one-way interviews created or reinforced a power imbalance that resulted in unnecessary discomfort for a few of the community participants.

For example, one community member opened her interview expressing concern whether she could deliver what we were "hoping." Another community member reviewed her transcript line-by-line, correcting grammatical and punctuation errors reflective of a conversational vs. written exchange. Co-researchers and I believed that these and similar behaviors suggested that some community members were experiencing discomfort, "performance anxiety," or perhaps difficulty "speaking truth to power" (Chavez et al., 2003, p. 87 cited in Minkler, 2004, p. 689).

Said time constraints also limited the scope of the study to eight community participants. And because the DL and her Executive Assistant did most of the "heavy lifting" during the outreach phase of the project – and both of them were already extremely strapped for time – we had to make several mid-course corrections to accommodate either slipped deadlines or unexpected changes in the approach. Here are some examples of said refinements:

- We extended the length of the introductory session (to make space for editorial changes), because co-researchers were not invited to serve as advisors.

- We began interviews later than planned (thereby assuring that co-researchers were properly introduced to community members, before they were in touch), because the DL needed extra time to contact community participants.

- We had to accept a *second*, shorter consent (appearing at the end of the interview guide) in lieu of the original Information and Consent Form for one participant, because we only discovered that the original form had not been returned *after* the interview had been conducted.

- We modified the design of the meaning making session (to enable the DL to share her pre-research experiences) because scheduling conflicts prevented her from serving as an interviewer.

- We compressed the meaning making session from six hours to four (based again on scheduling challenges); and this, in turn, required us to pick and choose where and when to *discuss* what we'd learned. Though participants seemed to become more engaged with one another and the process when they were sharing and discussing stories (people became more animated, curious and conversational), less than half the meeting was devoted to that activity. Indeed, during the first 1¼ hours, co-researchers listed findings from their assigned interviews without discussion or reflection.

Methodological Modifications: What *Might Have Been*

Given the weaknesses outlined above, I revisited my literature review to contemplate the effect that three slightly modified approaches might have had on participants' experiences – and on the findings.

First potential revision: *community members interview one another, make meaning of their data and share recommendations with Dahlia team members.* This approach might have reduced or eliminated the "performance anxiety" experienced by some, and would have enabled community members to be masters of their own experience rather than subjects of others' research (Freire, 1982 in Wallerstein and Duran, 2003). It also would have radically

diminished the time required of Dahlia staff. The disadvantage is that it would have greatly increased the time asked of community members, and would have failed to deliver the relational benefits (staff to community) articulated in the project purpose.

Second potential revision: *conduct interviews as part of the meaning making session, and include community members in narrative analysis / recommendations.* This approach would have retained the relational benefits of the original approach, while lightening the up-front administrative load. It would also have eliminated the need for recordings (enabling community members to "member check" the way their stories were being presented), and minimized the risk of "cultural misunderstandings" (between largely white staff members and community members, most of whom were people of color) (Minkler, 2004, p. 690). The disadvantage is that it would have increased the time required of community members.

Third potential revision: *modify the interview questions to enable two-way interviews (between staff and community members),* then combine interviews and meaning making into a single event. This approach would have provided an even greater relational benefit than the chosen approach. It would also have expanded everyone's perspective, enabling comparison of the experiences of different stakeholders and stakeholder groups. It would have lightened the up-front administrative load (though organizing and supporting what would amount to a full-day event would have required a different kind of administrative support), and would have enabled community members to be full participants in the reflective process. The only significant disadvantage would have been the extra time required for staff and community members, alike.

Chapter 4: Project Findings

Feedback from Community Members

First Impressions

Somewhat surprisingly, only three of eight community participants described themselves as having been strongly opposed to the project in the beginning. However, while two participants shared what might be described as cautious skepticism and three more expressed immediate enthusiasm and/or relief that the land would finally be used for good purposes, *all* the respondents suggested that the overall community response was quite negative (as evidenced in the transcripts from the meaning making session – see Appendix I). According to co-researchers, negative responses revolved around a few basic themes:

> *"When I heard them say 'mental health, my first reaction was 'NO!' I was thinking of a place where you would come and be admitted. A whole lot of other people were thinking the same thing."*

The stigma of mental health. Both those who were interviewed and others whom they referenced expressed fears and concerns based on stereotypes and/or misunderstandings about the nature of community mental health. "Will Dahlia be a hospital? An inpatient facility? Will it attract a criminal element? Can you guarantee that I will not be attacked on the way to my car?" These questions and more surfaced as people first heard about the proposed facility.

The history of the place. The site on which the Dahlia Campus is built has had a rich but intermittently troubled history (see both Chapter 1 and Appendix A). Perhaps because of this history, long-time residents – some of whom were interviewed – had strong negative feelings about the proposed use of the particular space.

> *"It was pretty bad [in this area.] We had a lot of problems for 25 years…. I was somewhat holding my breath that [the Dahlia Campus] wasn't going to be a pie-in-the-sky because the neighborhood did not need that."*

> *"I thought, oh no! Now they are going to bring this mental health for us so they can fix us and label us because, you know, something is wrong with us…. I was, like, why are you guys coming here?"*

Need for community involvement. Some participants' initial resistance was rooted in fear that the project would be *done to* (rather than with) the community. Other major programs (including a nearby health clinic) had previously been implemented from the outside-in, resulting in feelings of

being misunderstood or disrespected by "outsiders" ("You have no right to tell us what we need").

A racial / socioeconomic divide. Finally, it was surmised by meaning making participants that the proposed project called out unspoken or perhaps understated racial and socioeconomic dynamics that were both negative and pre-existing. One co-researcher described this as, "You [MHCD leaders and staff] don't live here, you don't live like us, and you don't know us." Indeed, several participants expressed concern about "yet another" layer of oppression and judgment … of mental health providers who don't look like the people they're serving, coming in with an attitude that they're going to "fix" something or someone. A co-researcher paraphrased this as, "We don't need a Peace Corps around here!"

Neutral and positive responses. As suggested earlier, five of the eight people interviewed described their initial responses as either neutral or positive – though, during the meaning making session, these responses were presented as more "marginal" than the negative ones (see Appendix I). One possibility is that co-researchers paid more attention to negative responses because of the research question ("What enabled the *transition* …").

> *"I was absolutely thrilled that it wasn't going to be an empty space anymore; and in fact, it was going to be a space that had a sense of community."*

Based on both newspaper accounts and the raw interview data that I read in the transcripts, I surmise that community participants reported *what they heard from fellow community members,* and that this influenced how co-researchers made meaning of what they'd heard. In other words, they shared both *their own* first thoughts about Dahlia … and then responded to a question we didn't actually ask:

> *"What, in your opinion, was the overall community's response*
> *when MHCD announced its plan to build on the corner of 35th and Dahlia?"*

Where We Are Today

To a person, community participants described themselves as excited, committed to and fully engaged with today's Dahlia Campus and all that it represents. One person called this a "180 shift," while another said Dahlia is "beyond what I could have imagined." More than one

"I think [community members need to become] goodwill ambassadors…. There's nothing better than having people who are willing to … knock on the doors and say, 'Have you been there? Do you know what's happening?' Staff could go, but it's so much better to have the neighbors do it themselves."

community member said they felt it was important that *community members themselves* continue educating those who remain concerned or resistant to the Dahlia model.

This enthusiastic support seems focused on several aspects of the campus:

- <u>Physical space.</u> The Campus is both state-of-the-art and beautiful. As several participants suggested, it "enhances the community." The gardens, which are accessible to neighbors, include walking paths, seats and outdoor tables on a patio. Within, there is a gymnasium and a "community room" that is open and available for meetings and informal gatherings. People feel at home here.

- <u>Programs and services.</u> The Campus is bustling with positive activities. There is a strong and positive (described by one as "infatuating") focus on children and parenting. The "campus" model includes both the agency and other groups that provide services and activities; and the facility is considered a collaborative partner (rather than satellite) of the Mental Health Center of Denver. Learning is experiential. The kitchen and pediatric dental clinic are "exciting." And there is a strong emphasis on

"This place has been intentionally designed to provide a lot of service so there are a lot of different touch points here. In just visiting sometimes it's like a family reunion! I see people that I have not seen in a while and they are here to access something that matters to them."

food: growing it, cooking it and making it available to a community that was once a "food desert."

- <u>Ownership.</u> When describing today's Dahlia Campus, one participant said, "This is *ours.*" It is seen as "an opportunity and a resource in the community": a place where people can connect to one another and have a sense of belonging. "Dahlia is a reflection of what we wanted as a community," said another, "Finally … it's what the community deserves." Several participants expressed their intention to remain involved – or to become even *more* involved – in the future.

What Enabled the Transition?

> *"Lydia and her staff spent time meeting people, going door-to-door, going to every meeting that anybody had – even when community members were describing Dahlia as a place for crazy people. That was hard to take, but … they listened and said, 'this is about well-being.' … They [said], 'we've been around a long time doing things in different communities around Denver, and we can do this, but we can't do it without you.*
>
> *They made people feel as if they were part of it and it was not this entity coming in here telling people what they were going to do without asking permission. This is our community and you have to sort of come past us. They did that very well, and so I think that's what made the difference. They said, 'This is your neighborhood, you have to want us and you have to care or we can't do this.'"*

Because of our research question, we dedicated more time exploring the *transition* from initial to current impressions than on any other element of the interviews. Following is a *prioritized synopsis* of the meaning co-researchers made of the interviews they conducted. The category marked "top enablers" includes actions or activities that co-researchers identified (via multi-vote) as having most contributed to community members' shift in attitude. They are listed in order of priority, again based on co-researchers' perceptions.

Top Enablers

"This is *our* thing". The rich, sometimes tragic, history of the neighborhood and the land itself brought with it some unique challenges. By listening to, acknowledging and building upon both this history and the community's local culture, Dahlia leaders helped gain support and traction for the program they were working to construct. As an example, because community members referenced the terrible effect that the one local grocery story's earlier demise had had on the community, *food* became an essential component of the new Dahlia Campus.

Speaking of today, those who were interviewed described pride in the role they and others had played in bringing the Campus to life. They were regularly involved in concrete, day-to-day decisions including (but not limited to) what services would be provided, where paths would be located and what kinds of fish would be grown in the aquaponics greenhouse.

> *"These people wait[ed] many years. They want[ed] to see this, this, this, and this in the community. Something they could call their own. Something they felt they could be a part of."*

Indeed, having participated in the naming of the program was called out in half of the interviews as having been particularly meaningful. Having the word Dahlia in the title allowed long-time residents to recognize honor the history of the site, as the once-thriving mall had been called Dahlia Square. Similarly, the term *campus* (rather than a "center" or "facility") brought to mind a place where people would have multiple opportunities to *learn.* Finally, using the words "health and wellbeing" (rather than "mental health") diffused or redirected people's early fears.

Transparency and truth-telling. Throughout the process, organizers practiced radical transparency and a commitment to giving timely and honest answers to questions. One participant described how, having attended a neighborhood meeting, she began following up with emails and calls to Dr. Cason. Concerned about whether minority contractors were being engaged in the construction of the campus, she was delighted when Cason referred her to the contract supervisor. She had a similar experience when she inquired about both the pre-school, and how or where people with Alzheimer's would receive care.

> *"They were honest. They weren't trying to hide anything. If you asked them they would tell you. If I sent Forrest [or Lydia] an email, [they] responded immediately. [They] didn't string me along or anything. The transparency and them being open to suggestions and really following up and being accountable to what they said made me want to be more involved – and then I started learning stuff."*

Following the meaning making session, Prado elaborated on the *system-level* transparency that she designed and implemented prior to opening. During community meetings, she would poll people (on questions related to programs, services, naming, etc.), then sort what people had said, then share feedback publicly at the next meeting – where she would poll again. Over time, as patterns emerged, decisions became clearer. This practice of "radical transparency" enhanced people's understanding of and commitment to key decisions as they were being made.

Listening, hearing and responding. Story after story referenced multiple ways in which Dr. Prado – and to an extent, CFO Forrest Cason – sought input from community members throughout the process. Through a variety of forums (individual and collective, public and private, formal and informal), they invited community member input, *took in* what was being

shared, and then responded appropriately. In some cases the "appropriate" response involved sharing information. In others, it meant modifying or adapting plans that were already in process or under way. In this way, community members became increasingly clear that the project was being completed *in partnership* with them.

> "What really got me to buy in was Dr. Prado's willingness to slow down … to back up and say, 'let's try to do this the best we can.' Not [making] everybody happy, but doing the best we can do to really listen to the community…. I saw the outreach… At the community meetings, coalition meeting, HARP meeting, [Dr. Prado] was there…, [and] her presentations were always what you guys want to see, what is it that you think the community here wants to see?"

Honoring the "elders". By design, project advisors chose people with great influence (either formal or informal) in the community to participate in our research. They hypothesized that these were people whose opinions mattered greatly: to whom others would look to for guidance or insight based on a depth of knowledge or experience (Minkler, 2004, p. 688).

> "I felt like part of my role was as a neighborhood person, and because most people knew that I was involved in early childhood and that was important and I think they trusted me so I felt part of what was my responsibility as a neighborhood member is to say hey, I feel really good about this and let me tell you the reasons why I feel good about it."

Many of these catalysts were "elders": people who had lived or worked in the community, in some cases for decades. They were "grandmothers," "grandfathers," sometimes religious leaders: people seen as mentors or guardians of the good and the "right."

These were many of the same people that Prado and Cason actively reached out to, early in the process. They sought their advice and input, and asked for their help in "winning over" the broader community.   At key points in the process, they invited some of them to write, to speak publicly, or to organize public gatherings where they [Prado and Cason] could listen and answer questions.

Following through. A long history of broken promises in this community had enhanced people's sense of caution. It took more than hopeful words to convince them that this project was real. The fact that Dahlia leaders regularly did what they said they would do helped overcome people's fear and suspicion. It gave community leaders confidence to step forward in support of the program,

> "They did what they said they were going to do. The follow-through and accountability was very important to me and the timeliness [in which] was done."

knowing that what *they* were promising would be backed up by campus leaders.

Honoring local interest and expertise. Community members came to this process with skills and experience that, in many cases, they were anxious to share. Project leaders tapped

> *"I got a scholarship to do the greenhouse study – so I went over to see how another greenhouse operates. They had about 30 students nationwide that had come in for the studies. I said, 'oh yes, I will be more than interested to go to that.'"*

into this expertise and passion by actively inviting people to share their gifts, both during construction and upon completion. Indeed, they designed a space that would support this: that included a teaching kitchen (where people could offer classes to their neighbors),

and a community room (available for classes and community meetings).

Assuaged people's fears. One might consider this to be related to "listening, hearing and responding" – but co-researchers felt this enabler was vital enough to call it out. Over a period of months and years, through multiple community outreach venues, Drs. Prado and Cason invited people to fully elaborate on their concerns and fears. As described above, some of these concerns dissipated over time, as people got to see and experience how the project was unfolding. Others,

> *"We were afraid because we didn't know anything beyond that about what this was going to be…. I didn't know about where they were located before, what was involved, what they were doing. I didn't know anything about that until she came over and started enliahtenina us."*

however, required active information-sharing – which was exactly what Prado sought to provide. Indeed, she asked for access to all community members in a variety of settings, so she could fully engage with and understand people's fears – then clarify what the Dahlia Campus was going to be.

Other Enablers

An unsorted, un-prioritized list of "other enablers" appears in Appendix I. Because we were pressed for time, we did not cluster or sort co-researchers' responses to the question "what enabled the transition," prior to voting. Thus, several of items on this list may be linked to one or more of the top enablers.

DL Reflections

Here, I outline the retrospective meaning made by Dr. Prado, the Dahlia Lead. Though much of her insight is incorporated into the co-researchers' findings, she offered the following

comments during a one-on-one conversation she and I shared several days after the meaning making session. To be clear, this is what *she believes* mattered; it may or may not have been referenced by community members during the interviews.

- Tolerating distrust, anger and misperceptions.
- "Listening hard," and not getting defensive … "listening hardest" to those who were against what we were doing.
- Embracing different styles of communication. Understanding that different people do and say things differently.
- Living with discomfort.
- *Did not* talk about my expertise or level of education.
- *Did not* engage in "one-upmanship," challenge the veracity of what I was hearing or minimize people's experiences.
- Assumed they knew their lives and circumstances best.
- Went in with the attitude of "learning from" not "learning about."

What is most telling about Prado's comments is that they begin to describe her *inner state,* as she engaged in the many outreach activities described in the interviews. One might consider Prado's reflections to be guidance for those responsible for community outreach efforts … how to create an "inner space" for community engagement.

During this conversation, Prado and I specifically explored the role that race and socioeconomic background might have played in her and Forrest Cason's successful outreach efforts. As was stated in Chapter 1, Prado is of Hispanic descent, and was raised in a community that she described as "even more distressed" than Northeast Park Hill. Forrest Cason is of African American descent, and grew up in this precise neighborhood. As Prado reflected, "Forrest's and my race and background afforded us some credibility. It created a cognitive or world view match for the community members we were meeting." When asked directly whether a middle-class Anglo could have achieved the same results, she responded, "If we had not had that background, [the project] still could have worked, but it would have taken longer."

Hopes for the Future

Because the project's purpose extended beyond the research question, community interviews included a question about people's hopes and dreams for Dahlia and its future:

> *"If you had a magic wand and could have any three wishes granted to make Dahlia's programs, services and facilities even better, what would they be?"*

We agreed that this question would facilitate *ongoing* community engagement, as well as continuous improvement and growth on the Dahlia Campus. While a detailed list appears in Appendix I, participants identified (then later prioritized) 14 categories:

- Increased community engagement
- More (or additional) community programs
- Staffing and recruitment
- Stay true to the vision
- Sustainable funding
- Dahlia *continues* to thrive!
- *More* Dahlias!
- Focus on children
- Showcase strengths and talents
- Let them cook and serve on the patio
- Follow-up and follow-through
- People can vent and release pressure by engaging in something they enjoy
- More meeting space
- Conscious continued outreach

Implications for Leadership

The meaning making session concluded with a conversation about implications. What do these findings teach us about what Dahlia leaders should do the same, more of, or differently in the future? What might co-researchers suggest for their "parent" organization, MHCD?

The group's initial responses to these questions are included in Appendix I. Though as described above, co-researchers organized a follow-up session to reconsider what they had learned and develop concrete recommendations for fellow leaders on how to move forward.

As this meeting was self-organized, I can only report what I learned from the notes participants shared with me following the gathering. It seems that they reviewed the *top enablers* (listed above), as well as the *hopes and dreams* that were expressed by community members during interviews. They then discussed and debated how Dahlia might move forward in a way that would engage and serve the community *even more effectively* than it had in the past.

Out of these discussions, they identified five "action areas," proposed two to three concrete goals and action items for each area and reviewed these recommendations with their co-workers:

1. Creating community Ambassadors to help messaging about Dahlia Campus.
    a. Utilizing community members as Ambassadors.
    b. Begin to include more messaging about Mental Health.
2. Engagement with the community.
    a. Staff getting out into the community.
    b. Dahlia advertising in local newsletters and media.
3. Staff more reflective of the community.
    a. Directly hiring from the community.
    b. Hiring staff that reflects the culture of the community.
4. Utilizing the expertise in the community.
    a. Having community members champion a cause or leading classes.
    b. Having community mentors.
        i. Parent Peers. Big brother, big sister
    c. Seniors, "grandparents" volunteering at the preschool.
5. Asking the community what they want from us.
    a. Idea Box
    b. Survey

Co-researchers are voluntarily working with the DL to advance these goals in practical ways, including: forming Community and Parent Advisory Boards; providing non-billable credit for clinicians to participate in community meetings; proactively seeking opportunities to hire people of color in professional positions; hosting "career days" and/or job fairs for young community members; and partnering with the Denver Office of Children's Affairs to offer internship and/or shadowing opportunities that will introduce local residents to careers such as those represented on the Campus.

Comparison: Our Findings vs. Prevailing Wisdom

As is suggested in Chapter 2, a variety of perspectives and theoretical traditions have bearing on this research project. Which practices and activities did *our participants* find most meaningful and effective, as compared with those that were recommended by the authors?

Our findings suggest that, prior to opening, Prado and Cason *intuitively* employed many (if not most) of the community engagement practices recommended in the literature. The

interviews they conducted, community meetings they hosted and written materials that they distributed along the way gave community members regular opportunities for input, reflection and collaboration. In particular, Prado's efforts to identify and partner with "key influencers" – to honor both the elders and local expertise – are reported to have opened community members' minds and hearts to the project.

Even though construction of the campus was a foregone conclusion, Prado chose not to "persuade" community members of its efficacy. Instead, she held the project as a work-in-progress, listening to community members as much or more than she spoke, inviting people to tell their stories and share their hopes and dreams. In these ways, she sought to design a campus that would truly benefit the community and address some of its more pressing problems and concerns.

In addition to actively listening, Prado heard and responded to people's feedback, in some cases advocating for modification of programs and services to adapt or adjust based on what she was hearing. In short, her ability to approach local residents with openness, sensitivity and respect for the racial, socioeconomic and historic experiences underpinning their concerns fostered a sense of safety and trust.

Finally, the voluntary, relational and strength-based design of the research process itself appears to have forged or strengthened relationships between managers and community members – though, as Prado has indicated, we have yet to see whether these relationships will stand the "test of time." In the short run, interviews stimulated new insights and conscious action regarding ongoing partnership with community members, changing the "face" of Dahlia staff (to consciously hire people of the same racial and ethnic backgrounds as community members) and creating enhanced opportunities for community members to engage *with one another* in service of their collective health and wellbeing.

Because of the history of the place – the dashed hopes and broken promises – *transparency* and *follow through* became two of the more important factors in building people's trust. These factors were not mentioned explicitly in the literature search; though the whole notion of community-based research as a mode of *social organizing and action* appeared

throughout the readings. I suspect that a longer or more extensive search might have yielded further insight.

What seems clear, in the end, is that the Dahlia Campus was conceived and launched in a manner that embodied the strength-based, empowering approaches to health and wellness that underpin its mission. By engaging community members from the start and launching in the spirt of partnership, organizers created a space and set of programs that inspired pride, connection and robust participation.

My Findings

What did *I* learn about what *co-researchers* learned? Following is a summary of my experience and understanding of co-researchers' findings.

On transcripts. The recording and transcription of interviews called attention to a difference between what co-researchers shared about their partners' initial impressions of the campus, and what I read in the transcripts. Co-researchers' reports suggested participants' initial impressions of Dahlia were largely negative; but in reading transcripts myself, I interpreted 5 of the 8 participants' initial impressions as either neutral or positive. In describing this disconnect, I am tempted to say "what the transcripts actually said" was different than what was reported … but that statement minimizes the role that my own "filters" play in my interpretation.

This experience reminds us that there is no such thing as "neutrality." Different people simply see or hear different things, based on their own contextual or relational filters (Gergen, n.d., p. 2). Having transcripts didn't add more "truth" – it simply enabled two people (three, including myself) to "hear" each community member's feedback. Similarly, inviting community members to review their transcripts didn't change what they had said; it simply assured that they were comfortable with how they were being represented.

Contextual specificity. The findings outlined above are *contextually specific.* We likely would have received different responses had different community members or co-researchers participated. Also, as described above, a number of the community participants were supportive of the campus from the beginning; so they could only speak to what had imprinted

their initial confidence, rather than shifted their experience. Finally, different interviewers would likely have forged different relationships with their partners – which might, in turn, have elicited different responses. In short, our findings are not generalizable. Attempts to draw broader conclusions should be tempered by curiosity and caution.

The role of race. I strongly suspect that race played a greater role in people's support for Dahlia than is suggested in the above-referenced findings. I base this suspicion on four phenomena:

- The community advisor said that the DL is affectionately known by community members as "Dr. Lydia." (Prado speculates this is because they like knowing that a woman of color has a Ph.D.)

- There seemed to be a more expansive connection formed during the interview between two African Americans, than those formed between white co-researchers and community members of color.

- More than one community member expressed a desire that the racial make-up of Dahlia's staff be more consistent with the racial make-up of those they serve.

- The DL individually suggested that her race, and that of Dr. Cason, fostered more positive perceptions of the Dahlia initiative than would otherwise have been the case.

We don't know what the effect would have been, had Caucasian staff members been responsible for the initial outreach.

Persuasion vs. engagement. I believe there might have been less initial skepticism or resistance had the presenting conditions been different. Because MHCD wanted a footprint in the Northeast Park Hill neighborhood, they bought the Dahlia property before conducting any community outreach or engagement. In other words, the question was not *whether* the campus would be built, but rather *how* it would unfold (and *what other needs* it might address). What might the overall experience have been, had community members come together on their own to determine "What do we (this community) want or need to enhance our collective health and wellbeing?"

Staff members as clients. Finally, because of our purpose and the methodology we adopted, this project involved *two different client systems*: community members; and Dahlia staff members. The findings outlined above address our research question. But embedded in this project is a second research question that we just began to address:

> *"What enabled **these staff members** to shift from skepticism to support
> for this community engagement process?"*

In Appendix J (excerpts from last semester's summative assessment), I share some of the history of my involvement on the campus. During the third semester of the MSc program, when I began a "practicum" on the campus, I suspect people might have described me as a *marginally-welcome intruder*; but today, our shared work has been described as "extremely helpful." Indeed, leaders from throughout MHCD have asked to consult with me, and the DL has invited me to think with her about succession issues within her facility. What enabled this shift?

Not surprisingly, I believe that perceptions changed over time in part because staff members and I formed relationships with one another, and they eventually saw benefits from the time we'd shared. But in the words of co-researchers, there were more important factors:

- Everybody [participants in this project] got to be themselves and have an authentic conversation.
- We had permission to be flexible and be ourselves… opportunity for a genuine conversation.
- We volunteered.

Indeed, these factors – along with other elements of the project methodology – are purported to benefit the "'outside' researcher in community-based participatory research" (Minkler and Wallerstein, 2003 cited in Minkler, 2004, p. 684).

Chapter 5 – Conclusions and Recommendations

Project Outcomes

Through a process involving one-on-one interviews followed by narrative analysis, dialogue and reflection, co-researchers from the Dahlia Campus have answered the question: *"What enabled these community members to move from a position of skepticism to support for the Dahlia Campus?"* This process confirmed the prevailing narrative that suggested *something good* happened at Dahlia prior to opening, and identified seven "top enablers:" activities and practices that most contributed to the positive transition in community members' perception and support.

At the same time, DL Lydia Prado and MHCD CEO Carl Clark suggest that this Appreciative Inquiry-based research process created a "second wave of community engagement." It imprinted the goodwill that community participants already felt towards the campus, forged new or enhanced relationships between Dahlia managers and prominent / influential community members and obtained new input on how Dahlia might grow, change, and become *even more effective* in the future.

The Methodology

Appreciative Inquiry appears to have been an appropriate and effective research methodology, given the project question and purpose, as it achieved or exceeded our original goals. Based on my literature review, however, it seems that AI was *particularly* effective because it offset the "outsider" dynamic that was present, both between co-researchers / community members, and co-researchers / me (Minkler, 2004). As was described in Chapters 1 and 4:

- All but one of the co-researchers was Caucasian, while all but one of the community participants was African American.

- The DL's and staff members' initial responses to this research project were lukewarm at best; thus, a self-managed, strength-based process – consistent with the organization's mission, values and culture – seemed most likely to increase interest and engagement.

As suggested in the "Possible Methodological Modifications" at the end of Chapter 3, an even more inclusive and extensive AI process might have proven even more effective; though time constraints prevented us from exploring any of these.

Overall Assessment

Despite this research project's limitations and challenges (outlined in Chapters 2 and 3) members of the Dahlia management team and the community members with whom they were paired seemed to *enthusiastically participate* in the process. And though we did not necessarily build new theory (our findings are contextually based, and therefore not "generalizable"), the insights that co-researchers gained have already been freely shared among co-leaders and co-workers. It seems likely that what they heard will inform how Dahlia team members engage in the future, with one another and with the community. It seems equally likely that MHCD will seek to replicate some of *what worked* at Dahlia, when opening future campuses.

Recommendations

Follow Up

In Chapter 4, I outline decisions that were made by co-researchers independently of our time together. Given that *"listening, hearing and responding"* as well as *"follow through"* were among the top seven practices that enabled participants' support for the campus, three things seem vital. First, I suggest that participating managers (not just the DL) inform those whom they interviewed about decisions that were made in response to their input. Second, I recommend that managers circle back with interviewees to determine how they might *enable or support community members' intention* to serve as campus "ambassadors." Third, I believe it is crucial that co-researchers *follow through* on their intentions and promises, most especially:

- Maintaining contact with those whom they interviewed,
- Getting out and about in the neighborhood before, during and after work (i.e., avoid simply coming to the campus, then going home),
- Making conscious contact with community members during public gatherings, and
- Taking active steps to change the racial "face" of Dahlia staff, to more closely match those whom staff members are serving.

Attend to Future Transitions

I suggest that community members' hard-won trust be continually and consciously nurtured. Given the delicate history (of the neighborhood and the project), I believe this trust

could be easily ruptured if a significant change or transition were announced without full community input and engagement. This will require leaders to keep reaching out, keep communicating and keep inviting volunteer ambassadors to partner on key decisions as regularly as possible.

Keep Sharing the Story

If we believe that human systems move in the direction of that which they study and talk about, then I suggest that all of us – Dahlia co-researchers, MHCD leaders and I – share Dahlia's powerful story as often and as broadly as possible.   This might include writing, speaking and/or applying for awards that will showcase what's been done. The more people know of what's happened, the more likely they are to imitate what's gone well. (I have already taken steps to nominate the campus for the International Association for Public Participation's 2017 Core Values Award.)

Reflect and Build on What We've Learned

In the book *Community Organizing and Community Building for Health and Welfare,* Meredith Minkler and Barack Obama suggest that "today's troubled economy and complex health and social challenges … [call for a] growing emphasis on concepts like community partnerships, community empowerment, capacity building, and individual and community empowerment" (Minkler and Obama, 2012 cited in Minkler, 2012, loc. 103-104). Thus, I recommend that MHCD leaders – along with those who design community-based mental health facilities in the future – reflect on the findings of our research study and others like it. Dahlia's attraction and impact (as detailed in Appendix B) springs at least in part from a community-based engagement process that might be considered "best practice" for health and welfare organizations (Duran, 2013, 2010, 2005 and 2003; Minkler, 2014, 2012 and 2008; and Wallerstein, 2014 and 2003). Those who wish to create similarly positive outcomes may wish to emulate some of the practices that enabled them.

In addition, I recommend that MHCD researchers use Appreciative Inquiry to conduct community-based research in and around Dahlia and other MHCD sites.

First or second wave? As this paper suggests, our AI-based process enabled a *second wave* of Dahlia leaders to meet and form relationships with key community members. What if

campus leaders had employed AI *from the start,* rather than waiting until the campus was complete? What if community and staff members had interviewed one another to discern what they'd seen work, what they most valued and what they might co-create? Based on our own and others' experiences, I believe that *earlier* use of Appreciative Inquiry *might* accelerate the creation of a strong *relational infrastructure.* This, in turn, might promote or accelerate shared commitment, collaboration and co-design of contextually-appropriate programs and services.

Potential Further Research

AI as Research Methodology

Both this study and those that I discovered through my literature search suggest that AI is a powerful and impactful approach to research; but I hope that future studies will be conducted to explore how AI-based research might become more mainstream. I am, in particular, curious to explore the efficacy of alternative research designs such as those put forth at the end of Chapter 4.

Appreciative Inquiry Summits for Participatory Action Research

In Chapter 2, Participatory Action Research (aka Community-Based Participatory Research) is described as a particularly effective approach to designing and delivering effective health and welfare programs in "distressed" communities. And as Boyd and Bright suggest, Appreciative Inquiry is an "opportunity-centric" approach to Participatory Action Research: one that, at its best, has the capacity to "'reset' or adjust fundamental assumptions about taken-for-granted norms that exist within a community system, to adjust them 'upward' in the direction of positive deviance" (2007, p. 1022). Given that community empowerment and promotion of health are fundamental goals of many community mental health programs, Appreciative Inquiry seems to hold particular promise in these settings.

An Appreciative Inquiry summit is a *large* (50 to 500 people), often *multi-day* gathering that is organized around a *compelling purpose*, whose achievement requires *broad-based collaboration among diverse stakeholders* (Whitney and Trosten-Bloom, pp. 34-35). Both personal and second-hand experience with AI summits (Boyd and Bright, 2007; Ludema et al., 2003; Whitney and Cooperrider, n.d.) suggests that they ignite inspiration and accelerate action in communities and municipalities, as well as intact organizations. I particularly recommend

further research into how Appreciative Inquiry summits might serve as the backbone for future Participatory Action Research projects – particularly those whose goal is community / provider partnership to address pressing social issues in disadvantaged communities.

Summary

The DL, co-researchers and I all believe that this limited-scope inquiry achieved our original purpose: to understand and/or amplify *something good* that happened prior to opening, in a manner that enhances relationships between Dahlia team members and those whom they serve. Indeed, we believe that the work we did will positively impact the greater Dahlia staff and community for months and years to come.

The project also identified opportunities for future action that, if implemented, may increase the effectiveness of Dahlia's programs and services. Similarly, it called attention to practices that, if implemented in other settings (MHCD and beyond), might facilitate the formation of positive future community / provider partnerships. It also raised questions and identified opportunities for further research and reflection.

Finally, this project stretched *my thinking* in the areas of research, community engagement and Appreciative Inquiry. May it continue to do the same for those who read it.

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Appendices

Appendix A – Additional History and Background Information[1]

Park Hill – the neighborhood within which the Dahlia Campus is located – was the site of one of the earliest struggles for integration in the United States. When racially restrictive covenants were ruled by the Supreme Court to be unenforceable, Colorado improved its anti-discrimination and fair housing laws, and African Americans began migrating to Park Hill.

In the 1950's, Dahlia Square was the largest African American-owned shopping center in the US. Indeed, through the mid-1960's, businesses flourished here: a large grocery store, bowling alley, roller-skating rink, restaurants, an ice cream parlor, hair salon and dry cleaner.

> *"Fifty year ago, Dahlia Square was the lifeblood of the Park Hill community."*
>
> Michael Hancock
> Denver Mayor

But shopping patterns shifted, and Dahlia Square began to struggle. In 1966, a report to the mayor described Dahlia Square as a "trouble spot," and Northeast Park Hill as a prototype for potentially explosive areas within the city. In the late '70s, the grocery store's regional executives said that shoplifting was at an all-time high at the Park Hill location, and the Dahlia Square store would have to move out. A 2014 Denver Post article continues the story:

> *"When the grocery store left, it killed that economic hub. People had to leave the neighborhood to get food, [and] the habit became 'I'll take care of my other needs while I'm out.' That caused the neighborhood to suffer and breakdown, decay."*
>
> Beverly Grant
> Local Resident

Over the next three decades, businesses kept closing their doors, quitting for good or moving to other communities. Those that remained had to deal with increased crime, leaking roofs and disappearing customers (Dahlia Square, 2014, retrieved from http://www.westword.com/arts/dahlia-square-could-become-a-garden-spot-but-right-now-plans-are-sowing-dissension-5817571).

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[1] Gleaned from storyboards posted at the Dahlia Campus, interviews, and online articles.

By the 1990's the center was dilapidated and less than 15% occupied. Then in 1993, during Denver's "summer of violence," parts of it burned. The center was scheduled for demolition – a process made more difficult when it was discovered that it had been built on a landfill riddled with asbestos, oil drums and detritus from an earlier occupant, the Ferry Brickyard.

As the Denver Post's article continues, "Developers and do-gooders tried to renew the site," but all of the proposed initiatives fell through for one reason or another (Dahlia Square, 2014, retrieved from http://www.westword.com/arts/dahlia-square-could-become-a-garden-spot-but-right-now-plans-are-sowing-dissension-5817571). Then in 2012, the Mental Health Center of Denver purchased the property that would eventually house the Dahlia Campus for Health and Wellbeing.   Over a period of several years of knocking on doors, one-on-one interviews and community meetings, information was shared with community members, and input requested on local needs.

The result was construction of Dahlia's 4-acre, 46,000-square foot child and family wellness center: the first of its kind in the country (Dahlia Square, 2014, retrieved from http://www.westword.com/arts/dahlia-square-could-become-a-garden-spot-but-right-now-plans-are-sowing-dissension-5817571). Once complete, it will include: quality childhood early education; pediatric dental care; mental health services for children, families, teens and young adults; deaf and hard of hearing support; access to fresh produce and healthy proteins (through an urban farm and aquaponics greenhouse); and outdoor and indoor community spaces (Dahlia Campus, 2016, retrieved from https://mhcd.org/dahlia-campus-for-health-well-being/).

An internal memo to members of the Dahlia management team recently stated the following:

> More than just a city block in Park Hill, the campus' location carries with it rich history and tradition. This, combined with our intense effort to minimize the stigma associated with mental health/illness, puts us in a position of great responsibility and unique opportunity. We must make good on the trust that has been given us by a community that has opened its neighborhood doors to this bold endeavor.

Stakeholders have suggested that this history *and more* influenced the community's initial feelings about the Dahlia Campus. Participation in this research project will enable co-

researchers to determine, then, *how and why* participating community members made the shift

from skepticism and resistance to enthusiastic support for the program.

Appendix B – Interviews, Video Quotes and a Speech Supporting the Prevailing Narrative

Community member: *"I have lived and worked in Park Hill since 1965, when it was a vibrant center … but it started deteriorating: different stores left, security was lax and people didn't feel as safe as they had in the past. Then for the last 30 or 40 years, different organizations talked about what they wanted to do here to improve this neighborhood, but nothing materialized. I even stopped going to meetings because it felt like it was pointless. But when the Dahlia project began, I could see it was 'for real.' As more people learned about it, they became excited too. Now this community is complete."*

Community partner: *"During one of our very first community meetings, someone said, 'Are you bringing a bunch of crazy people into our neighborhood?' There were some real concerns …. They expected people would be jumping out of the bushes in the middle of the night, and wanted to make sure that they were safe. Through the course of that discussion, and many other gatherings that took place throughout the neighborhood, a lot of those fears subsided. In fact, in one meeting a woman raised her hand and said, 'By the way, I go to the Mental Health Center of Denver!' It helped people see that it would be a great opportunity and gift to have these services right here in the neighborhood."*

Community member: *"A lot of residents – including me - had questions about the campus at first, because it said 'mental health.' But as I got more information, my concerns disappeared. I now realize that Dahlia will put a new face on this area, and enhance our neighborhood and community. I'm happy to be a part of the new campus because there will be so many exciting things going on there."*

Construction superintendent: *"Often on construction projects, we experience theft, break-ins from the outside, and vandalism – but at Dahlia, none of this happened. It seemed that there were more outside eyes on this project, making sure things were safe. Perhaps people knew that it would improve the community."*

Community member: *"I ran into someone at one of Dahlia's community meetings who was a graduate of the school that will be housed on the campus. Her excitement over the nutrition and sustainable gardening, as well as her ongoing support for the school, told me how important it is to integrate the programs. She was in tears because these services have been so needed in the community."*

Local philanthropist: *"Anybody can put in pediatric dental chairs, or a mental health facility. Anybody can put in glass and light. To me, the story is that the community drove the project. They developed strategies, interventions and supports that were meaningful for them, and that they knew would enhance their wellbeing. This is about a community reclaiming itself."*

Community partner: *"[The DL] had a vision for the Dahlia Campus; but instead of simply pursuing that vision, she went out to different community groups, founders and families to see what what people felt the community was lacking. When she heard the community say they*

needed dental services, she reached out to our organization to see how we could partner to make it happen. This is how Dahlia was formed."

Staff member: *"The groundbreaking ceremony was the most gratifying experience that I have ever experienced.   There, it was clear that Dahlia was a REAL PROJECT, rather than another false hope for the community. Over 200 people from the community attended, along with all of our partners."*

Linda Rosenberg, National Council for Behavioral Health President and CEO (excerpted from her plenary address at the 2016 NCBH Conference): *"You [NCBH member organizations] are adept at weathering storms, and adjusting to changing trends. Without the benefit of rounds of capital, ... you are some of the most innovative organizations in the country. Organizations like The Mental Health Center of Denver where they are both advancing their business...and paying attention to the social determinants of health-something you'll hear a lot about this week.*

We know that only 10 percent of our health is determined by the care we receive. What truly determines our health is our environment and our habits:
- *Where we live.*
- *How much money we make.*
- *Where we go to school.*
- *What we eat.*
- *What we do, like smoke.*
- *Or don't do, like exercise.*

The Mental Health Center of Denver considered these social determinants when it needed to expand.

Several years ago, the Center bought land to build a new clinic ... in a mostly African American and Latino neighborhood.

The Center spent three years meeting with their new neighbors. Together they crafted a vision ... A vision that includes early-childhood education, pediatric dentistry, a gym, and classes ranging from art to Zumba .... A one-acre urban farm to grow carrots and potatoes, ... a greenhouse to grow greens, ... and aquaponics tanks to farm tilapia and catfish.

After all, it's hard to talk to people when they're hungry.

The new center in Denver is a business. Organized. Detailed. Analytical. Built on a research-driven business plan.

But ... its sense of humanity is inescapable when you hear the giggles of preschoolers on the playground. See their eyes grow big as they stare into the massive fish tanks. Feel the hug of a mother grateful for having fresh produce to feed her family.

In Denver they weren't afraid to face change, a constant in our lives.

What doesn't change is how we feel about the work we do."

Appendix C – Approaches Not Chosen

Following is a more in-depth description of the three approaches that I considered – but did not choose – as the basis of this research.

Option #1: Case Study. A case study is "an empirical inquiry about a contemporary phenomenon, … set within its real-world context – especially when the boundaries between phenomenon and context are not clearly evident" (Yin 2009a in Yin 2012, p. 3). My *initial* purpose (later modified) was to discover "best practices" that were embedded in this project, in order to share these more broadly with both the mental health and organization development / organizational change communities. Because the case study methodology favors "the collection of data in natural settings" (Yin, p. 5) it would have been a particularly appropriate approach, had we chosen to pursue this purpose. It could have generated answers to the questions "What happened here?" or even "How or why did it happen?"

Had I pursued this track, I believe that my research would have been best served by *multiple sources of evidence* (Yin, p. 10); but this is not possible, as stakeholders' time and energy are wholly dedicated at this point to *implementation* of the new model (vs. reflection on the past). In addition, since engaging Dahlia leaders in the research became an integral component of the Dahlia Lead's agenda, it seemed vital that research be conducted by (rather than for) team members.

What seemed most compelling about the case study approach was the notion of seeking "rival explanations." The languaging of this practice – which suggests that there is a "truth" that can be discovered and described, given a "deliberate and vigorous search for 'discrepant evidence'" (Yin, p. 14) – conflicts with constructionist assumptions. It does, however, infer a kind of *radical curiosity* that will be a beneficial posture for my co-researchers to adopt, as they conduct and make meaning of their interviews.

Option #2: Deep Unstructured Dialogue. Cunliffe and Eriksen's article, "Relational Leadership," describes an ethnographic study, coupled with taped and transcribed semi-research conversations with a small number of leaders in the Transportation Safety Administration. In reviewing the interviews, they began to perceive patterns, which in turn led them both to examine new research and change their research question. "In this way, we

began building 'practical theory' abductively from the field" (p. 1431). Referencing a 2009 article by Agar, the authors describe themselves as having read and re-read the transcripts, "looking for 'surprises' by seeking 'out unexpected data and creat[ing] new concepts to explain them" (2009, p. 294 in Cunliffe and Eriksen, p. 1431).

A process such as this one is ill-suited to the time-constrained environment that I have described. Furthermore, it relies in part on ethnographic information that is unavailable to me, as an "outside" researcher. Finally, the process would be an extremely difficult one to prepare in-house interviewers to implement.

What makes sense in this approach – and what I hope to "borrow" – is an iterative process of analysis. I hope, during the narrative analysis, to capture the *meaning behind the meaning*. I hope, too, to be able to videotape the meaning making session, so that I might revisit what was shared, how it was shared, and how it was interpreted.

Option #3: Participatory Action Research (aka Community Based Participatory Research). In his groundbreaking 1946 article, "Action Research and Minority Problems," Kurt Lewin introduced a practice of "research leading to social action" (p. 35). There, he "rejected the positivist belief that researchers study an objective world separate from the intersubjective meanings understood by participants as they act in their world. (Wallerstein and Duran, 2003, p. 29). Rather than having "objective" (often "outside") researchers studying and making recommendations to communities, he proposed "install[ing] fact-finding procedures, social eyes and ears, right into our social action bodies," so that both diagnosis and development of change strategies would become local activities (1946, pp. 38 and 44). This process, he believed, would begin to address issues of status and system-level inequality between "majority" and "minority" groups.

Educator and author Paulo Freire made a similar assertion in his book *Pedagogy of the Oppressed:*

> No pedagogy which is truly liberating can remain distant from the oppressed by treating them as unfortunates and by presenting for their emulation models from among the oppressors. The oppressed must be their own example in the struggle for their redemption (1970, p. 54).

With these and similar works as backdrop, *action research* gradually came to be seen by many as a mainstream social science practice. It has been defined, refined and redefined over a period of decades as *participatory action research, collaborative action research, community-based participatory research,* and perhaps other terms I have yet to discover. Whatever the name, it is considered by some to be the "gold standard" approach for partnering with communities that are distressed or disenfranchised for reasons such as race, class or socioeconomic status (Minkler, 2012; Meredith and Wallerstein, 2008; Wallerstein et al., 2005; Wallerstein and Duran, 2003; and Minkler, 2004).

Appendix D – Ethics Release Form

All candidates planning to undertake research are required to complete this Ethics Release Form and to submit along with their Research Proposal. Please note the following.

- It is essential that you have an understanding of ethical considerations central to planning and conducting research.
- Approval to carry out research does not exempt you from Ethics Committee approval from institutions within which you may be planning to conduct the research, e.g. Hospitals, NHS Trusts, Local Education Authorities, HM Prisons Service, etc.

Please answer all of the following questions:

1. Has the project proposal and ethical considerations in draft been completed and submitted to the advisor or consultant?   Yes ☒   No ☐

2. Will the research involve an intervention or change to an existing situation that may affect people and/or an evaluation of outcomes of an intervention?   Yes ☐   No ☒

    If yes, have participants been given information about the aims, procedure and possible risks involved, in easily understood language? (Attach a copy of any info sheet you may have provided)   Yes ☐   No ☐

3. Will any person's position, treatment or care be in any way prejudiced if they choose not to participate in the project?   Yes ☐   No ☒

4. Can participants freely withdraw from the project at any stage without risk or harm of prejudice?   Yes ☒   No ☐

5. Will the project involve working with or studying minors (i.e. <16 years)?   Yes ☐   No ☒

    If yes, will signed parental consent be obtained?   Yes ☐   No ☐

6. Are there any questions or procedures likely to be considered in any way offensive or inappropriate?   Yes ☐   No ☒

7. Have all necessary steps been taken to protect the privacy of participants and the need for anonymity?   Yes ☒   No ☐

    Is there provision for the safe-keeping of written data and video/ audio recordings of participants?   Yes ☒   No ☐

8. If applicable, is there provision for de-briefing participants after the intervention or project?

Yes [X]   No [ ]

9. If any specialised instruments, for example psychometric instruments are to be employed, will their use be controlled and supervised by a qualified practitioner e.g. a psychologist?

Yes [ ]   No [ ]   n/a

10. Will you need to put your proposal through an ethics committee related to your professional work?

Yes [ ]   No [X]

If you have placed an X in any of the bold boxes, [ ] please provide further information:

Appendix E – Interview Guide

"From Skepticism to Engagement:
An Appreciative Inquiry into Community Members' Journeys"

Interview Guide

OPENING / INTRODUCTIONS

Introduce yourself and chat a bit. Consider sharing the following:
- What you do for work
- When you came to work for MHCD
- Your role on the campus
- Why you were excited to be part of this study
- Some stuff about you personally (if you're comfortable)

Read or paraphrase the following:

> Thank you for agreeing to participate in our study of why and how community members came to support the Dahlia Campus for Health and Wellbeing.
>
> Before we get started, let me take a minute to describe again with you what we'll be doing in this interview and why we're doing it.
>
> Before the Dahlia Campus for Health and Well-Being opened, something good happened. A number of people were (for good reason) initially skeptical – perhaps even resistant – to the possibility of a mental health center in their community. Over time, however, these same people became enthusiastic supporters and Campus partners.
>
> As you know, Dahlia staff members are reaching out to select members of the community to learn more about this transition. The stories they gather will uncover patterns and themes that may help team members be better at their jobs, and make future Campus / community partnerships even stronger. I am grateful that you have agreed to take part in these community interviews.
>
> If I ask you a question that you'd prefer not to answer, please simply let me know and we will skip it. I will record this interview, and the recording will be transcribed. I'll invite you to review the transcript of your interview, and make changes if there is anything you wish not to include. When it comes time for the feedback session, I will share your name with my fellow interviewers, unless you ask me not to; in which case, I will share your stories using a "pseudo" name.
>
> Before we begin, do you have any questions?

OK – then I will begin recording our conversation. [Push the record button, say "This is *[your name]* and today is *[day and date]*. This is a recording of my interview with *[interviewee's name].*

INTERVIEW GUIDE

1. I'd like to begin by getting to know you better.
   - What neighborhood do you live in?
   - How long have you been there?
   - When did you first move to this area? Why?
   - What do you most love about the Northeast Park Hill community?

2. Now, think back on when you first learned that the Mental Health Center of Denver had plans to build on the corner of 35th and Dahlia.
   - What was your first reaction? (Please be as candid as possible – even if your first reaction was negative. We want to understand fullly where you and others were coming from in the beginning.)
   - What was it about your experience, or the history of the community, that contributed to those initial feelings?

3. What happened after that?
   - How did you continue to learn what the campus would be about? (For example, you may have attended a community meeting, or had a one-on-oe conversation with Dr. Lydia or Forrest Cason. You may have read an article in the Dahlia newsletter, or elsewhere. Please share *details*.)
   - What effect did these ongoing experiences or conversations have on your perception of the project?
   - If there was a key event or experience that changed your feelings about the Dahlia Campus for the better, what was it?

4. Now, tell me about your experience of the Dahlia Campus *today.*
   - How do you describe the Dahlia Campus to those who ask you about it?
   - What do you *most appreciate* about its programs, services and facilities?
   - If you had a magic wand, and could have any three wishes granted to make Dahlia's programs, services and facilities *even better,* what would they be?

5. Looking back over the course of your Dahlia journey – from where you began, to where you have arrived today – what were the *three most important* factors that contributed to your current support for the Campus?
   -
   -
   -

6. Is there anything you'd like to ask me before we close?

CLOSING

Read or paraphrase the following:

> You've shared rich and interesting insights with me today. May I use your stories and your name with my fellow interviewers, in our upcoming meaning making session? If so, it will appear in the follow up report.
>
> ___ Yes   (Have them sign the release form.)   ___ No
>
> Would you like to review the transcript of our conversation, before I meet with my teammates? If so, how shall we get it to you? (e.g., email, drop it off, etc.) You will have a week to return it to us with changes … what is the easiest way for you to get it back?
>
> Thank you so much for your time – and for the wisdom you've shared. If you think of anything you'd like to add or change in your comments, feel free to give me a call or send me an email. ***Here is my contact information …***
>
> I'm looking forward to seeing you again on the Dahlia Campus!

Appendix F – Information and Consent Forms

**"From Skepticism to Engagement:
An Appreciative Inquiry into Community Members' Journeys"**

Information and Consent Form (Interviewees)

Introduction

Before the Dahlia Campus for Health and Well-Being opened, something good happened. A number of people were (for good reason) initially skeptical – perhaps even resistant – to the possibility of a mental health center in their community. Over time, however, these same people became enthusiastic supporters and Campus partners.

Dahlia staff members are now reaching out to select members of the community to learn more about this transition. The stories they gather will uncover patterns and themes that may help team members be better at their jobs, and make future Campus / community partnerships even stronger.

This study is being coordinated by Amanda Trosten-Bloom, who is a graduate student at Middlesex University in the UK, under the supervision of Dr. Virginia Belden-Charles and the Professional Development Foundation.

Dr. Lydia Prado and Hazel Whitsett, together, have recommended you as a possible participant in this study, because they believe you have valuable opinions and experiences to share. If you choose to join the study, you will be one of nine community participants.

Benefits and/or Risks

As suggested above, study organizers believe that participation will benefit Dahlia staff members. They also believe that participating community members will gain a greater sense of partnership, belonging and ownership for the Campus.

There are no known risks to participants.

Procedures

If you decide to participate, a Dahlia staff member ("interviewer") will schedule a face-to-face conversation with you, sometime in the next few weeks. The conversation / interview will last no more than one hour, and it will take place at a time and place that works for both of you.

All of the interviewers will come together in late June / early July for a "meaning making" session. There, they will share community members' stories, identify patterns and themes, and consider how to apply what they have heard and learned to future interactions with members

of the greater Dahlia community. These findings and recommendations will be assembled into a report, which will be returned to participants (and potentially reviewed with fellow staff members) no later than September, 2016.

Confidentiality

The interviews will explore community members' initial concerns or fears, as well as their hopes and dreams for Dahlia Campus. Dahlia will record and transcribe the interviews, to assure that interviewers accurately hear and review what was said.

Interviewers will share their partners' names and the stories they have told with one another – and perhaps beyond that – unless their partners request otherwise. Indeed, the research is part of a Masters thesis, and as such will become a public record.

We hope that you will find the interview questions to be both worthwhile and engaging. However, if you choose to participate, you can refuse to answer any of the questions. You may review the transcript of your interview, and make changes if there is anything you wish not to include. In any feedback sessions, written reports or publications, your name will be shared only if you agree that we may do so; and if you prefer, we will use a "pseudo" name.

Follow up

Participants in the study will have access to the final report, and may also be invited to reengage with Dahlia Team members to discuss its contents.

Voluntary nature of the study

Participation in this research study is voluntary. If you decide to participate, you are free to withdraw at any time. Your decision whether or not to participate will in no way affect your relationship with the Dahlia Campus for Health and Well-Being, or with fellow community members.

Contacts and questions

If you have any questions, please feel free to contact Dr. Lydia: 303.300.6260 or Lydia.prado@mhcd.org. You may also contact the coordinator of the study, Amanda Trosten-Bloom: 303.550.6817 or Amanda@PositiveChange.org. You are warmly encouraged to ask questions now, or at any time in the future.

You may keep a copy of this form for your records.

Statement of Consent

You are making a decision whether or not to participate. Your signature indicates that you have read this information and your questions have been answered. Even after signing this form, please know that you may withdraw from the study at any time.

_____

I consent to participate in the study and to be audio-taped.

_____

Signature of Participant   Date

_____

Printed Name

"From Skepticism to Engagement:
An Appreciative Inquiry into Community Members' Journeys"

Information and Consent Form (Interviewers)

Introduction

Before the Dahlia Campus for Health and Well-Being opened, something good happened. A number of people were (for good reason) initially skeptical – perhaps even resistant – to the possibility of a mental health center in their community. Over time, however, these same people became enthusiastic supporters and Campus partners.

Volunteers from Dahlia's management team are now reaching out to select members of the community to learn more about this transition. The stories they gather will uncover patterns and themes that may help team members be better at their jobs, and make future Campus / community partnerships even stronger.

This study is being coordinated by Amanda Trosten-Bloom, who is a graduate student at Middlesex University in the UK, under the supervision of Dr. Virginia Belden-Charles and the Professional Development Foundation.

Based on the introduction that Dr. Lydia Prado and Amanda Trosten-Bloom provided on April 13, 2016, **you have volunteered to serve as an interviewer / co-researcher for this project.** You are one of nine Dahlia team members serving in this capacity.

Nine community members have also volunteered to serve as "interviewees;" and each of them has signed a consent form indicating his or her understanding of the process outlined below.

Benefits and/or Risks

As suggested above, study organizers believe that participation will benefit Dahlia team members. They also believe that participating community members will gain a greater sense of partnership, belonging and ownership for the Campus.

There are no known risks to participants.

Procedures

On Wednesday, June 8, 2016, you and fellow volunteer interviewers will participate in an Orientation program. During this Orientation, you will become familiar with interview materials, have questions answered, and be provided with the name and contact information for the community member with whom you have been tentatively paired. If for some reason you would prefer a different interview partner, the project advisor(s) will work to accommodate your request.

Please **contact your interview partner between Monday June 13 and Wednesday June 15** to schedule a one-hour face-to-face interview. The interview is to be **completed no later than Thursday, June 30, 2016**, at a time and place that works for both of you – though you are recommended *not* to hold it in your office.

You will record the interview, using the recording device that has been purchased and stored in Katie Heideman's office. If you have questions about how to use this device, Katie will assist you.

Immediately upon completion of the interview, you will complete the four-question Reflection Sheet that you received during the Orientation, **sending a copy of that completed sheet to Amanda@PositiveChange.org**. You will then **return the recorder** to Katie Heideman, who will download the recording and send it to Amanda Trosten-Bloom for transcription.

Once the interview transcript is complete, Amanda will email you a copy for you and/or your partner to review.
   - If your partner wishes to review the transcript, you will deliver it to them in the manner that they have requested at the end of their interview (e.g., email, printed and hand delivered, etc.).
   - They will have up to one week to review, edit and/or approve the transcript
   - They will return the transcript to you no later than Thursday, July 7, in whatever manner you agreed at the end of their interview (e.g., scanned and emailed, hand pickup, etc.)

You will **submit transcript revisions (either yours or your partner's) via fax or scanned document to Amanda Trosten-Bloom, prior to July 8, 2016.** If neither you nor your partner wish to make changes, you will notify Amanda of such (again no later than July 8, 2016); and the transcript will be considered "approved."

On July 13, 2016, you and your fellow interviewers will come together for a "meaning making" session. There, you will share community members' stories, identify patterns and themes, and consider how to apply what you have heard and learned to future interactions with members of the greater Dahlia community. These findings and recommendations will be assembled into a report, which you will be invited to review and approve, no later than September 1, 2016.

Confidentiality

The interviews will explore community members' initial concerns or fears, as well as their hopes and dreams for the Dahlia Campus.

You will share your partner's name and the stories they have told with fellow interviewers – and perhaps beyond that – unless your partner requests otherwise. Indeed, the research is part of a Masters thesis, and as such will become a public record.

We believe that community members will find the interview questions to be both worthwhile and engaging. However, your partner can refuse to answer any of the questions. As indicated above, they may also review the transcript of their interview, and make changes if there is anything they wish not to include. During feedback sessions, written reports or publications, both your name and your interview partner's name will be shared only if you agree that we may do so; and if you or your partner prefer, we will use "pseudo" names.

Follow up

Interviewers will have access to the final report, and will be invited to participate in a celebration/reflection session in late summer / early autumn, involving all participants in the study.

They may also be asked to participate in a structured feedback session, where they will share what they have learned with non-participating Dahlia managers and/or staff.

Voluntary nature of the study

Participation in this research study is strictly voluntary – both for you, and for your community partner. You are free to withdraw at any time. Your decision whether or not to participate will in no way affect your relationship with your colleagues on the Dahlia Campus for Health and Well-Being, or with community members.

Contacts and questions

If you have any questions, please feel free to contact the coordinator of the study:
Amanda Trosten-Bloom
303.550.6817 (m)
866.795.4267 (f)
Amanda@PositiveChange.org

You are warmly encouraged to ask questions now, or at any time in the future.

You may keep a copy of this form for your records.

Statement of Consent

Your signature indicates that you have read this information, your questions have been answered, and you have chosen to serve as interviewer / co-researcher for this study. Even after signing this form, please know that you may withdraw from the study at any time.

_____

I consent to serve as interviewer / co-researcher, and agree to complete associated activities in the time frame described above.

_____

Signature of Participant   Date

_____

Printed Name

Appendix G – Interviewer Reflection Sheet

"From Skepticism to Engagement:
An Appreciative Inquiry into Community Members' Journeys"
REFLECTION SHEET

> *Please make brief notes on your responses to these questions as soon as possible, upon completion of your interview.*

1. What did you most enjoy about this interview? What did you find most inspiring or engaging?

2. *Off the top of your head,* what were the key activities or events (both named and implied) that most positively influenced your interview partner's experience of the Dahlia Campus, over the past months?

3. Reflecting on the entire conversation (knowing that you can reconsider, once the recording has been transcribed), how would you answer this question: **What enabled this community member to move from a position of skepticism – or even resistance – to enthusiastic support for the Dahlia Campus?**

4. How has this interview *reinforced or changed* your sense of our role (as members of the Dahlia Campus staff) in the Northeast Park Hill community?

Appendix H – Agenda for Meaning Making Session

Transcripts will be distributed randomly to participants. If someone receives a transcript of their own interview, they will trade it for another.

For each interview, there are two people responsible for sharing what was heard: the person who did the interview, and the person (people) who read the transcript … everyone else is an active listener, questioner.

Postings include the question we're trying to answer, agenda, list of participating community members.

Set timer to go off every 60 minutes, so videotape can be changed.[*]

Opening - Agenda / post question ("What enabled these community members to move from a position of skepticism to support for the Dahlia Campus?") - What was most meaningful in this interview?	8:00 a.m. – 8:15 a.m.
Initial impressions (interview guide orange / question 2) … - Read and recall (5") - Discuss and record (15")	8:15 a.m. – 8:35 a.m.
Where people are today (interview guide green / question 4, first 2 bullets) - Read and recall (5") - Discuss and record (20")	8:35 a.m. – 8:50 a.m.
Hopes and dreams for the future (interview guide green / third and final bullet) (15") - Individuals write on sticky notes - Post and cluster)	8:50 a.m. – 9:00 a.m.
BREAK	9:00 a.m. – 9:10 a.m.
Hopes and dreams for the future (cont'd) Post and cluster)	9:10 a.m. – 9:15 a.m.
The transition (interview guide red / questions 3 + reflection question 2) - Read and recall (5") - Share stories in whole group - After each story, record NEW activities or events on flip chart	9:15 a.m. – 10:55 a.m.

---

[*] Note: I had intended to record this session, as well as the interviews; but the video recorder did not function. We considered looking for a replacement, but made a collective decision to proceed without recording.

Prioritizing (interview guide purple / question 5 + reflection question 3 + *personal judgment*) (10") - Read notes - Reflecting on all that you heard and experienced in your interviews and in these stories, what do *you* believe enabled these community members to move from a position of skepticism to support for the Dahlia Campus?	10:55 a.m. – 11:05 a.m.
Implications – *can we draw any broader conclusions?* (20") *This is for us:* What does this suggest about the Dahlia staff's ongoing relationship with the Northeast Park Hill community? What might we (as leaders and staff members) want to stop, continue, or do more of, in order to forge and maintain the most positive possible relationships with our neighbors, friends and those whom we serve? (30") *This is for MHCD:* What (if anything) does this suggest about what might enable widespread support for a new or controversial program, service, or facility? (	11:05 a.m. – 11:25 a.m.
Will we share what we've learned with non-participating managers or staff? If so, how? (15")	11:25 a.m. – 11:35 a.m.
About the process: (15") - Why did it work? - What (if anything) could have made it even more effective?	11:35 a.m. – 11:50 a.m.
Closing reflections (5")	11:50 a.m. – 11:55 a.m.

Appendix I – Transcripts from the Meaning Making Session

RELATIONAL LEADING RESEARCH PROJECT - DAHLIA CAMPUS
Meaning Making / Reflection Session – Flip Chart Transcriptions

First Impressions of the Project

- Bringing in criminality
- Are you going to be another Denver Health (coming in without talking to us)
- Suspect
- "Not what we asked for … not what we want"
- "I'll keep an open mind"
- Why are they coming here
- No right to tell us what we need
- You don't live here, you don't live like us, you don't know us
- Very positive … a godsend for the community
- Enthusiastic about the garden (would address a need)
- Relief that the land will finally be used (formerly hopeless)
- Pause … learn, listen
- Listening for our understanding of the meaning of this place and this neighborhood
- Tired of being judged by people outside the neighborhood
- "Oh, no!"
- Concerned about mental health providers who don't look like the people they're serving
- We don't need a Peace Corps around here
- Stigma of mental health
- Didn't understand what community mental health would be … a hospital? inpatient?
- Another layer of oppression and judgment
- "Can you guarantee that I will not be attacked on the way to my car?"
- Build it someplace else
- Called out racial and socioeconomic dynamics

Where We Are Today

- 180 shift
- Positive activities
- Beautified the area
- Opportunity and resource in the community
- Want it to thrive
- Maintain a link to food
- "The center has lifted my spirits, and given me the opportunity to lift others'"
- This is <u>ours</u>
- People feel at home
- It's bustling
- Doesn't give me a feeling of selfishness - gives me a feeling of community
- Infatuated with the school, and being close to an inclusive preschool
- A collaborative <u>partner</u> of MHCD
- "Campus" includes both the agency and other groups that provide services and activities
- Experiential learning
- Open availability of the community room and space
- Great sense of bug-in and ownerships… responsibility to engage others
- Kitchen, dentist.. senses are exciting
- Want it to domino… be replicated - "this could be a national model! An international model!"
- Opportunity for connection and belonging
- Looking forward to more community involvement
- Sense of <u>personal responsibility</u> to educate others
- Dahlia is a reflection of what we wanted, as a community
- Excited about parenting programs
- Focused on activities, education and involvement of children
- Someone apologized for "being mean" in the beginning
- "I could not even imagine what you were imagining for us"
- "I didn't realize what you were talking about"
- Beyond what I could have imagined
- "Finally what the community deserves"
- "And they thought they just needed a grocery store"

HOPES FOR DAHLIA'S FUTURE ("magic wand" wishes)

- Increased community engagement
    - More community involvement in using the facilities
    - Ever more community engagement and utilization of resources at Dahlia
    - Providing access to the people who live here
- More (or additional) community programs
    - More community education about poverty and mental health
    - More prevention services
    - Do more with seniors with Alzheimer's … they could benefit from gardens and aquaponics
    - Growth in the garden / more green things growing
- Staffing and recruitment
    - Heightened efforts at recruitment (for jobs) in the community
    - Greater reflection of the community in the work force at Dahlia
    - Jobs at Dahlia for more community members (teachers, in particular)
- Stay true to the vision
    - All services together
    - All these elements can be served out of this one campus
    - Emphasis on *social health* (which includes mental, physical, spiritual, etc.)
- Sustainable funding
    - Ensure funds are available to involve people with knowledge and skills
    - Grant (and other) funding to make the model sustainable
- Dahlia *continues* to thrive!
- *More* Dahlias!
- Focus on children
    - Support the strengths of kids
    - The children in N. Park Hill receive the benefit of the model
    - Hope the children for whom this was intended get to benefit
- Showcase strengths and talents
    - Teachers/staff put in programs that show their talents to the community
    - Kids put on programs for the community that show their talent
    - Have patients show their strengths through activities
    - Kids put on programs like a talent show or put on a play, recital or art show
- Let them cook and serve on the patio
- Follow-up and follow-through
- People can vent and release pressure by engaging in something they enjoy
- More meeting space
- Conscious continued outreach
    - More engagement of other prominent community members
    - Alerting the community to the services
    - Create "community ambassadors"
    - *Everybody* knows about us!

- o Regular community updates via community media
- o Even more outreach … the "next phase of good listening"

What Enabled the Transition?
(Community Reflections)

Top Enablers
- (5 votes) Listening, hearing, responding
- (4 votes) "This will be <u>our</u> thing"
- (4 votes) Transparency: when people asked questions, we answered them honestly
- (4 votes) Honoring the "elders".. the depth of their knowledge and experience
- (3 votes) Doing what we said we would do - doing what I told people you would do
- (2 votes) Honoring local expertise.. give people way to get even better at what they're already good at
- (2 votes) Telling the truth
- (1 vote) Assuaged people's fears —> helped clarify what Dahlia was actually going to be
- (1 vote) Understanding of content/history of the place
- (1 vote) Formal and informal community meetings
- (1 vote) Ongoing involvement in concrete decisions
- (1 vote) Honored cultural traditions
- (1 vote) Space for community to do what they can already do well (teach, cook, etc.)

Less Important Enablers
- Championed by "Pillars" of the community
- Came to understand the vision
- Coming to image what's possible
- Consistent face to the project
- Sense of <u>ongoing</u> collaboration and cooperation
- Sought input early on
- New Lydia from before… ("now our time to give back")
- Leaning into discomfort - engaging with it
- Valuing the people who <u>showed up</u>, even if they were combative… <u>especially</u> if…
- Consistent responsiveness
- The NAME ("the Dahlia" "The New Dahlia" "Wellbeing") —> involved people in the naming
- Meet people where they're at
- Acknowledging strengths
- Ongoing feedback/updates
- Physical access
- Drawing lines in the sand
- Great perseverance
- Connect consciously with "gatekeepers"… the people with informal power… respecting the "hierarchy" (natural community leaders)
- Connecting to an agreed-upon <u>community need</u>
- Door-to-door outreach
- Respecting what's there… not being intrusive
- Let people tell their story
- Food: intersection with people's burning passions
- Building on a previous positive connection
- Building for future generations

- Easing the burden of those who have already cared and given
- Providing a sense of <u>purpose</u>

(Prado reflections)

- Tolerating distrust, anger and misperceptions
- Listening hard, and not getting defensive … listening hardest to those who were against what we were doing
- Embracing different styles of communication. Understanding that different people do and say things differently.
- Living with discomfort
- *Did not* talk about my expertise or level of education.
- *Did not* engage in "one-upmanship," challenge the veracity of what I was hearing, or minimize people's experiences
- Assumed they knew their lives and circumstances best
- Went in with the attitude of "learning from" not "learning about"

- Forrest Cason's and my race and background afforded us some credibility. (He grew up in the Northeast Park Hill community, and I grew up in a neighborhood that was even more distressed than this one.) This created a "cognitive match" or "world view match" with the community members we were meeting. If we had not had that background, it still could have worked, but it would have taken longer.

Implications for Us as Leaders

- Honor that we are a reflection of the community… that we should be humbled to serve
- Look past people's exteriors, to find people's expertise and wisdom that might otherwise be invisible
- Always be conscious that people are part of a community
- We are responsible to convey what we've learned… a history project?
- How do we engage the <u>next generation</u> of leaders? (30-somethings, people raising families, youth between middle and high school)
- Be understanding and respectful of what's scary about mental health
- Be sure not to isolate ourselves on the campus.. get out and about - make it ok for staff to use their time that way
- Remind staff members that they will be honored if they show up in an authentic way
- Tune into and participate in community and Dahlia events
- Ask our community people to invite us to events, take us with them
- Buddy system
- Management meeting update - open conversation and our recommendations (Andrea coordinates)
- Invite community members into meetings on all Dahlia events to share their experience, insight, etc. (Food)
- Meals together with community (bbq, fish fry…) provide topics or questions (Food)

Implications for MHCD

- How can we have more community involvement, investment, engagement at other sites?
- It's <u>never</u> too late
- Make sure we're reaching out and recruiting community members to we can better represent the people we support
- Actively advertise and reach out through existing community vehicles (internships, "bring your community to work" day, individual investments in training or education)

How to Bring This Back to Non-participating Managers

In August, once "findings" are written up, <u>Andrea</u> will reconvene interviewers to discuss what they want to bring forward as <u>recommendations</u> for the management team. She'll then schedule time on the weekly team management agenda, and interviewers will co-present

Why Did This Research Process Work?

- People interviewed were passionate and dedicated - great pre-screening
- Connected with people perhaps not connected with… integral in development of place
- We volunteered
- Everybody got to be themselves and have an authentic conversation
- Permission to be flexible and be ourselves… opportunity for a genuine conversation

What Could Have Made This Research Process Even More Effective?

- How could we use a process like this with people who aren't already committed? Bi-directional
- More gender and age diversity
- Techno-glitches… backup recorders?
- Be sure community members have as much info as the interviewers

Insights on the Relational Ethics of this Project

As this project proceeded, I became uncomfortably aware of my unwitting participation in a relational pattern that seemed neither appropriate nor fully ethical, from the perspective of our readings. In order to make a connection with an organization that I considered to be an intriguing site for my Masters work, I asked the Chairman of the MHCD board (a former client and friend) to introduce me to Lydia. He emailed her (copying her Executive Assistant), telling her about my background and interest, and asking if she would be willing for me to do my Masters research on the campus. Not surprisingly, she responded immediately and affirmatively; and her assistant, Katie Heinemann, set me up for an initial (15-minute) phone call, a mere 24 hours later.

During Lydia's and my first call, I described my background and my Masters program, and explained why I was hoping to study the Dahlia Campus for my thesis. At the same time, I shared that during this first semester I was being asked to facilitate a "small but real" project that I hoped might also be with the Dahlia team. After considering overnight, she came back with the proposal that I outlined in my last paper: an appreciative inquiry with her Management Team, focused on the topic of managing change. She believed that such a process would help team members *reframe* some of the challenges and difficulties they were experiencing. In addition, she believed that by identifying and harnessing *internal and relational resources,* team members would be better equipped to support one another and their department members through this and future transitions. I asked if there might be a couple of team members who might work with me on the design, and she gave me three names.

She then *disappeared* for several weeks. Her priority was as it should have been: the opening of the new campus. But from a facilitation perspective, I was in a pickle. I had names of people, but no explanation of who these people were, or why she had recommended them as internal partners.

Working through Lydia's Executive Assistant (who had been copied on the initial correspondence), I scheduled time with two of the three people whose names I had received (Bill Monroe and Dawn Davenport). When I met with them by phone a week later,

neither of them knew anything about the project that had been discussed, and neither understood that Lydia had suggested they partner with me on the design. It was clearly a less-than-optimal beginning – though they were generous with their time and did their best to co-design a process that we collectively believed would add value. What I increasingly came to understand was that Lydia and Katie had said "yes" because Rick had asked, that Bill and Dawn had said "yes" because Lydia had asked, and that members of the team were working with me because Bill and Dawn had announced that the process was happening. I don't believe that *anyone* felt there was a choice about whether to do this – despite the fact that it was *terrible* timing. In order to achieve my purpose (to gain access to a "meaningful" research site for my Masters program) I unconsciously misappropriated power and influence.

As the reality of my situation began to sink in, I became increasingly concerned – simply because it seemed too late to turn back. I found myself caught between the proverbial rock and hard place: anxious to deliver *real value* to a system I respected, while also meeting my academic obligations. This dilemma was a power example of the kind of *inner debate* that Anderson describes in her 2013 article, in which our multiple voices, experiences and perspectives contemplate, deliberate, and (hopefully) come to agreement about a particular issue or decision

Just before the holidays, I reached Bill and Dawn and discussed the situation. Surprisingly, their first response to my concern was that it was important for us to complete the process *soon* – even if we postponed by a couple of weeks. They felt that there was some momentum building, and that "settling in" on the new campus would be a long-term process that could not and should not interfere with completing what we had begun. The interviews were seeming to be meaningful for the participants: they were helping to frame some of the challenges of the past few months as more hopeful than stressful. In short, the process we implemented has had *as much relational integrity as possible.* It is providing *real information* and a *positive, collaborative experience* that members of the management team believe will pave the way for the best possible transition – for managers and staff.

As Ginny pointed out in her earlier formative comments, consultants are almost always *inserted* into systems by one or more people. Most often it is someone "in charge" whose formal power, influence and/or budget may be considered *necessary prerequisites* for a successful change process.   It's interesting to contemplate the implications of this phenomenon, both on the *relational integrity* of our work and on our capacity to make a difference. Indeed, I can recall one spectacular instance in which the CEO of an organization brought me in and enthusiastically promoted the work I was doing, without encouraging me to first be in dialogue with his fellow leaders. Though a large percentage of the workforce appreciated the process, there remained strong concerns (i.e., "resistance") among key members of the leadership team – and we achieved less than optimal results.

But back to Dahlia. Since my initial contract with them includes debriefing my experiences and observations, I look forward to sharing my observations about how this project began with them. I find myself wondering if there is something we all might learn from openly discussing our shared experience. All the people I've met through this process seem to be extremely mission-driven, somewhat deferential to authority, and committed to "making the best" out of whatever situation they're faced with. Is this pattern also present between the management team and the staff? Might it be contributing to some disharmony – or preventing the organization from achieving its full potential? What would happen if team members felt there were space to "push back" and/or voice concerns up front, and to "stay on the mat" until the *best* solutions are reached? Might this enable them to "own" more of their power, and to see concerns as inherently valid (rather than "resistant")? I'll be curious to see the outcome.

Reflective Essay

Relational Leading in Action

Ralph and I were CPC colleagues for years; but for the first time became closely connected when we agreed to become co-owners of the company. Our styles were (and are) quite different, and those differences were creating tension for both of us, as well as those around us. Joint participation in the MSc program represented a test, in my mind – and an opportunity.

Towards the end of the second semester, we agreed to "lean in" to the discomfort by utilizing one of the practices we'd read about – the *Essay in Two Voices* – to explore an issue around which we had been experiencing significant tension and frustration.

I experienced the activity as engaging and enlightening. It enabled me to *observe* my reactions, and rise above our conflict (difference). Perhaps for the first time, I could see and appreciate the shared values that lay beneath our differences.

Even more enlightening, however, was the experience of debriefing our experience with classmates during our bi-weekly check-in. I had already begun to see and experience Ralph through a new lens; now, in hearing him describe me to our classmates, I saw *myself* through his eyes. I experienced a deep sense of understanding, compassion, and even regret for the ways in which I'd been engaging. Our conflict began to seem almost comical to me. The charge was gone. I experienced him as "on my team."

What made this possible? We valued our relationship enough to try something new. We agreed to *lean in* to our differences. We listened deeply. We framed and reframed and re-reframed our respective positions. We *reconstructed* our experience of reality in relationship, in conversation, and in community. In short, *relational leading happened* in this encounter.

When I entered this program, I did so with very little pre-planning – and a great deal of trepidation. I was curious to see how the program might stretch my thinking; but was overwhelmed with the experience of returning (after more than 35 year) to an academic environment, and entirely uncertain about my capacity to take on the additional workload. Having chosen to accept the opportunity, however, I committed to seek and find personal, professional and perhaps even spiritual *benefit*, in return for the sacrifice of time, energy and money.

I did, indeed, receive great benefit – primarily from all that I learned in the program. Below, I share a few of these learnings: the milestones or headlines from my journey.

What I learned about learning

I experienced this virtual learning environment to be surprisingly engaging, despite the obvious disconnect between what we have been studying ("*relational* leading") and the way in which the program was structured.

So much of our work has been solitary and self-paced, and this was initially quite challenging for me. But the "face-to-face" conversations we did have (via Zoom, Big Box, etc. … 1-to-1 in the first semester, followed later by bi-weekly then "as needed" whole group gatherings) eventually enabled genuine connections to form between members of the cohort and faculty. These conversations were particularly meaningful for me when we were reading Patricia Shaw and other highly "process-oriented" authors, as I found this material especially challenging. What seemed to make these gatherings meaningful for me was having a clear goal: something concrete to discuss, important information to transmit, etc.

Perhaps because of this preference, I found the format of our second semester gatherings to be challenging. These classes were significantly more "emergent" than others; and though this approach seemed philosophically more aligned with what we were studying (it gave us an *experience* of relational practices), it seemed to me to be ill-suited to a virtual environment. As suggested in my second semester integrative paper, I experienced great frustration during the first few such sessions. I found myself (and noticed others) multitasking: sending "private chat" messages to my classmates, glancing at email, etc. My energy shifted, however, once a few members of the class prepared and facilitated some discussion questions, in response to the question "where have you experienced what you might describe as *relational leading*?" That conversation reengaged me, and contributed to how I came to make meaning of our somewhat nebulous course of study.

What I learned about social construction

I was reasonably familiar with social construction before joining the program, and indeed had written papers and co-authored books outlining the relationship between social construction and Appreciative Inquiry. But this program helped put social construction "into my bones" in ways that initially manifested in more personal than professional ways.

As I shared in an early reflective essay, I have been known to describe myself as, "not always right, but rarely uncertain." My confidence and apparent "certainty" has worked well for me in many settings; but in my marriage and as a parent, it is periodically challenging. I've been known to latch onto ways of seeing, thinking or being as "right," and have trouble opening myself to alternatives. Our MSc program has suggested, instead, that the "truths" I hold so dear were formed in *relational contexts.* As reflections of where I have been and with whom, they can be *re-formed,* simply by changing who I'm spending time with, and what we talk about.

For years, I've watched this play out in my client systems; but today, I quickly *notice* the effect that engaging new people has on conversations or decisions that are already underway. And while continuing to wrestle with my preference for closure and forward movement, I'm more likely today to leave decisions "open" for longer … to make space for new insights or directions to organically emerge through conversations and relationships.

I've also reflected on how social construction *might have* made a difference in the past several years of US politics. Over the past decade or two, some candidates have been elected by very slim majorities; and as they have exercised their political "mandate" *without engaging those who hold opposing views,* major polarities have developed. I find myself wondering: *what if* George W. Bush or Obama had succeeded in "working across the aisles?" What if they had assembled and then partnered with people with radically opposing views? What if *all* those involved had acted from an *authentic desire* to hear and learn from one another and be changed through these encounters? Had this been the case, I believe that our political landscape might have looked quite different than it does today, and that new paths forward might have become evident.

I now find myself wondering how we shall proceed from this point. As Ken Gergen said in his opening comments at the Relational Practices in Healthcare conference, I am upset and embarrassed to realize that *I don't know* more than a handful of Trump supporters. "My people" – and the people in communities that my people serve – hold such similar political views to mine that it seemed completely implausible that the election could have turned out as it did. Rather than driving by *Trump/Pence* yard signs and holding my breath or rolling my eyes, what if I had knocked on doors and invited these people to share a meal with me? What if I had made an effort to forge relationships with them … to hear their stories, and understand the hopes, fears and frustrations that caused them to make such different choices than my own? What if, rather than avoiding, demonizing or labeling them in my mind, I had approached them with genuine respect, curiosity, and confidence in our shared humanity?

Reflecting on this and similar questions, I find myself believing that organizational and social change involves a delicate balance between permeability and forward movement. Each time "players" change, so too do conversations, ways of knowing, decisions and ultimately actions. But if we wish to move forward, we must at some point decide who ought to be in the conversation, engage them, come to agreement, and move forward – knowing that our path may shift or change in response to new insights, new information, and/or new relationships.

What I learned about Appreciative Inquiry-based research

Early in my career, I was exposed to Action Research: a powerful approach to engaging systems in diagnosing and addressing their own issues or challenges. When clients asked for my help, my well-respected, well-schooled mentors and workshop instructors suggested that I:

- Conduct one-on-one interviews with all those involved;

- Invite participants to confidentially share both *what was working* and *what was not working* in the system;

- Transcribe and analyze what I heard in my interviews;

- Recommend "interventions" for that which seemed problematic; and

- Present findings (with identifying details removed) and recommendations back to the team for discussion and feedback.

I assumed, since I had learned this approach from senior practitioners, that the work I was doing was consistent with the practice that Kurt Lewin had originally proposed when he coined the phrase.

I experienced this approach to change as revolutionary, since it was so much more inclusive than the positivist approaches to research that I had read about or experienced. And because it *worked,* I continued using it – until I discovered and adopted Appreciative Inquiry as a preferred approach to organizational change.

Since that fateful moment when AI and I found one another, I have understood and suggested to others that AI's breakthrough innovations involved:

- Changing the nature of the Action Research questions (from "what works and what doesn't work" to "tell me a story about a peak experience in your life with this organization"),
- Involving participants in deconstructing their own data, and
- Treating organizational members as experts in their own system.

I was intrigued, therefore, when my literature search introduced me to Lewin's original article, "Action Research and Minority Problems" (Lewin, 1946), along with more extensive information about Participatory and Community-Based Participatory Research (Cacari-Stone et al., 2014; Duran et al., 2013; Minkler, 2012; Wallerstein & Duran, 2010 and 2003; Minkler & Wallerstein, 2008; Wallerstein et al., 2005; Reason, 2006; and Riding, 1995). In these articles, I saw that Action Research was considered (first by Lewin and then by more contemporary writers) to be a form of *social action* or *community organizing.* I came to understand that Action Research (as it was originally conceived and at its best) is initiated *by and for* the affected community, and that it involves participating stakeholders in *all* phases of the process (from Planning, to Action, to Observation, to Reflection).

In short, I came to understand that AI's practice of client- vs. consultant-driven research was consistent with Lewin's original paradigm, rather than the radical departure I had imagined thus far. For at their best, AI processes engage clients in identifying *what* they want to study, *who* they wish to involve, and *what questions* they need to ask to achieve their change agenda.

I also came to understand that AI-based research departed from more traditional Action Research through its unconditionally *positive* focus. By intentionally seeking and surfacing *often untold* stories of success, AI changes collective ways of knowing, thereby enhancing organizational or community capacity.

In reviewing my thesis proposal, PDF assessors and I agreed that AI was "the way to go" because we were studying something good. But if social constructionist theory holds true, it should be possible to study "something good" in *any* system … not just those in which the prevailing narrative is as positive as it was at Dahlia. This might be seen to explain or support what AI practitioners have experience and reported for years: that participation in AI-based research forges positive relationships and kindles hope. This, in turn, creates *shared understanding of what's possible* along with a *relational infrastructure for change*.

What I learned about relational leading

By the middle of the third semester, I came to see relational leading **as a set of behaviors or practices that can be enacted by individuals *and* a philosophy of leadership** that is independent of position or title, that can be practiced by anyone at any level in any situation. Indeed, I suggested that ***relational leading happens* when one or more people in an organization, system or relationship initiate dialogic connection, narrative (re)construction of meaning, and conversational co-construction of new realities.**

Today, I stand by this "definition." Relational leading is philosophy, practice, mindset and way of being, rather than a *model* of leadership. I believe that relational leading practices have the potential to transform individual, team, organizational, community and even global relations.

Through this MSc program, I've been introduced to new practices and tools, and exercised my relational leading muscles. I've experienced inner shifts in how I see and experience the world; and am curious to hear how (or if) these shifts have been experienced by those who know and work with me. Do they experience a change in me? Have the changes I've experienced *in myself* encouraged or supported *others* in making similar shifts? If so, what have been the outcomes?

I look forward to sharing this lifelong journey with those with whom I've connected through this program. One might say that it takes a village to practice relational leading. May we be that village.