

# ODE Storytelling Framework

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If you are interested in partnering with ODE or following the ODE Storytelling Framework, contact Siavash Zohoori for approval and guidance throughout your storytelling process.



## OVERVIEW

**Mission:** The ODE Storytelling program will be a space in which people will share their stories of recovery and wellness to make a meaningful impact on themselves and others.

Participants will engage in workshops that will guide them in creating and sharing their stories in different forms. Beginning simply with a story circle, the group will continue developing their narrative to be true and powerful to themselves and others throughout the workshop.

With the intention of maintaining value for cultural competence and cultural humility throughout the Photovoice and digital storytelling process, participants will share their stories in a medium most true to their experience to achieve a **participant-centered approach**. As **narrative medicine** suggests that people narratives will have value to their recovery and health, storytelling will validate and add relevance to the lived-experiences of the participants. Art mediums will include Photovoice (single-page layout of photo and short written piece), digital storytelling (visuals accompanied by recorded narrative), song, rap, spoken word, drawing, painting, and any other expression participants show interest for— the only requirement being an incorporated performance/presentation. The performance will be an opportunity for storytellers to practice **ownership** of their stories. Creative forms of storytelling have been shown as useful tools to support adolescent women talking about reducing their experiences of stress.<sup>1</sup>

Photovoice projects will be framed as missions to support the **empowerment** of participants.<sup>2</sup> Missions will be informed by leaders of participating communities to ensure cultural relevance. In turn, missions may function as **Community-Based Participatory Research (CBPR)**, to advocate for participants in community and policy settings.

Participants of all workshops will create a dynamic scene and a powerful story by exploring and learning about the 3 tenets of powerful storytelling: **truth, transfer, and taboo**. Participants will embark on their missions to create projects approximately 2 minutes in length (200-300 words for Photovoice). Those creating visual aspects to their work may learn how to use cameras and editing software. While visual artists will work with the facilitator to edit their projects in Final Cut X and Adobe Photoshop, other spoken words artists and other performance-based participants will work independently.

Upon finishing their missions, participants will applaud each other's work and listen to a 1-2 minute reflection from each participant. Reflections will conclude with an "I will" **call-to-action**, in which participants share what they will do to improve their respective communities. Statements received in the past storytelling include: "I will be a listener... & reach out to others because I know deep down everyone is fighting demons. We all are facing struggles whether its something serious... or not", and "I will use my story, to foster more compassionate and loving spaces".

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<sup>1</sup> Goodman, Rhonda, and David Newman. "Testing a digital storytelling intervention to reduce stress in adolescent females." *Storytelling, Self, Society* 10.2 (2014): 177-193.

<sup>2</sup> Strack, Robert W., Cathleen Magill, and Kara McDonagh. "Engaging youth through photovoice." *Health promotion practice* 5.1 (2004): 49-58.

Intended effects on storytellers include empowerment through ownership, community activism, autonomy, reduced mental health and substance abuse stigma, developed emotional intelligence, reframing of hardship, and communal action.

Audio and Photovoice workshops will accumulate a total time of 7 hours, spread over multiple days. Digital storytelling workshops will accumulate a total time of 20 hours, spread over multiple days.

## STAGES

The stages of the storytelling program include:

- Conceptualization of the problem
- Defining broader goals and objectives
- Capturing images/video
- Critical reflection and dialogue to codify issues, themes, and theories
- Documenting the stories
- Premiering and sharing the stories to affect the community

## A POWERFUL STORY

A powerful story takes the audience on a journey that they, otherwise, wouldn't have gone on. This journey of thoughts, emotions, and beliefs is driven by empathy felt for the lived-experience of the storyteller. By utilizing blogging, audio, film, and/or photography, storytellers will feel empowered to use a medium to share their experience that feels most true to them.

### The 3 Tenets

By collaborating with the County of San Mateo's Health Equity Initiatives (Diversity and Equity Council, African American Community Initiative, etc.), Facilitators will aim to succeed in, what Siavash Zohoori defines to be, the 3 Tenets of Cultural Humility in Powerful Storytelling.

- **Truth:** At their comfort, storytellers will share their experiences of hardships and triumph within their community. Truth will be expressed through vulnerability— Emotion will not only be heard by the audience, rather, it will be felt.
- **Taboo:** Storyteller's will have an active role in **reframing** their experience from one that is stigmatized (sexual assault, depression, etc.) to one that fosters growth.
- **Transfer:** With the mission to improve their communities, storytellers will conclude their stories with a compassionate **call to action** that will empower others in their community to speak up in support of their experiences and broaden the definition of recovery.

**Seven Steps of Digital Storytelling (From Storycenter Digital Storytelling Cookbook)**

(1) Owning your insights, (2) Owning Your Emotions, (3) Finding The Moment, (4) Seeing Your Story, (5) Hearing Your Story, (6) Assembling Your Story

**PROGRAMS****Digital Storytelling**

Digital stories are powerful in helping participants share their lived experience. The digital storytelling program will be a space in which participants will feel empowered to speak up and become advocates in the future. It may be used with the purpose of normalizing issues within mental health (depression, anxiety, etc.) to support the audience in receiving care. Digital stories will end with a call-to-action to the viewers. Further, digital storytellers will be active in sharing their stories with the community.

**Photovoice**

Photovoice is a process by which people can identify, represent, and enhance their community through a specific photographic technique.<sup>3</sup> Workshops will begin with a speaker from the community, and will function to support the 'framing question'. Groups will conclude with a collective call-to-action for the community showcase.

**Audio**

With the mission to challenge the stigma on issues within marginalized communities, a storyteller might want their identity to be concealed. Utilizing audio and transforming their voice, a storyteller would earn the space to speak up about their experience and emotions they've felt as consequences of the stigma to show that they are, simply, just as human as everyone else in their community. Audio is also a useful tool for participants fearful of sharing their story in front of a group. Lastly, audio might also be a method for participants to practice lyrical forms of storytelling, such as song, rap, and spoken word.

**THEORY AND THEMES**

Storytelling holds power in the emotional affect it will have on, both, the storytellers and the audience. Most often, it fosters intrinsic drive for the storytellers to be active to improve their communities. In a study interpreting the effects of Photovoice on youth, Strack et al. report, "many [participants] stated that being in Photovoice had caused them to think about their community for the first time."<sup>1</sup> Other students in the same study were also reported to create Photovoice to effect policy change, "An idea that came from [one of the youth], take pictures of my school and maybe hang them in the exhibit so people can see how trashy it is."

**Empowerment Through Ownership— A Social Justice Lens**

As participants craft their projects, they are, in turn, participating in the act of owning their stories. Owning a story presents an opportunity to reframe hardship to resilience. In a study evaluating the effect of Photovoice in a juvenile

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<sup>3</sup> Wang, C., and M. A. Burris. "Photovoice: Concept, Methodology, and Use for Participatory Needs Assessment." *Health Education & Behavior* 24.3 (1997): 369-87.

detention facility, youth in detention enthusiastically demonstrated their talents through their photographs and recognized their projects as accomplishments and sources of pride.<sup>4</sup>

Ownership also holds a role in family settings, where other dynamics might play a role in limiting the empowerment during the socialization of participants. "Because parents are sources of, both, solutions and problems in youth's lives, alerting them to the project early and then later showing them youth's photographs can have a strong impact and might improve parent-child relationships. The parents and loved ones who attended the youth Photovoice exhibits, and beamed with pride when admiring their children's work, indicates that many parents can be successfully incorporated in such a program."<sup>1</sup> Parents will be invited to the premiere of participants' work so that youth participants will have opportunities to reframe their family dynamic.

Lastly, in a study evaluating the statistical significance of an anti-stigma Photovoice intervention, the sub-scales on the Empowerment Scale that improved significantly more for the Photovoice group were **community activism** and **autonomy**.<sup>5</sup>

### Reduced Mental Health Stigma

By normalizing issues of mental health, participants likely reject stigma. In a study evaluating the statistical significance of an anti-stigma Photovoice intervention, the "Internalized Stigma of Mental Illness" scale shows a statistically significant affect on **stigma resistance** and stereotype endorsement, when compared to the control group.<sup>6</sup>

### Developed Emotional Intelligence

The American Psychological Association (APA) reports that 80-90% of men have normative alexithymia, or the inability to place words to their emotions. This is problematic as a lack of understanding of personal emotions will inhibit empathy. As the statistic is lower for women, fostering a space in which vulnerability and emotional expression are prioritized will develop emotional intelligence.

### Cultural Identity Development

Storytelling facilitation will be informed by the Racial/Cultural Identity Development (**R/CID**) model. According to social scientists Derald Wing Sue and David Sue, people of color entering American society may go through five stages of development— conformity, dissonance, resistance and immersion, introspection, and integrative awareness — which ultimately break down their relationship with society and then reestablish a different association with themselves and their culture. When applied to a behavioral health setting, the two cultures of conflict to develop with this model may be framed as: stigmatic and non-stigmatic.

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<sup>4</sup> Osseck, Jenna, Ashley Hartman, and Carolyn C. Cox. "Photovoice: Addressing youths' concerns in a juvenile detention facility." *Children Youth and Environments* 20.2 (2010): 200-218.

<sup>5</sup> Russinova, Zlatka, et al. "A randomized controlled trial of a peer-run antistigma photovoice intervention." *Psychiatric Services* (2014).

<sup>6</sup> Ibid.

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### ‘Communal Cultural Wealth’

The deficit-based fictionalization and labeling of Chican@s in the United States has influenced institutions to approach these students as disadvantaged. In her article, *Whose culture has capital? A critical race theory discussion of community cultural wealth*, Tara J. Yosso writes, “schools most often work from this assumption in structuring ways to help ‘disadvantaged’ students whose race and class background has left them lacking necessary knowledge, social skills, abilities and cultural capital.”<sup>7</sup>

To combat this issue, Yosso introduces “Community Cultural Wealth” as a thought model that will add value to Chican@s in the United States. Replacing the barriers that a cultural deficit model suggests, such as a person’s difficulty speaking english, Community Cultural Wealth offers alternatives, such as the value of bilingualism in the work environment. In addition to the aforementioned linguistic capital, Yosso also introduces aspirational capital, familial capital, social capital, resistant capital, and navigational capital. These 6 forms of capital will be positively reinforced in the workshop, in addition to the referral to resources. Lastly, digital storytelling has been shown to support people marginalized in society to challenge stereotype notions of disability.<sup>8</sup>

### Fostered Communal Action

By sharing their lived-experiences, storytellers will connect with others in their community through empathy. This will be healing on two levels:

1. **Healthier communities** will strive through empathy, resistance to stigma, celebration of resilience, and community cultural wealth framework
2. **Collective action** begins as individuals connect on shared lived-experiences and participated in **CBPR**. With solidarity, communities will also utilize the bank of accumulated stories (photovoice & digital storytelling) as tools to inform policy debates.

### Psychological Stages of Change (Informed)

Supporting the contemplation of mental health stigma and maintenance in recovery, the program gears to model all stages in the stages of change model: (1) Pre-contemplation, (2) Contemplation, (3) Preparation, (4) Action, (5) Maintenance. That means, groups will process emotions for all stories, together, in the storytelling workshop. Maintenance will be achieved through the continual sharing of our stories, digitally and in-person. This has shown to stabilize attitudes towards drunkenness in digital storytelling intervention for binge drinking.<sup>9</sup>

Further, facilitators will have the opportunity to support participants’ stories with specific programs modeled from a **6 step treatment plan**: (1) problem selection, (2) problem definition, (3) goal development, (4) objective

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<sup>7</sup> Yosso, Tara J. "Whose culture has capital? A critical race theory discussion of community cultural wealth." *Race ethnicity and education* 8.1 (2005): 69-91.

<sup>8</sup> Matthews, Nicole, and Naomi Sunderland. "Digital life-story narratives as data for policy makers and practitioners: Thinking through methodologies for large-scale multimedia qualitative datasets." *Journal of Broadcasting & Electronic Media* 57.1 (2013): 97-114.

<sup>9</sup> Coleman, Lester, Josephine Ramm, and Richard Cooke. "The effectiveness of an innovative intervention aimed at reducing binge drinking among young people: Results from a pilot study." *Drugs: education, prevention and policy* 17.4 (2010): 413-430.

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construction, (5) intervention creation, and (6) diagnosis determination.<sup>10</sup> Utilizing set treatment plans as models will suggest clear framework for audience members to receive psychological support, themselves. In the past, this has worked in public health settings to support people with unhealthy habits in coping with diabetes.<sup>11</sup>

## CURRICULUM & EXERCISES

Programs will occur in short periods of time— not spread out over weeks, rather kept within a week (back-to-back days). Workshops will be modeled off of the Storycenter curriculum and adapted with goals set in this framework. Resources in the following section are available to pick and choose from, depending on the workshop goals.

### Facilitator's Own Story

To foster vulnerability and model the structure of a powerful story, facilitators will share their own story with the group. It will break the ice, and build excitement to show them how storytelling has helped the facilitators transform something in their life.

### PLAN YOUR STORY

Things you see everyday, although normalized, might be the most telling/powerful. Participants will begin to visualize their daily lives.

#### Story circle

Story circles are a place where you can share your story with others. These circles are used to create a home for storytellers to express their most personal stories and create a mentor-like space for those experience hardship. Some practitioners are finding that a focus on the delivery of the story supports listeners to overcome prejudices towards the content of the story. In turn, it will function as a space to develop stories and receive feedback.

#### Notecard Exercise

Storycenter offers a notecard (5x7) exercise for storytellers to utilize when trying to find *'the'* moment. The exercise forces people to cut down to the most relevant information to their story. Participants will write their short story on a notecard to narrow their mind to a singular powerful/relevant scene.

### EMOTIONAL EXPRESSION EXERCISE

Participants will be refer to a list of emotions to integrate in their stories. This will combat alexithymia and further support the normalization of issues within mental health. Further, participants will practice Xavier Amadaor's (Ph.D.) Listen-Empathize-Agree-Partner (LEAP) Method.

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<sup>10</sup> Mears, G.. "How to develop treatment plans." In I. Marini, & M. A. Stebnicki (Eds.), *The professional counselor's desk reference* (2009): 145-153.

<sup>11</sup> Njeru, Jane W., et al. "Stories for change: development of a diabetes digital storytelling intervention for refugees and immigrants to Minnesota using qualitative methods." *BMC public health* 15.1 (2015): 1.

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## “I WILL” CLOSING CALL-TO-ACTION

Participants will be invited to speak for a couple of minutes after presenting their story. My hope is that they will share the ways that they have grown throughout the workshop and something they will carry outside of the workshop and take back to their own communities.

## PSYCHO-EDUCATION

As a method of normalizing mental health issues, psycho-education will be presented at the end of each workshop.

## PREMIERE

To change public attitudes about mental illness involves the facilitated interaction between citizens and persons with psychiatric disabilities. We will maintain **partnership** with CSA advisory committees and health equity initiatives to distribute and display digital storytelling projects. The creators of displayed stories will attend the display, speaking in a Q&A panel afterwards.

## BI-MONTHLY STORYTELLER CHECK-INS

To foster a sustainable framework for growth, storytellers will be invited to a group meeting in which the group will check-in on their growth and recovery, challenges they are facing, and opportunities for them to share their story. Sometimes, storytellers reach a plateau in their growth through storytelling. Some have reported being re-traumatized by their own stories once their growth plateaus. A clinician will be present at these meetings.

# MEASUREMENT OF OUTCOMES

Pretest, posttest & questionnaire, and posttests at community events.

## List of Factors for Storytellers

- Participant Demographics (Age, Assigned Gender, Gender Identity, Sexual Orientation, Race, Ethnicity, Preferred language, Disability or leaning difficulty, Veteran status)

## Test Questions (Scale of 1-5)

### Section A

- I feel powerless over my ability to impact my community.
- I am comfortable being vulnerable about my thoughts, feelings, and emotions.
- I feel understood.
- I am comfortable sharing my story.
- My personal experiences help me grow.

### Section B

- How do you have your experience in the workshop?
- How do you rate your participation in the workshop?



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- How do you rate your final project?

### *Section C*

- I am satisfied with my final project.
- I am satisfied with my ability to express myself through my digital story.
- I learned something new about myself as a result of creating a digital story.
- The workshop was sensitive to my cultural background.
- My thoughts about mental health have changed as a result of the workshop.
- My thoughts about substance abuse have changed as a result of the workshop.  
The workshop has changed the way I view my story.
- This workshop positively affected my wellness.

### **Qualitative Questions**

- Explain the program as if you were talking to a friend about it.
- How has the process of answering the “framing question” influenced you?
- What about the process of answering the “framing question” affected you?
- What did you like about your storytelling experience?
- What could have made your storytelling experience better?
- What has been your favorite part of this process?
- What surprised you about participating in this type of group?
- Would you do this again? Why?
- Would you recommend this to a friend? Why?
- What is one thing you will do to change what mental health or substance abuse looks like in your community?
- Is there anything else you’d like to share about your experience in the program?

## EXTRAS

### **CREATING A SAFE SPACE AND SUPPORT FOR PARTICIPANTS**

Inviting clinicians, people trained in MHFA, or someone to simply listen and offer emotional support to participants is critical in fostering an environment in which healing and vulnerability are prioritized. It is imperative that there is adequate support as these settings are open to the PTSD and other mental health issues of participants to likely be triggered.

### **PARTNERSHIP WITH STORYCORPS**

In order to accommodate storytellers who do not feel comfortable creating their stories in a group, ODE will provide Storycorps storykits as an alternative method to creating a story. Storykits will be given to groups of two: an interviewer and interviewee. If needed, a facilitator may be present to support participants in using recording equipment and interview questions.