

THINGS THAT WORK

Trauma group offers a community in pain a place to heal



CRAIG F. WALKER/GLOBE STAFF

Liz Walker started the Cory Johnson Program for Post-Traumatic Healing. More than 1,500 people have attended its events.

By [Matt Rocheleau](#)

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Editor's note: This is part of a series exploring initiatives around Boston, the country, and the world that have succeeded or hold great promise, from government to business to culture. For more stories, [click here](#).

The idea first came to the Rev. Liz Walker following a brutal run of [violence](#) in the Roxbury neighborhood where her church is during the spring of 2013.

Daytime gunfire had broken out near the church as children gathered for a field trip to the circus. Soon after, and nearly as close to the church, two men were fatally shot in the middle of the afternoon.

“There’s a lot of people in this community who are hurting,” Walker, the former newscaster, now pastor of the Roxbury Presbyterian Church, recalled thinking. “I can show you pain and rage on about three of every five faces of the people you pass walking down the street.”

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Something, she thought, had to be done to address the effects of all that trauma.

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It wasn’t just about street violence. Neighborhood residents, Walker realized, were struggling with the aftermath of everything from shootings, to sexual abuse, to hate crimes, to addiction. So with the help of other church and community officials, she started a group support initiative called the [Cory Johnson Program for Post-Traumatic Healing](#).

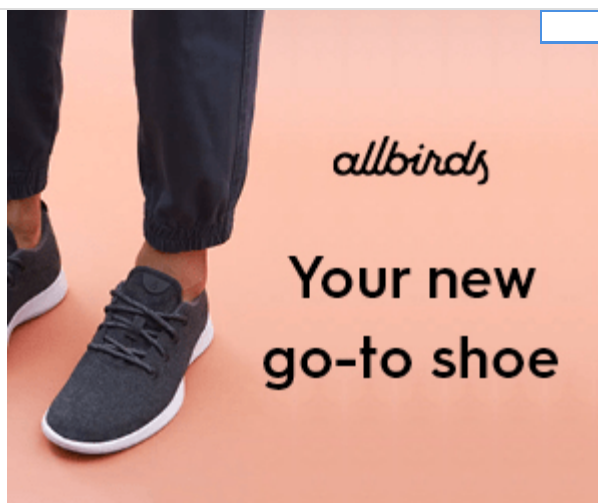
Unlike many recovery programs, which are geared toward those suffering from a certain type of distress — say, people who lost a child to violence — the Cory Johnson group is open to anyone grappling with any form of trauma, no matter the cause or severity. It’s not limited to the victims, either, but open to their families and friends, who might also struggle as a result.

“There’s nobody left out,” said Colleen Sharka, the program’s director.

Another unique thing: It’s free and includes meals, child care, and, if needed, one-on-one counseling. And while it features a licensed mental health counselor as well as other professional clinicians, the initiative is also run by “community companions” — churchgoers and other area residents who’ve

received training in trauma support.

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Megan Wiechnik from the National Alliance on Mental Illness of Massachusetts said what makes the Roxbury program most unique is its broad-based focus.

“There are lots of other trauma programs, but most focus on a specific type or cause of trauma, thus excluding other types, and many are clinically oriented,” she said.

Wiechnik said the fact that the group is free and located in the heart of an underserved community also stand out.

“Many people are confined to their neighborhoods and do not seek support outside their immediate area,” she said. “Every neighborhood needs a center like this.”

The program features a series of weekly events where participants can drop by a center in the church’s basement to share stories about their personal experiences and learn more about how to address them, and even engage in physical exercises designed to reduce stress.

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It's a safe, confidential space, organizers say. No judging allowed.

The program's \$250,000-a-year budget has been funded by grants and corporate donations.

Organizers estimate more than 1,500 people have attended events so far, including parents who have

seen their children killed and those who have witnessed violence or just feel overwhelmed by a steady stream of violence around their homes.

Program leaders say they have seen promising results and are in talks with leaders in other communities who may replicate the model.

Measuring the effectiveness of such programs, however, can be challenging. Absent a scientific study, one valuable option is to simply ask participants whether they feel helped.

“What matters most is their perception of if they’re getting better,” said Dr. Vaile Wright, director of research and special projects for the American Psychological Association. “When we perceive we’re getting better our behavior changes.”

Early signs are positive for the Roxbury program. More than 90 percent of participants who responded to a recent survey said it has been “very helpful” in relieving their post-traumatic symptoms, according to an ongoing independent evaluation of the program.

Group support like this can be key, Wright said.

“For some people, it normalizes their experiences and helps them to not feel alone,” she said. It can also allow trauma sufferers to “learn some additional coping methods based on what they hear is working for others.”

Dr. Judith L. Herman, a Harvard Medical School psychiatry professor who is not involved with the Roxbury program, said free, community-based programs are particularly effective because they tend to attract “people who would never consider seeking care from a psychiatric facility because of the stigma and cost involved.”

Researchers have come to recognize many kinds of experiences, beyond military combat, can cause trauma and post-traumatic stress symptoms. About six of every 10 men and five of every 10 women experience at least one trauma in their lives, according to the [National Center for PTSD](#).

“When left untreated, there are physical and mental health consequences,” Wright said.

One regular at the Roxbury program is Debra Johnson, 60, whose son, [Cory Johnson](#), is the program’s namesake. The younger Johnson was shot to death in Roxbury in [2010](#), when he was 27.

Johnson’s mother said she was still reeling from her son’s death when the church approached her about naming the program after Cory. She was honored but skeptical that a drop-in group could help her move beyond the trauma of losing a child or work for others in pain.

Still, she decided to take part in the sessions and was soon won over.

“The more I came, I saw how it was helping people,” Johnson said. “But what I didn’t realize, for a while, was it was helping me, too.”

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