A Toolkit to Address Family Violence/Trauma and Behavioral Health Conditions for a Healthier Spokane County.

REVEALING PATTERNS for RESILIENCE
In 2018, Spokane County conducted a community needs assessment that revealed three priority issues affecting the health and quality of life for people in our community:

- Family violence and trauma
- Behavioral health conditions
- Affordable housing

The complexity and interconnected nature of these issues required a new approach to determine how we, as a community, can address these challenges.

In August 2019, Priority Spokane and Spokane Regional Health District, with support from Rayce Rudeen Foundation, Providence Health Care, and Kaiser Permanente, embarked on an endeavor to understand the patterns in our community that create these interconnected outcomes. The partners used a systems approach to analyze these issues.
Taking a Systems Approach

“Solving today’s pressing problems requires impacting the bigger picture—the systems we live and work in. To change systems, we need to first understand the web of interrelations that create complex problems. We need to embrace systems thinking.”

– Grantmakers for Effective Organizations

When addressing complex social issues, the term “system” refers to interconnected forces that affect each other. Analyzing, or mapping, the system reveals the patterns in societal behavior. Systems thinking is needed for complex social challenges where simple plug-and-play fixes are at best, ineffective and at worst, create new, unintended harmful outcomes.

For example, why does providing shelters not consistently result in fewer people living homeless? Why does decreasing opioid prescriptions correlate with a decline in overall opioid misuse that is only temporary? Complex systems are not linear. Causes and effects do not always flow in a predictable or one-directional way. Inputs do not inevitably flow cleanly into outcomes.

“To change the outcomes, we must change the patterns. To have a complete picture of the systems and related problems that we want to address, individuals, partners, and organizations must come together and share their diverse viewpoints and interests. Mapping the system work requires community partners, both resident stakeholders and agency partners, to come together to describe the “system” that creates the outcomes we are seeing. It helps us to (a) make sense of what we see and experience, (b) locate where potential energy is and design more effective engagement, and (c) test our thinking as we learn and adapt over time.

Analyzing the patterns allows for a deeper understanding of the system’s complexity. Creating a map from that analysis helps partners to identify the strongest opportunities to disrupt these patterns, creating a ripple effect across the system. According to systems theory, changing patterns leads to a greater, system-wide impact on outcomes.

Developing the Map

On Oct. 7, 2019, over 40 partners from 29 local government, non-profit, and business organizations took part in a day-long workshop led by an external consultant. During the workshop, participants identified prevalent forces that affect the ability of all people in Spokane County to experience a safe, resilient and supportive community. Participants then analyzed the cause and effect cycles of these forces. Next, project staff developed a picture of the deep structure of the system based on underlying themes that appeared in the data gathered during the workshop. We have titled the deep structure “The Cycle of Diminishing Resilience.” It illustrates the underlying factors that support the system.

“Every system is perfectly designed to get the results it gets.”

– W. Edwards Deming
The System Map

The system map (at right) has a deep structure and three regions.

The deep structure shows how the experience of instability can drive a pattern of experiences and reactions that perpetuate instability. This loop tells the story of “survival mode” resulting from traumatic experiences and high levels of stress and instability. When individuals are isolated from social connections, when stress becomes toxic, and when children grow up surrounded by violence or neglect, survival mode can take over.

Focus on survival leads to short-term thinking and reactionary behaviors. A theme that emerged from discussions of the deep structure was that people who continue in this cycle often become disconnected from community, either by choice or force. Once this happens, these individuals are often unable to create healthy connections with people who can support their needs.

However, this is not the only path for someone experiencing instability. Facing difficult situations can bring groups of people with similar experiences together, and resiliency can prevent emotional dysregulation.

The first region of the map, a series of dark blue loops, describes how services we provide can and often do reinforce the cycle of diminishing resilience. These loops describe how:

1. Losing trust in the systems that are supposed to support the community leads to over-burdening certain services (e.g. using 911 and emergency departments for non-emergencies) and decreased quality of care within those services, creating mistrust of services
2. Program rules, regulations, and requirements make it harder for services to meet people’s needs and increase the use of workarounds and manipulation of the system, resulting in overburdening an already stressed and underfunded system
3. Service providers’ response to being overburdened can be to work without coordination between agencies, departments, or other defined groups, which results in further overburdening services
4. Attempts to meet people’s needs beyond the scope of the service has led to a decrease in service quality

Nevertheless, among the cycles that reinforce diminishing resilience, there is a bright spot. Our system map shows that working with peer mentors and support groups can help people in crisis navigate access to services that can improve their stability and help reconnect them to community.

The second region, in light blue, is called “Power for Change.” It contains stories about people who are marginalized, silenced, or ignored and demonstrates the

The Cycle of Diminishing Resilience Explained:

When people or organizations experience instability, they may feel less trust in their relationships with other people, institutions, leaders, and even themselves. People create meaning through stories about their experiences and interactions with others. As trust in self and others decreases, people rely on harmful narratives to interpret their feelings.

For example, harmful narratives about people with substance use disorder (SUD) blame the individual for making bad choices. As harmful narratives increase, they increase the likelihood that people will experience a reactive stress response with less ability to regulate their emotions (fight, flight, freeze). That response may be apathy (freeze), not seeking help (flight), or abusive behavior (fight).

Under the best circumstances, individuals react to stressful situations in regulated—clear-headed and thoughtful—ways. But toxic stress, abuse, neglect, and learned behavior can prevent those skills from fully developing and can lead people to act in dysregulated ways. This response decreases the ability of the client, institution, and community to get their needs met. When needs are unmet, clients, institutions and communities experience increased instability, creating a vicious cycle.

In the weeks that followed, the project team built a preliminary map based on the workshop data that described why the Cycle of Diminishing Resilience continues. The team reviewed the map with additional partners and community members to see if it reflected the stories and experiences of Spokane residents and refined the map as needed. Nearly 100 people contributed to the development of the system map.
When inviting people with lived experience into the workforce, the support they need may be different than the needs of staff from more traditional workforce sources. Time needs to be taken to understand their unique training needs so that they can successfully navigate the work culture. For example, they may need more training on common office software.

Finding Leverage

After the project team finalized the system map, 30 partners attended a second workshop on Dec. 12 to identify leverage points—places in the system where targeted actions could create the greatest ripple effects. During the session, partners identified where the system:

1. Is entrenched or frozen, with little likelihood for immediate change
2. Has pent-up energy for change
3. Contains bright spots—places where positive change is happening already, often despite an overall trend to the contrary
4. Has energy but is not addressing issues and in some cases, increases or generates harmful outcomes and/or unhealthy patterns
5. Could have leverage—places in the map that have the potential to affect many other factors or dynamics throughout

Once participants found leverage opportunities, the project team developed three hypotheses about where the community could have the greatest impact for systems change.

EmPower Peers Hypothesis

If people with lived experience are authentically invited into advocacy roles, it is more likely that the system will change in a way that better meets their needs. This hypothesis suggests that if people with lived experience are empowered, a ripple effect ensues. People with lived experience could then be included and valued professionally and offered more opportunities to enter the workforce as peer mentors or support workers. This could lead to a decrease in the workforce shortage and improve client experience and quality of care. To be effective, EmPower Peers approaches need to:

- Authentically invite and share power with people with lived experience to allow their voice to have impact
- Train organizations to understand what empowerment means and to be clear about what is being asked and what is being offered
- Value the expertise of people with lived experience by integrating them into the workforce
- Equip people with lived experience with the tools to be successful by offering fair income and providing training, support and clear expectations
Create Safe and Responsive Environments Hypothesis

Using evidence-based practice to build safe and responsive environments (SRE) within the system will result in positive outcomes. SRE promote improvements in the quality of care and services within the system that will ultimately result in better experiences for people using the services. Additionally, SRE allow people to develop effective crisis response skills, such as relying on non-violent methods to get their needs met. These outcomes will decrease the experience of instability within the community and increase trust. In turn, this will transform the cycle of diminished resilience into a cycle of increasing resilience.

To be effective, SRE approaches need to:

- Use interdisciplinary teams to address issues, enabling better whole-person care and cross-sector information sharing
- Meet people where they are by customizing programs for unique needs, situations, or cultures within the target population
- Include those with lived experience in the design and implementation of the approaches used to establish safe and responsive environments
- Include more representation within marginalized communities so that individuals are not expected to represent an entire group—this invites more diverse viewpoints while providing representatives with support from others in their community
- Review actions and policies regularly using an equity lens, asking, “Who is left out when this action or policy is applied? Why are we okay with their exclusion?”
- Address root causes and not focus on symptoms
- Build trust and reduce harm through trauma-informed practices, identify where trauma-informed training is needed, and develop policies that integrate the practices learned where needed
- Hold individuals and organizations accountable for implementing new approaches that build safe and responsive environments

Address Harmful Narratives Hypothesis

This leverage hypothesis is about revealing and engaging with harmful narratives in the system that create implied and obvious biases. Biases cause and perpetuate misinformation and lack of communication between people and institutions. By addressing harmful narratives that result in isolating people, teams, and organizations, a more cohesive and effective system can emerge to respond to both community member and service provider needs.

In the current system, there is energy around improving collaboration and communication within siloed institutions. When people and institutions communicate and build trust, new opportunities for leadership innovation and health-supporting policies and practices can appear. When harmful narratives are removed, energy can be focused on addressing the causes of instability. To be effective, approaches need to consider the following components:

- Examine narratives that reinforce assumptions and harmful beliefs about service users, staff, and organizations. This requires a deep, internal review or self-reflection and not just a look at the harmful narratives of others. For example, people can use the Implicit Association Test (IAT) to assess their unconscious bias. The IAT is a tool for exploring the impact of unconscious bias on behavior.
- Bring bias and prejudice to the forefront of discussions.
- Address harmful narratives that promote mistrust, triggering poor communication and competition for resources, and narratives that say “more is better,” instead of “quality is better.”
Next Steps

Developing the systems map is only the first step. In order to shift actions to create new patterns for a healthier, more resilient community, reflection on individual, organizational, and community practices is needed.

The system map is part of a toolkit community partners can use to see their contributions to the patterns in our community and identify where they have opportunities to change those patterns. We encourage all organizations, agencies, and systems in Spokane County to review their programs and experiences, determine how they are reflected in the map, and look at where there are opportunities to change patterns and help establish a new deep structure—a deep structure of increasing resilience.

The toolkit includes the system map, a map of leverage hypotheses, and a complete report. The toolkit is available for partners on the Priority Spokane website at priorityspokane.org. Use the following steps to get started:

1. Review the Systems Map. Visit the Priority Spokane website at priorityspokane.org and click on “Explore Spokane County’s Trauma And Violence Map” to view the system map. Click on a loop to review the loop-specific description, examples and stories from partners and those with lived experience. The complete report, which is also available on priorityspokane.org, includes this information in a downloadable document.

2. Hold a team and/or agency board discussion. Program, leadership, or coalition teams should consider the above leverage hypotheses and how to incorporate them into organizational or coalition planning. Use the following discussion questions to understand how your team’s patterns are reflected in the map.
   a. Where in the map (within which loops) do our stories and experiences with behavioral health conditions and family violence and trauma resonate?
   b. Where are our leverage opportunities? Print the map and mark these using different colors or flags on each of the relevant factors.
      i. Where is our behavior deeply entrenched with little likelihood for change in the future? Where is positive change happening that we can build on?
      ii. Where is there potential energy for change? Where do we have momentum to reorganize? Where are new patterns beginning to appear?
      iii. Where is there leverage? Find places in the map that have the potential to affect many other factors or dynamics throughout.
      iv. Consider your programs, initiatives, and activities.
      v. What does the map say about what is preventing success? What factors are influencing your efforts and preventing them from having the desired impact?
   vi. What do the leverage points say about the challenges you face in changing those patterns?
   vii. What do the leverage points say about available opportunities for building new patterns?
   viii. What changes in implementation, partnering, collaboration, or approach should be considered when establishing new, healthier patterns for improved resilience within our community?
   ix. Through these changes, what are the expected short-term outcomes?
   x. What might contribute to broader, long-term system change?

3. Incorporate the new learning into strategic and program planning. Using the discussion above as a roadmap, develop plans that incorporate the identified change opportunities. The last three questions above provide an outline for a logic model. If we apply the changes discussed, we expect to see short-term outcomes that will result in expected long-term changes. This logic model can serve as a framework for program planning. The key is to work toward changing the patterns that appeared in the system map. This may not require new programs, but it does require new thinking about how work is performed. Shifting approaches takes time. It requires understanding biases and assumptions and recognizing the knowledge, skills and attitudes necessary to foster new, healthy patterns.

Need Assistance?

We can help show you how to use your map as a tool for addressing patterns within your agency.

Heidi Wilson, Spokane Regional Health District
hwilson@srhd.org

Ryan Oelrich, Priority Spokane
priorityspokane@outlook.com

Explore the entire map at PrioritySpokane.org