

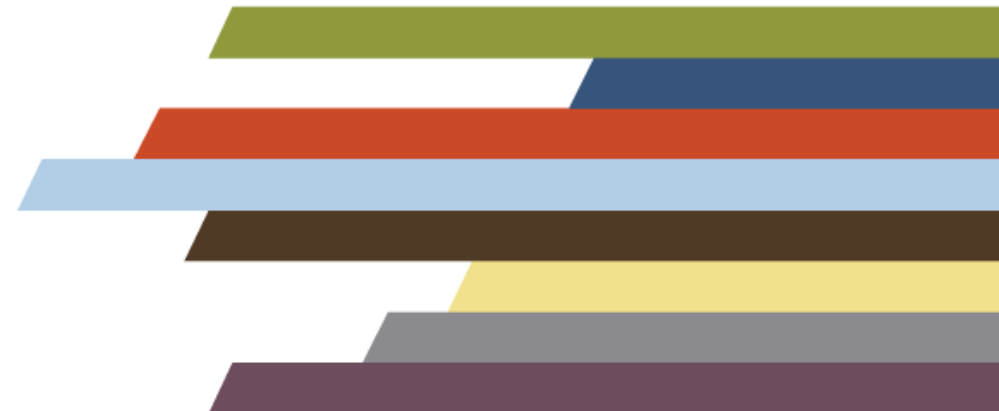
TTC

Technology Transfer Centers

Funded by Substance Abuse and Mental Health Services Administration

Coming Together to Rethink Behavioral Health: Integrating Practice, Reducing Stigma, and Achieving Outcomes. A Skagit County Leadership Learning Collaborative

July 11&12, 2023



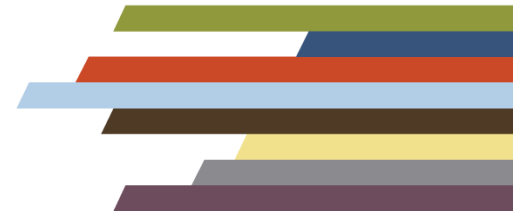
We acknowledge that we are on the traditional lands of the Skagit, Stillaguamish and Sauk Suiattle peoples. We have a responsibility to acknowledge our Indigenous connections and the histories of Indigenous land dispossession.

We also recognize our debt to exploited workers past and present whose labor was and continues to be stolen through unjust practices.



Acknowledgements

- Skagit Public Health Department (Sarah Hinman)
- Skagit County Administration (Jennifer Johnson)
- Northwest TTC team (Kevin Haggerty, Michelle Frye-Spray, Christina Clayton, Denna Vandersloot, Jennifer Verbeck)
- Curriculum Development Team
 - Chris Kelleher
 - Nigel Wrangham
 - Louise Parker
 - Kevin Haggerty
 - Christina Clayton
 - Denna Vandersloot



TTC

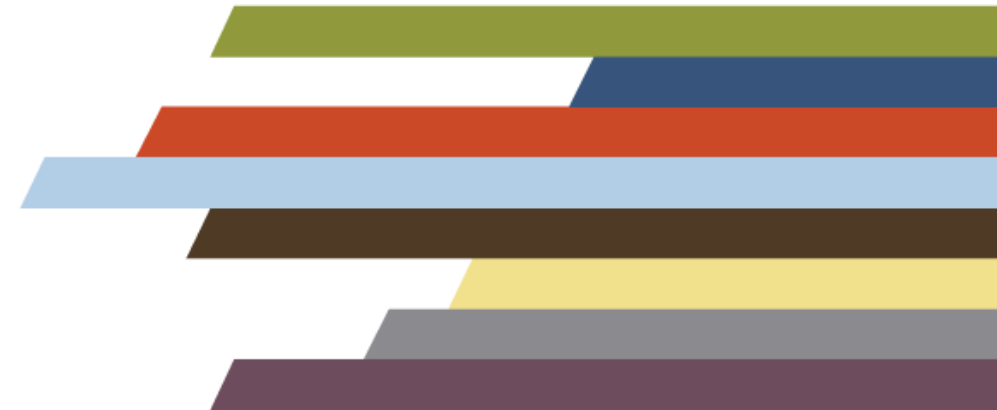
Technology Transfer Centers

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Who are we?


Technology Transfer Centers (TTC)



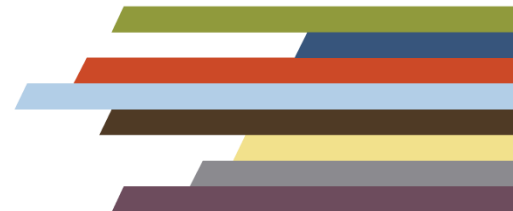
Purpose

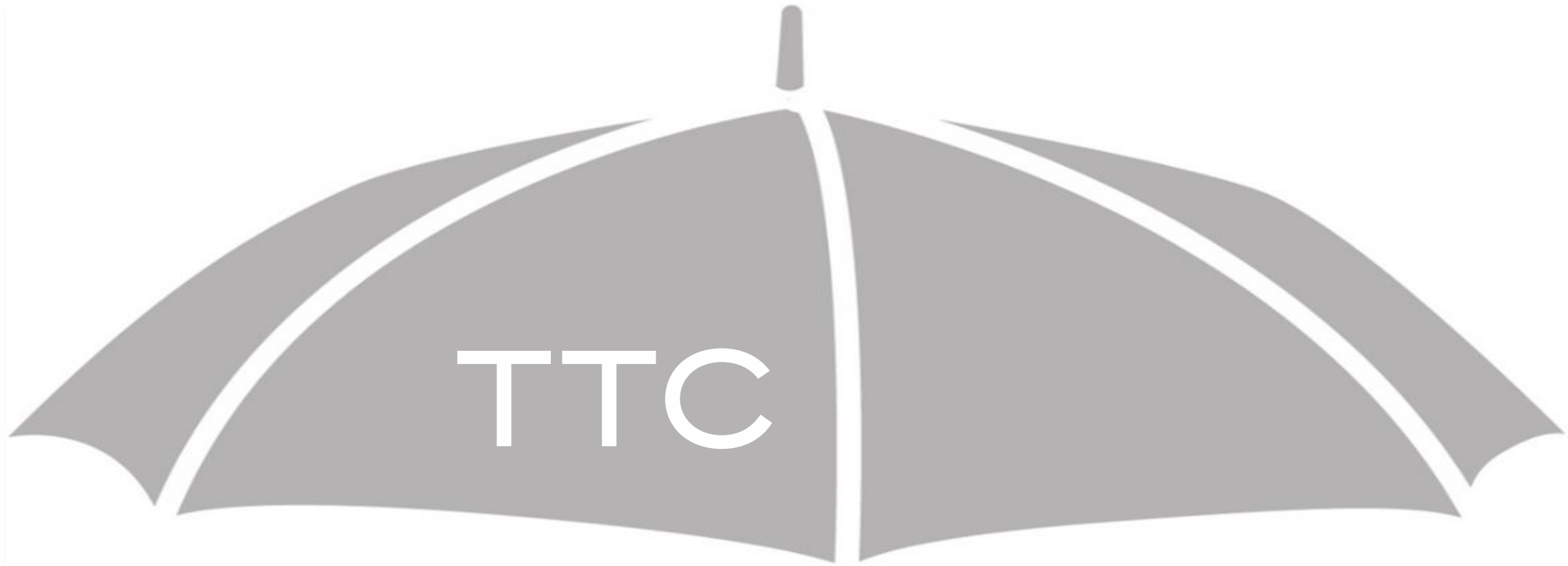


The purpose of the Technology Transfer Centers (TTC) program is to ***develop and strengthen*** the ***specialized behavioral healthcare and primary healthcare workforce*** that provides substance use disorder (SUD) and mental health prevention, treatment, and recovery support services.



Help people and organizations incorporate ***effective practices*** into substance use and mental health disorder prevention, treatment and recovery services.





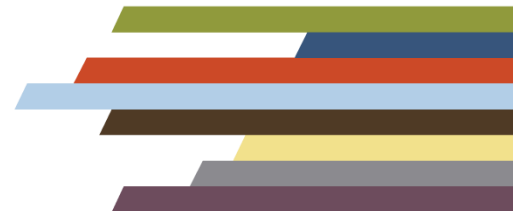
ATTC



MHTTC



PTTC



The Big Picture: Why we are here?



July 11&12

Understand an issue and the system(s) in which it lives.



July 12

Create a plan of action at 3 levels:

- individual
- organization
- system



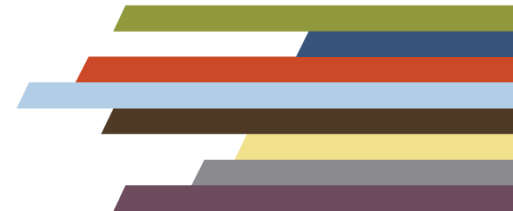
July-December

Learn and Refine as you we go

September Learning Session

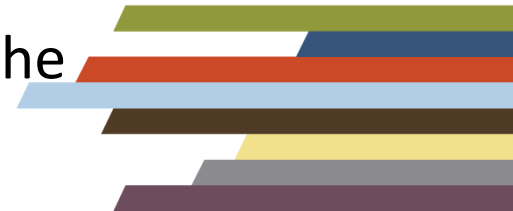
Team forms to develop an Anti-Stigma Initiative

TTCs provide coaching and support



What is your Why?

- (1) Take a moment to silently reflect on this question and write down your Why. (Either your Big Why or your Why for being here)
- (2) For 2 minutes (total) talk with one other person about your Why. Why did you agree to be part of this learning collaborative? Why does the issue of reducing stigma matter to you?
- (4) When you hear the chimes spend 4 minutes talking about your collective whys at your table. Listen for common themes.
- (All) We will have a brief large discussion around common themes heard at the individual tables





Our Agreements for Working Together

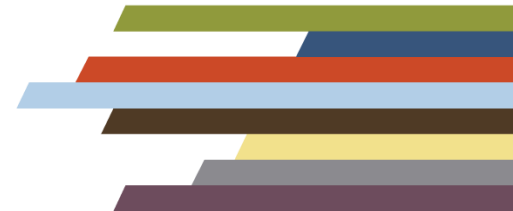
Agenda Review

Day 1

- I. Introductions, Purpose, Our Goals
- II. Stigma Presentation and Discussion
- III. Vital Conditions & System's Change
- IV. Break Out Session # 1
- V. Understanding Mental Models
- VI. Panel Presentation
- VII. Skagit County Aspirations

Day 2

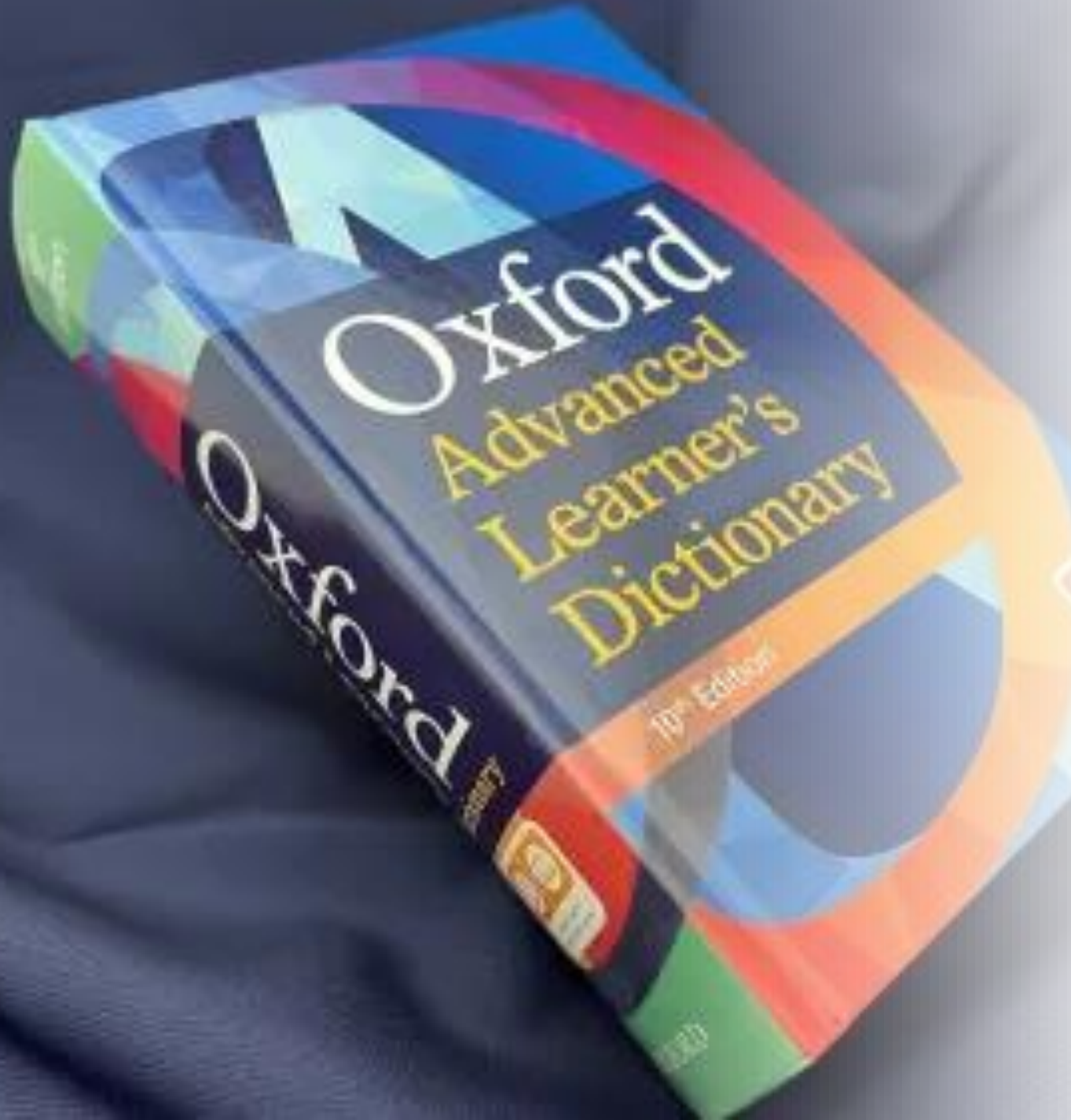
- I. Skagit County Initiatives
Commissioner Lisa Janicki
- II. Looking at our Histories
- III. Strategies for taking
collective action
- IV. Action Planning
 - I. Individual level
 - II. Organizational level
 - III. System's level



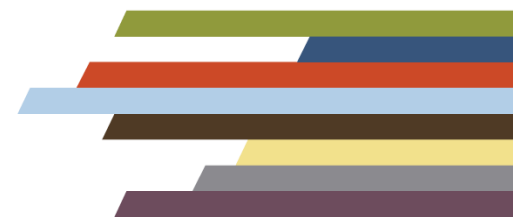
About Stigma

Join me for The Empty Chair





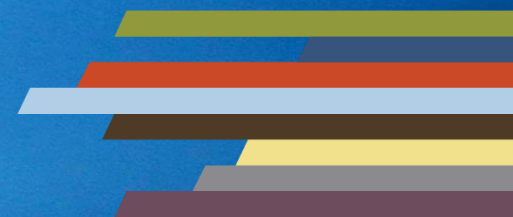
“Feelings of disapproval that people have about particular illnesses or ways of behaving”



“The negative association between a person or group of people who share certain characteristics and a specific disease”



World Health Organization

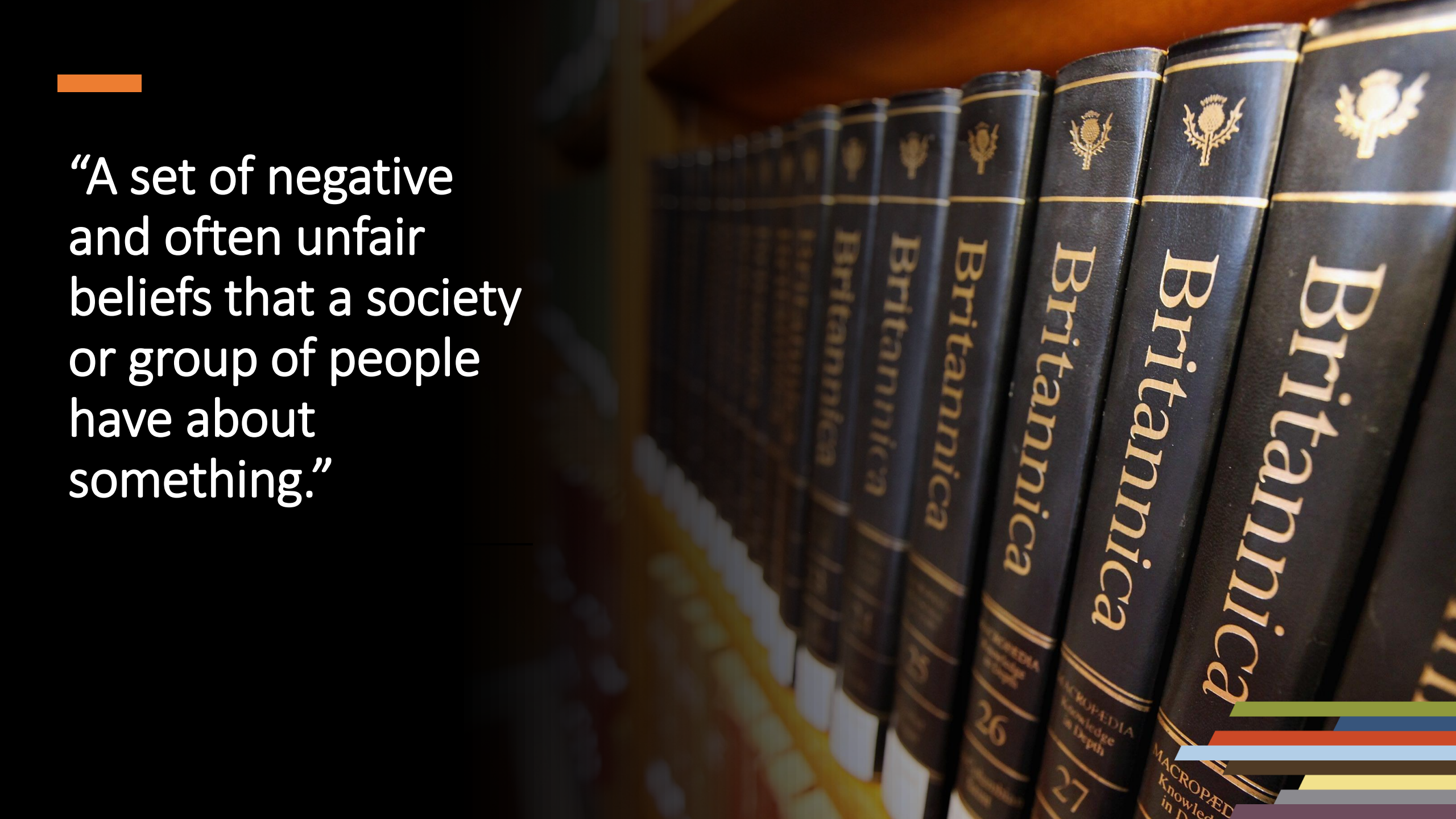


στίγμα

stigma / mark, brand

Erasmian Pronunciation

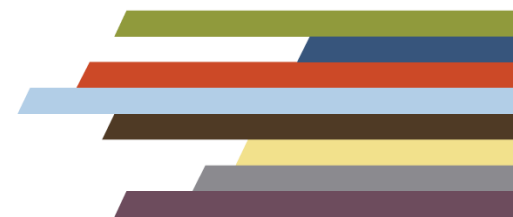
 LOGOS



“A set of negative and often unfair beliefs that a society or group of people have about something.”



From our first weeks of life, our brains learn to sort, group, and generalize.



By Texture



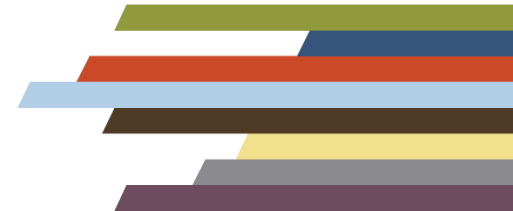
By Taste



By Sound



Sorting is *Inherent* and *Adaptive*



By 6 months, we typically begin to sort and derive *meaning* from facial expressions.

- “Is this face familiar?”
- “Is this face safe?”
- “Is this face a threat to me?”



Angry



Angry Open



Happy



Happy Open



Disgusted



Disgusted Open



Fearful



Fearful Open



Neutral



Neutral Open



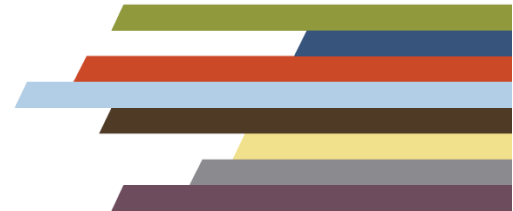
Sad



Sad Open



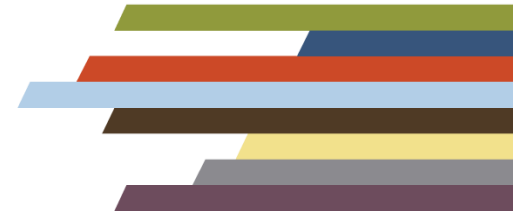
Surprised



Our culture *trains us* to sort and distinguish by...



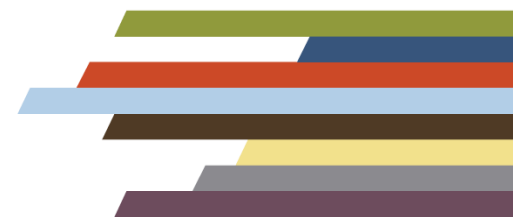
VALUE



Our culture *trains us* to sort and distinguish by...



VALUE

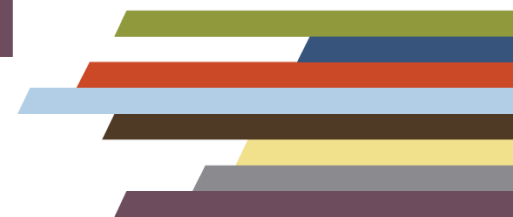




Stigma as Value Sorting Gone Wrong

“Stigma results from a process whereby certain individuals and groups are unjustifiably rendered shameful, excluded, and discriminated against.”

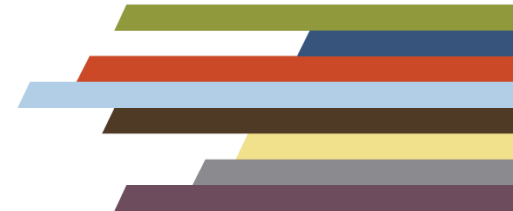
World Health Organization 2002



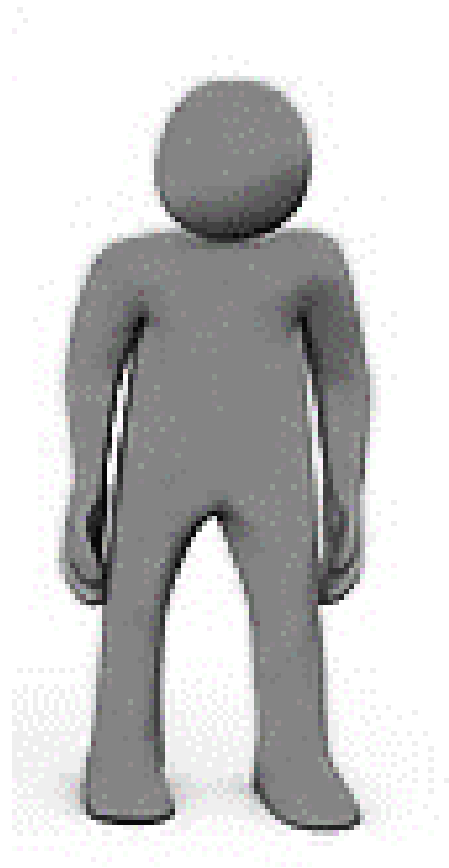
- **Useful**
- **Healthy**
- **Ambitious**
- **Clever**
- **Attractive**
- **Determined**



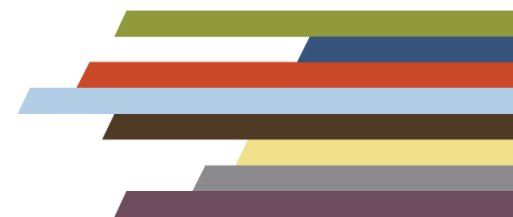
- **Hard-Working**
- **Youthful**
- **Courageous**
- **Motivated**
- **Outgoing**
- **Materialistic**



- **“Drain on resources”**
- **“Unhealthy”**
- **“Lazy”**
- **“Slow”**
- **“Ugly”**
- **“Irresponsible”**



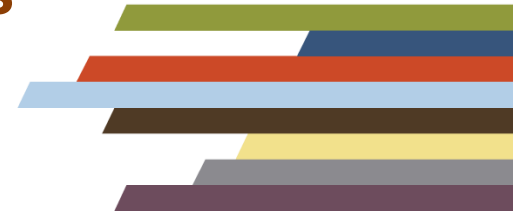
- **“Ailing”**
- **“Fragile”**
- **“Timid”**
- **“Unmotivated”**
- **“Awkward”**
- **“Immoral”**



“Golden Retrievers Are Friendly”



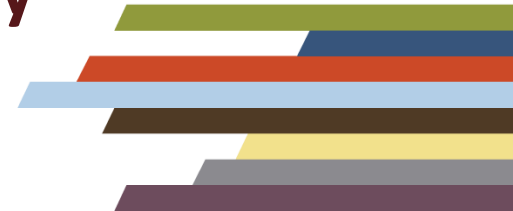
Stereotype: Ideas or Attitudes That Generalize and Label Groups



“Pit Bulls Are Dangerous”



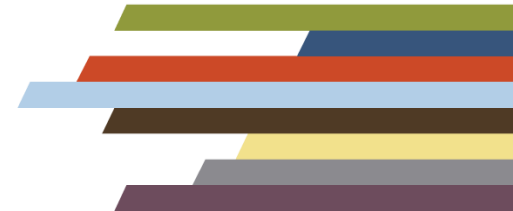
Prejudice: The promotion of harmful or discriminatory labels *within* stereotypes



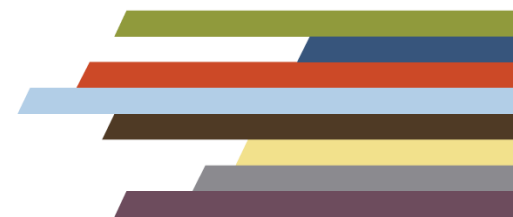
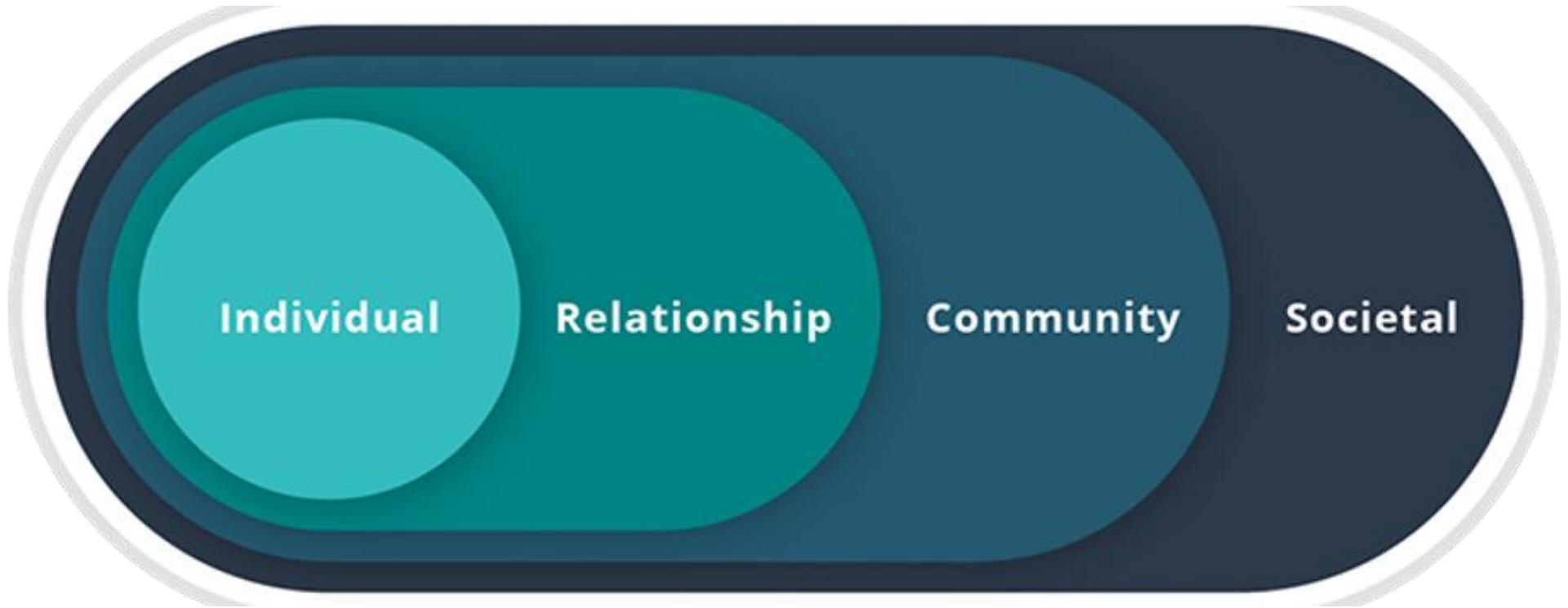
“Those Animals Are No Longer Allowed Here!”

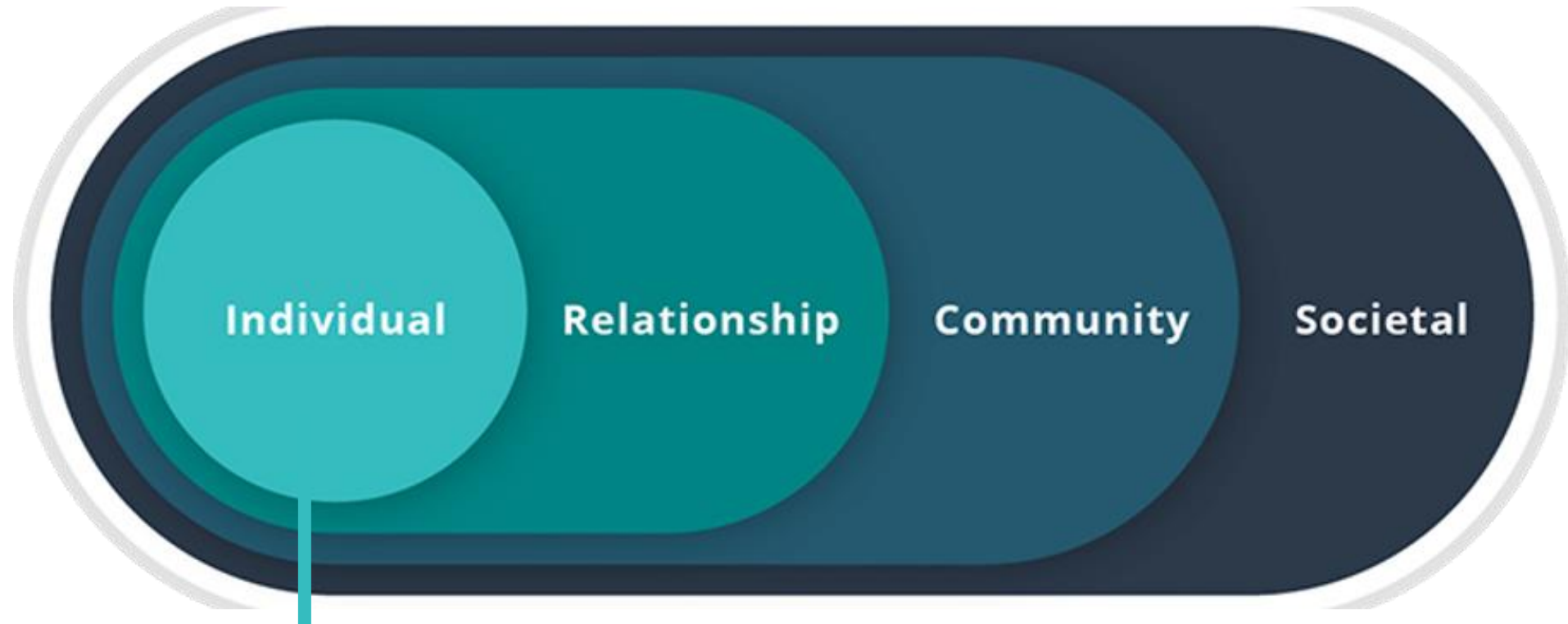


Discrimination: Practices, behaviors, or policies that promote inequity toward labeled groups

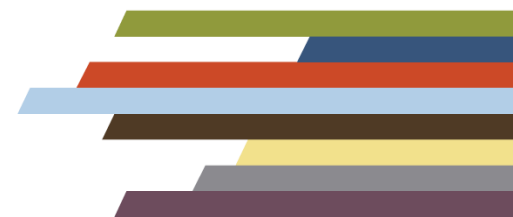


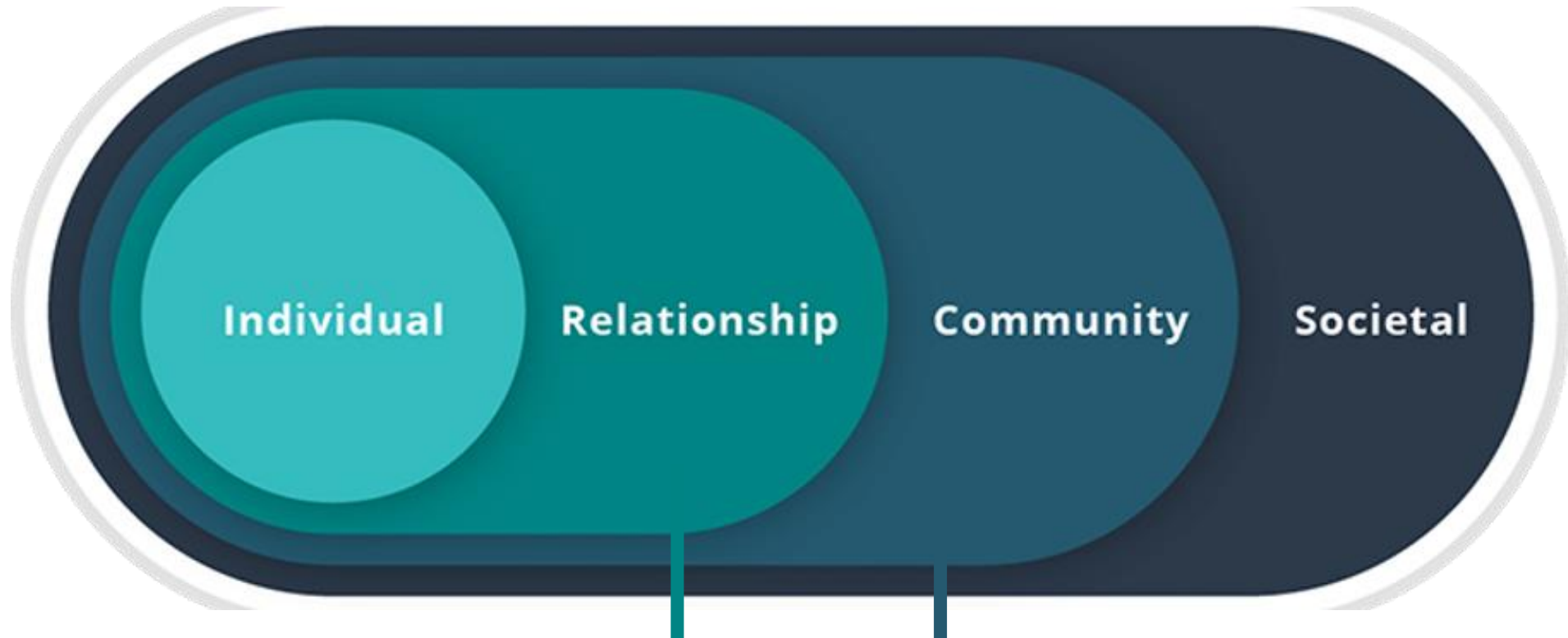
Levels of Stigma



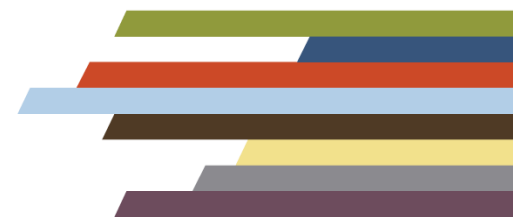


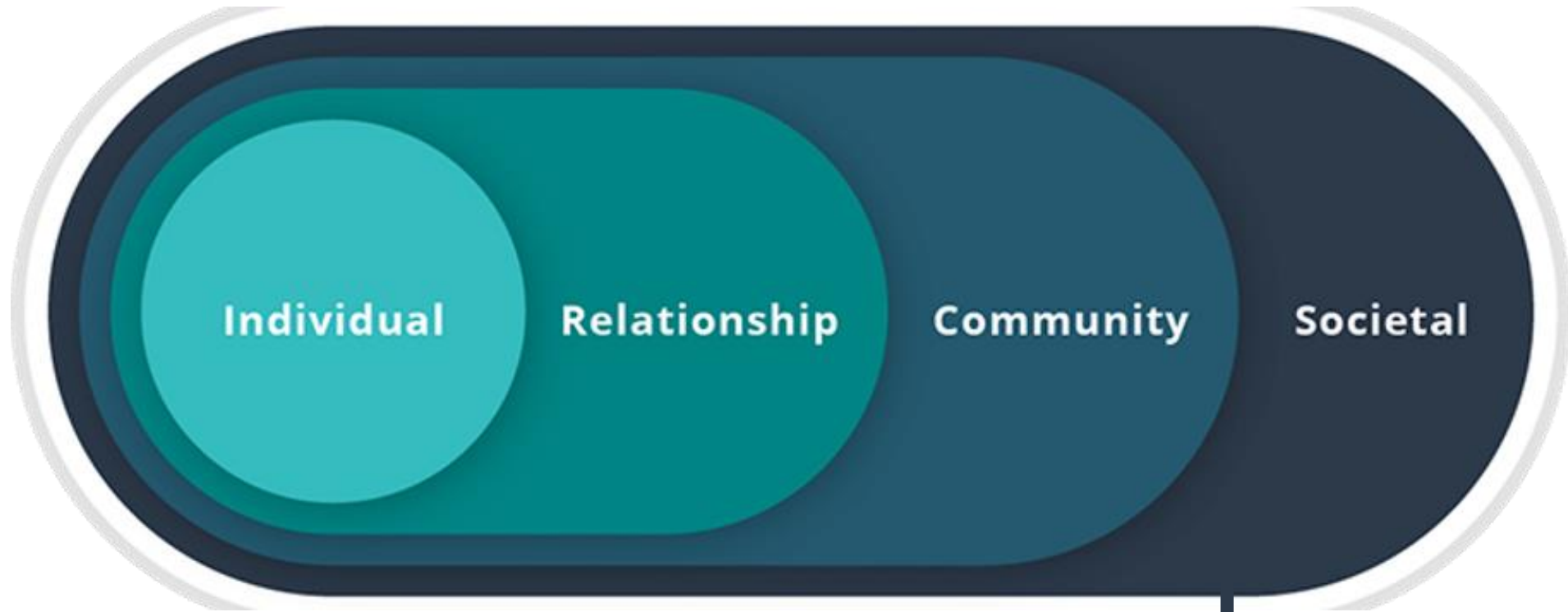
Micro/internalized self-stigma: Individuals internalize the disrespectful images that society, a community, or a peer group perpetuate



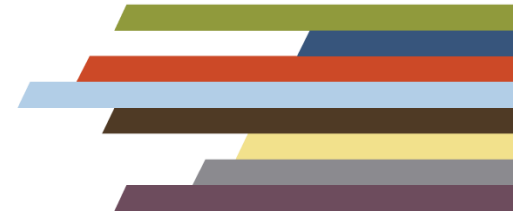


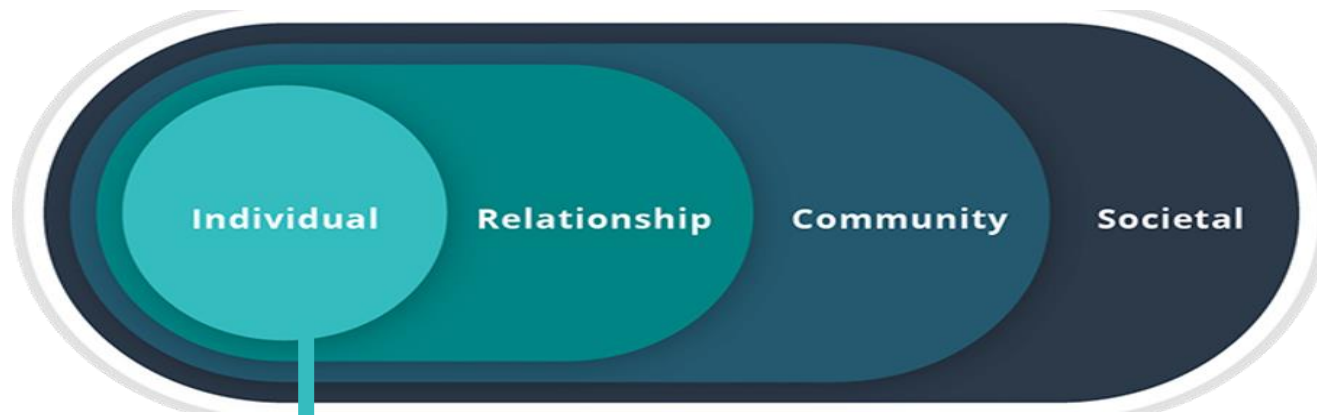
Meso/public stigma: Negative attitudes and feelings expressed by many in the community toward persons living with mental health or SUD challenges and/or their family members.





Macro/structural institutional and societal stigma: Negative attitudes and behaviors about mental illness or SUD are incorporated into the policies, practices, and cultures of organizations and social systems

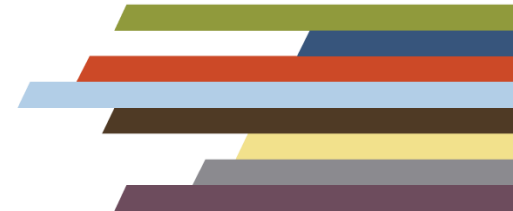


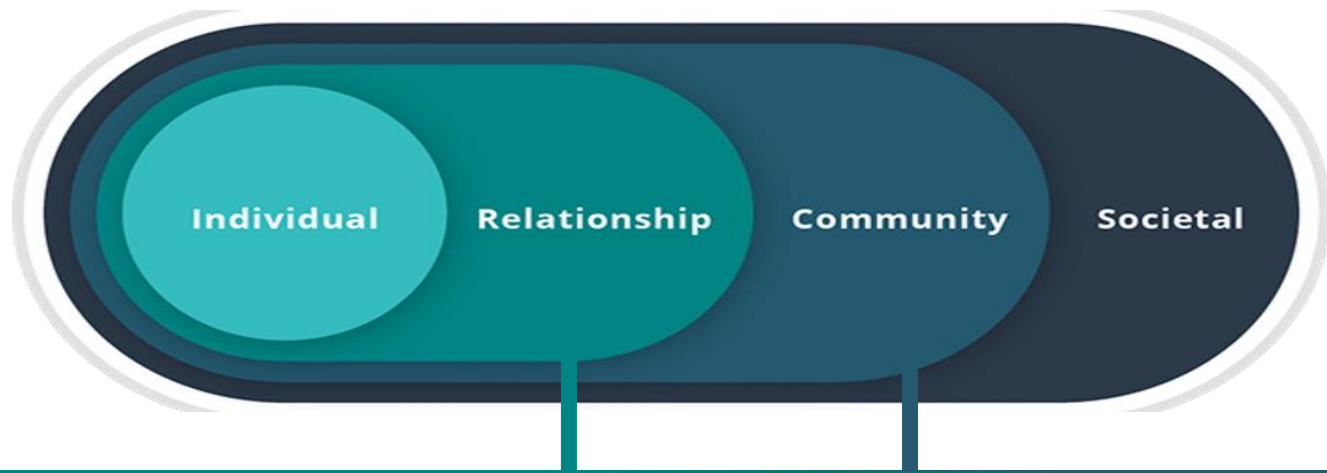


Actors: Individuals

Tools: Self-judgment, shame, guilt, hopelessness

Impacts on Stigmatized People: Isolation, loss of will, barriers to treatment, reduced effectiveness of treatment

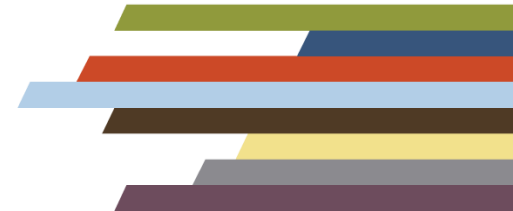


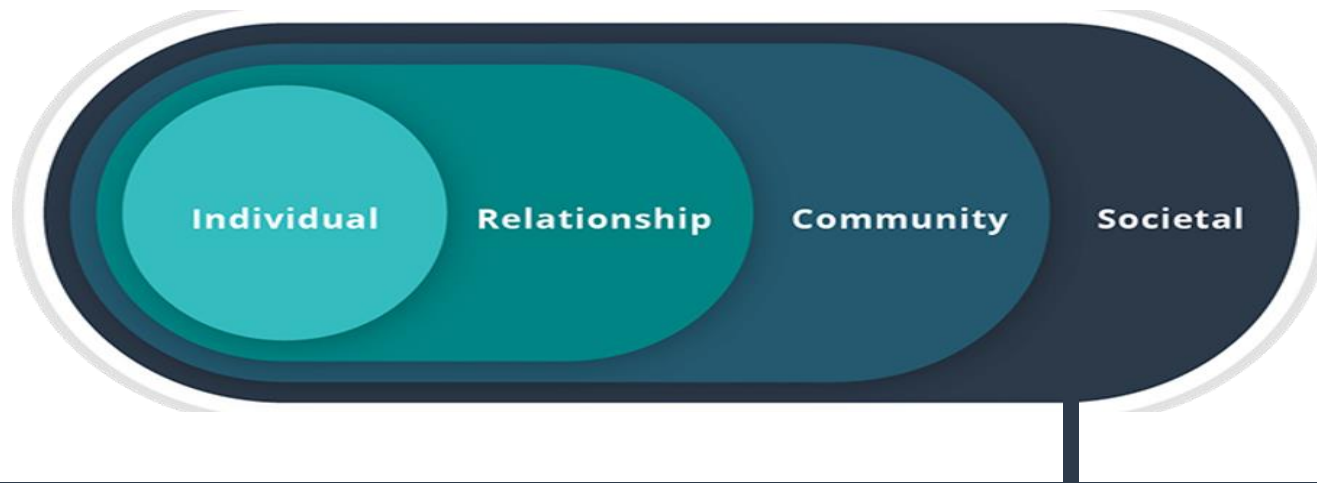


Actors: Family, community, recovery and treatment groups

Tools: Fear, distrust, doubt, stereotypes, language, discriminatory practices, gossip

Impacts on Stigmatized People: Social marginalization, fractured systems of care

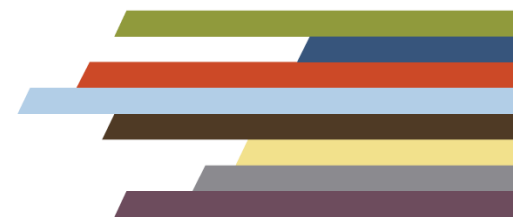




Actors: Social groups and institutions, media, political systems, economic systems

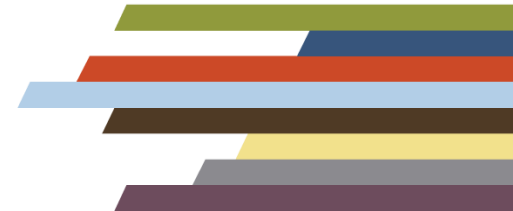
Tools: Norms, values, beliefs, policies, practices, resource distribution

Impacts: Loss of community, distress, violence, inequality, disparities



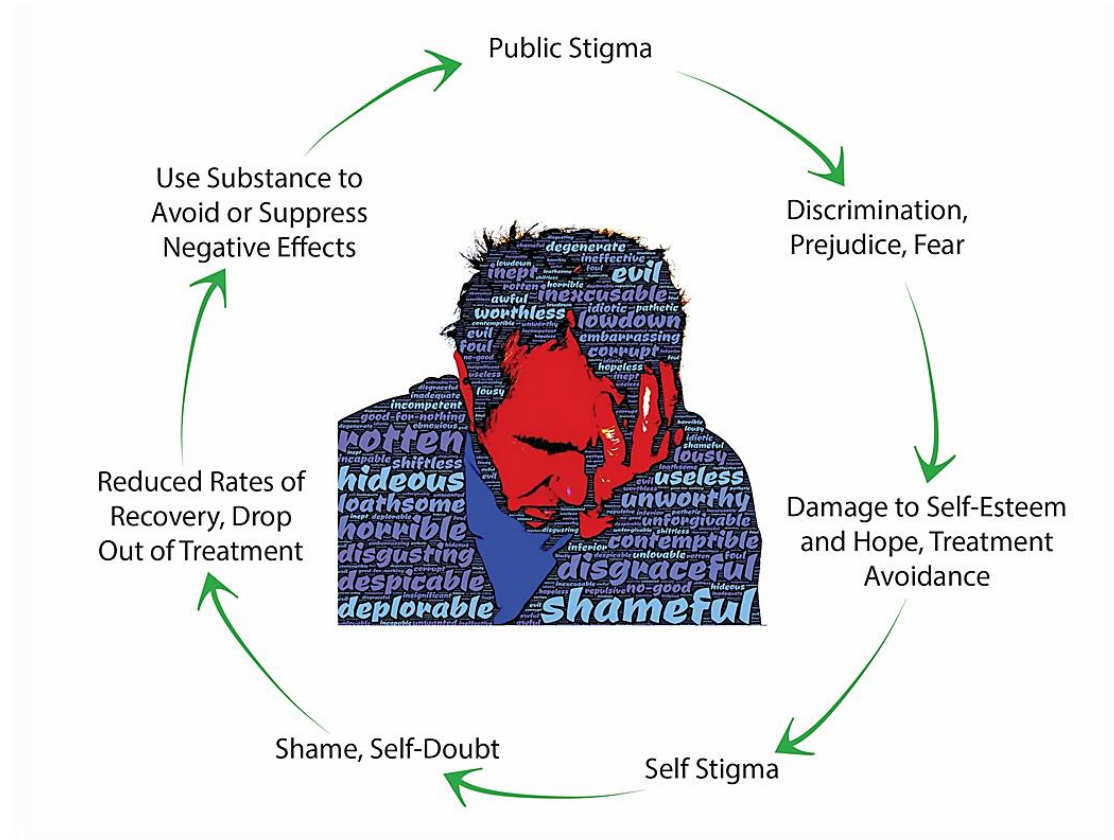
Stigma Can *Impact Recovery*

- *Reduce* willingness to seek professional support
- *Cause* reluctance and aversion to attend treatment
- *Limit* access to healthcare, housing, aftercare, community support, and employment



Impacts on Stigmatized Populations

- Increase adverse outcomes
- Diminish self-esteem
- Affect personal relationships at a time they are needed most
- Increase involvement in risky behavior



Meet Moon

- Motherless since age 4
- Never learned key skills
- Lowest male in Kanyawara community hierarchy
- But still lives, nests, and feeds with the group

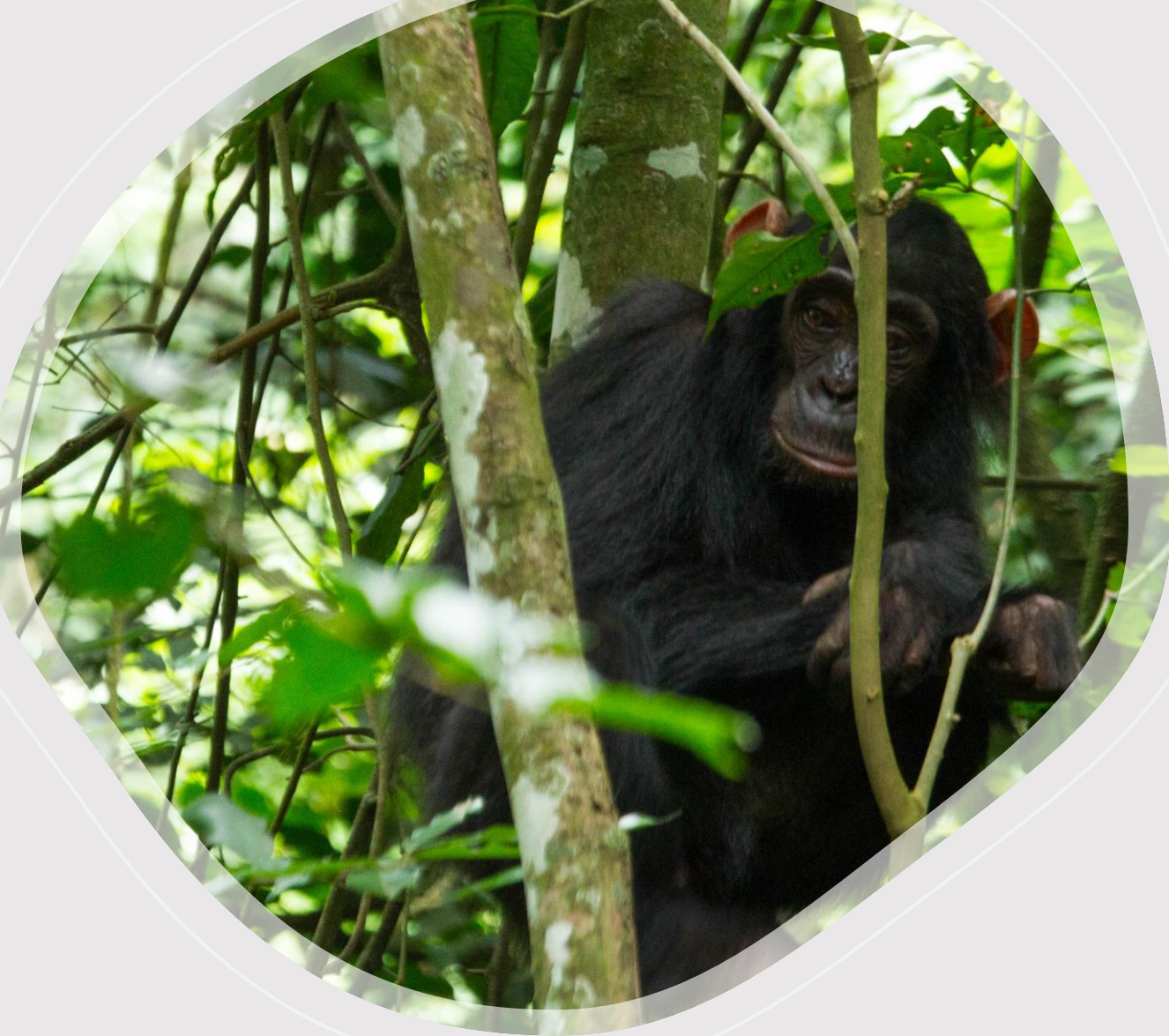


A photograph of a gorilla named Max sitting on a tree branch. The gorilla is black with thick fur and is looking towards the left. The background is a lush green forest with many leaves and branches. The text is overlaid on the right side of the image.

Meet Max

- Lost both feet to a snare in adolescence
- Very slow on the ground
- Clumsy in trees
- But still lives, nests, and feeds with the group

**When Moon needs a defender,
Max is there for him**

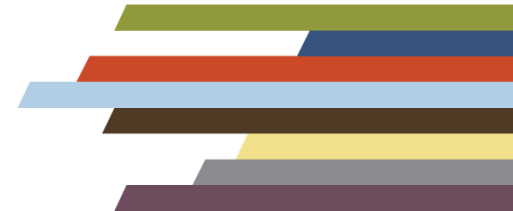


**When Max needs access to fruit in high
branches, Moon is there for him**



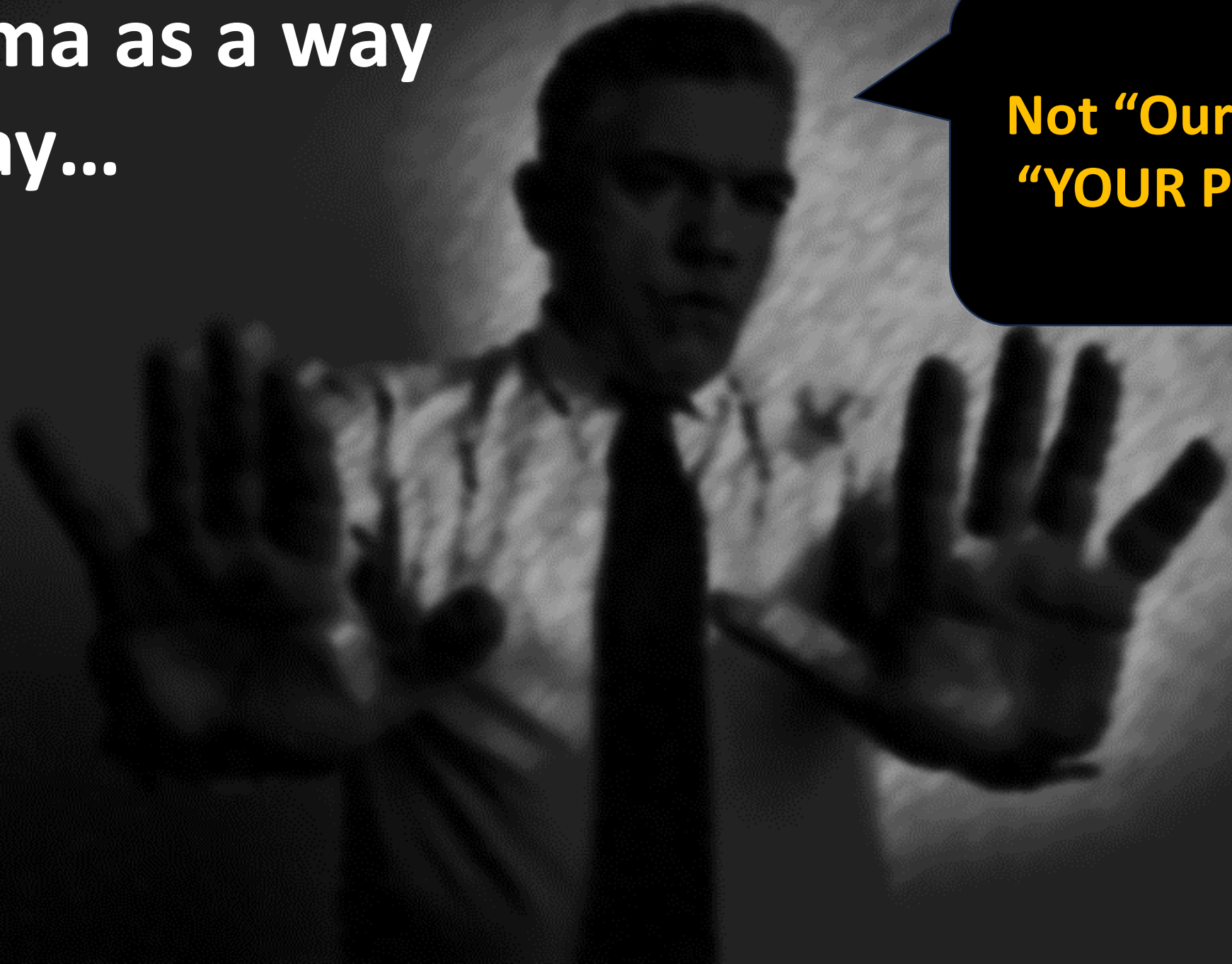
“Conventional wisdom holds that stigma is universal – humans evolved the capacity to stigmatize as a way to protect themselves from dangerous individuals. Yet I argue that we are not hard-wired to exclude people who are atypical. There is nothing natural about any particular kind of shame, alienation, and discrimination. These are attitudes we have to learn within our communities.”

**Roy Richard Grinker, PhD
Current Anthropology, V61
#S21
February, 2020**



**Stigma as a way
to say...**

**Not "Our Problem."
"YOUR PROBLEM."**



The Problem isn't an Exploitative System (Our Problem)



It's "The Homeless" (Their Problem)



**The Problem isn't the Horrors of
Modern War (Our Problem)**



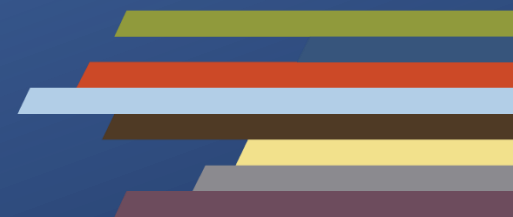
It's "Shell Shock" (His Problem)



**The Problem isn't Sending Poor Teens to
Fight and Die (Our Problem)**



It's PTSD (Their Problem)



Thinking About The Social Determinants of Health

Well-Being

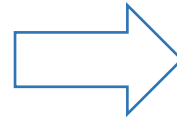
Well-being has two dimensions

Personal Well-Being

The individual-level factors that affect how we think, feel, and function

Community Well-Being

The qualities of the place we live, which influence whether we're able to lead our best possible life



Social Determinants of Health

For more than thirty years, we've been trying to make progress on the social determinants of health.

But broad interest among people "in the field" has not translated into powerful and sustained large-scale action.



Social Determinants of Health

After three decades, the concept has not gained any traction in the general population.

It's an insider term, used only by specialists.

And potential allies in non-health fields feel alienated by the explicit emphasis on "health."



Social Determinants of Health

The final, and most serious problem, is that there is no consensus about how exactly to *define* the social determinants.



Social Determinants of Health

Sometimes there are a small number of determinants



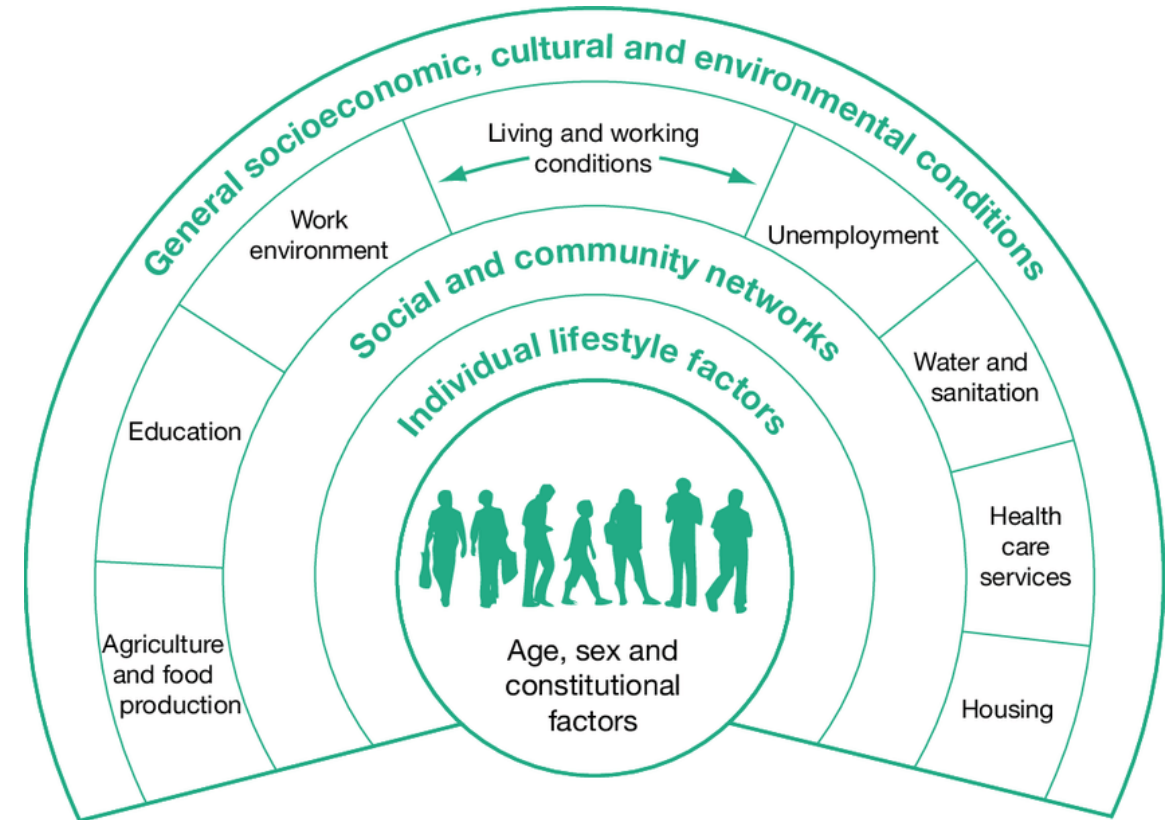
Social Determinants of Health

Sometimes there are more . . .



Social Determinants of Health

Sometimes they're arranged into multi-level structures . . .



Social Determinants of Health

And sometimes complex shapes . . .



Social Determinants of Health

Sometimes they're a mixed bag of . . .

- positive things (literacy, parks)
- negative things (hunger, stress)
- neutral things (language, zip code)
- and vague things (health status)

Figure 1

Social Determinants of Health

Economic Stability	Neighborhood and Physical Environment	Education	Food	Community and Social Context	Health Care System
Employment	Housing	Literacy	Hunger	Social integration	Health coverage
Income	Transportation	Language	Access to healthy options	Support systems	Provider availability
Expenses	Safety	Early childhood education		Community engagement	Provider linguistic and cultural competency
Debt	Parks	Vocational training		Discrimination	Quality of care
Medical bills	Playgrounds	Higher education		Stress	
Support	Walkability				
	Zip code / geography				

Health Outcomes
Mortality, Morbidity, Life Expectancy, Health Care Expenditures, Health Status, Functional Limitations

Social Determinants of Health

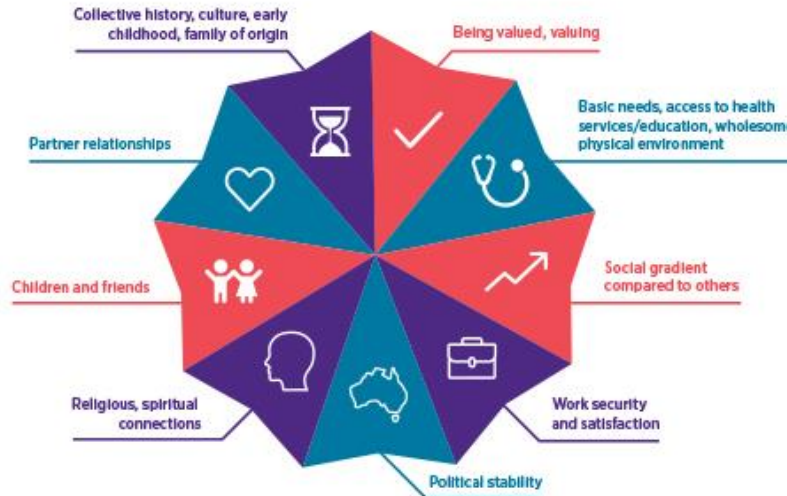
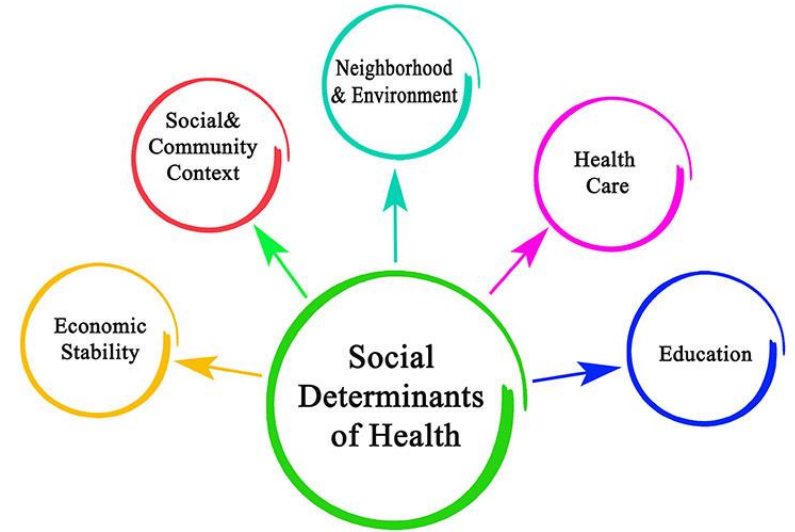
SOCIAL DETERMINANTS OF HEALTH

The social determinants of health are the conditions in which we are born, we grow and age, and in which we live and work. The factors below impact on our health and wellbeing.



Source: NHS Health Scotland

When there's this much disagreement on basic definitions . . . it's very hard to orchestrate effective action at scale



The Vital Conditions

The Vital Conditions



The **Vital Conditions** framework gives us a way to take *coordinated action* on the community factors that enable people to lead thriving lives.

The seven conditions are rooted in commonly held values – and can be described in plain language.

They're also interdependent. Progress on one vital condition naturally drives progress on others.

That makes it easier to develop solutions that address multiple problems at once.



The Vital Conditions



	THRIVING NATURAL WORLD	<i>Sustainable resources, contact with nature, freedom from hazards</i> Clean air, water, soil; healthy ecosystems able to sustainably provide necessary resources; accessible natural spaces; freedom from the extreme heat, flooding, wind, radiation, earthquakes, pathogens
	BASIC NEEDS FOR HEALTH + SAFETY	<i>Basic requirements for health and safety</i> Nutritious food, safe drinking water; fresh air; sufficient sleep; routine physical activity; safe, satisfying sexuality and reproduction; freedom from trauma, violence, addiction and crime; routine care for physical and behavioral health
	HUMANE HOUSING	<i>Humane, consistent housing</i> Adequate space per person; safe structures; affordable costs; diverse neighborhoods (without gentrification, segregation, concentrated poverty); close to work, school, food, recreation, and nature
	MEANINGFUL WORK + WEALTH	<i>Rewarding work, careers, and standards of living</i> Job training/retraining; good-paying and fulfilling jobs; family and community wealth; savings and limited debt
	LIFELONG LEARNING	<i>Continuous learning, education, and literacy</i> Continuous development of cognitive, social, emotional abilities; early childhood experiences; elementary, high school, and higher education; career and adult education
	RELIABLE TRANSPORTATION	<i>Reliable, safe, and accessible transportation</i> Close to work, school, food, leisure; safe transport; active transport; efficient energy use; few environmental hazards
	BELONGING + CIVIC MUSCLE	<i>Sense of belonging and power to shape a common world</i> Social support; civic association; freedom from stigma, discrimination, oppression; support for civil rights, human rights; civic agency; collective efficacy; vibrant arts, culture, and spiritual life; equitable access to information; many opportunities for civic engagement (voting, volunteering, public work)



The Vital Conditions

The Vital Conditions framework has been gaining wide adoption across the county

2020 Non-government Springboard

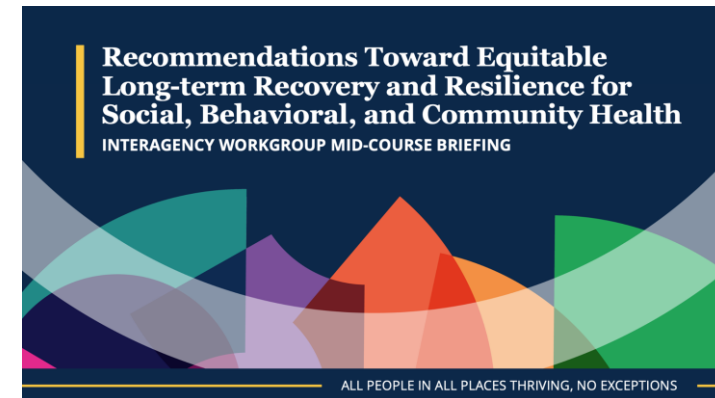
Landscape analysis and proposals from more than 100 contributors



Nationwide
Movement to
Strengthen
The Vital Conditions

2022 Federal Plan

Informs federal programs, policies, and resources that give communities flexibility to tailor solutions to local needs



<https://health.gov/our-work/national-health-initiatives/equitable-long-term-recovery-and-resilience>

Commissioned by the CDC Foundation
Website: Thriving.US



The Vital Conditions

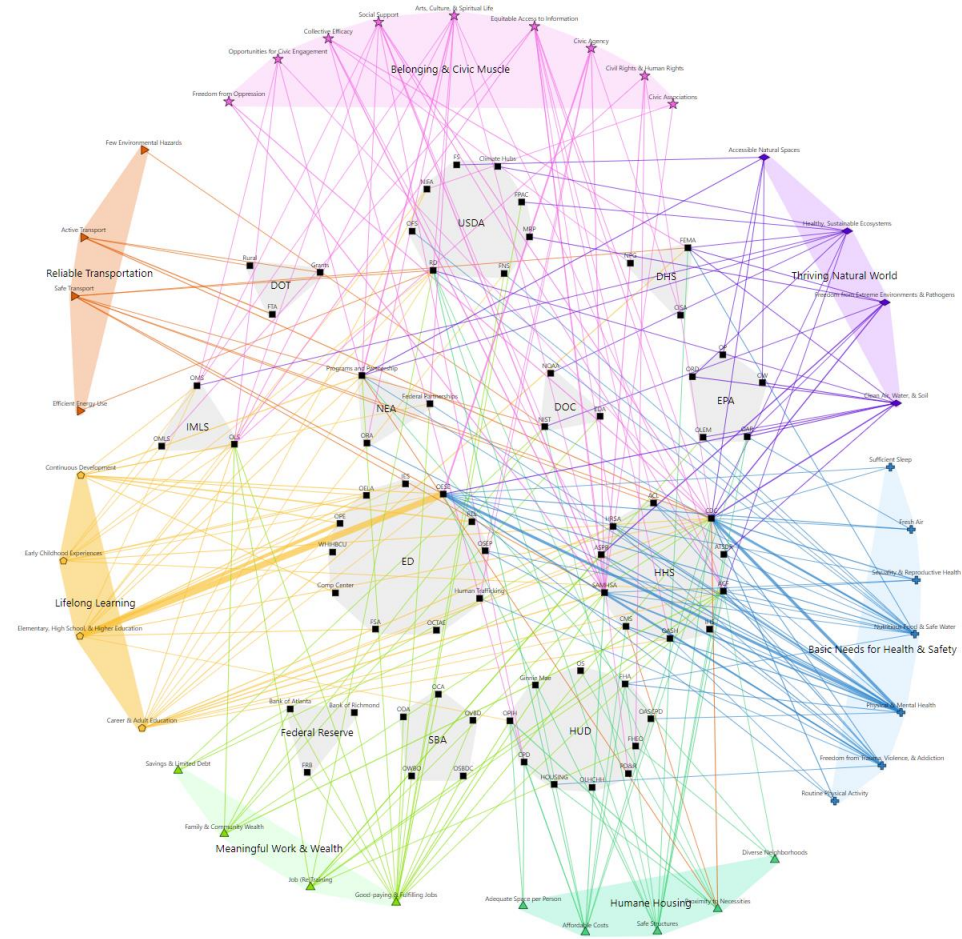
Collaboration between 40+ Federal Departments, Agencies, and Institutions, including . .

- Department of Health & Human Services
 - CMS
 - CDC
 - HRSA
 - SAMHSA
 - Indian Health Service
- Department of Agriculture
- Department of Commerce
- Department of Education
- Department of Homeland Security
- Department of Housing and Urban Development
- Department of the Interior
- Department of Transportation
- Environmental Protection Agency
- Small Business Administration
- National Endowment for the Arts
- National Endowment for the Humanities
- Two Federal Reserve Banks



The Vital Conditions

Federal agencies have begun an intensive effort to map their activities to the Vital Conditions



The Vital Conditions



Belonging & Civic Muscle is at the center because it is both a vital condition and a practical capacity that is necessary for success in every other kind of work

Belonging means that everyone is treated with dignity and respect

The vision is that . . .

- People have healthy attachments to family, friends, and the community.
- People feel valued for who they are and what they bring.
- People don't suffer from social or economic isolation.
- We develop conditions that enable people to lead their best possible lives.



The Vital Conditions



Belonging & Civic Muscle is at the center because it is both a vital condition and a practical capacity that is necessary for success in every other kind of work

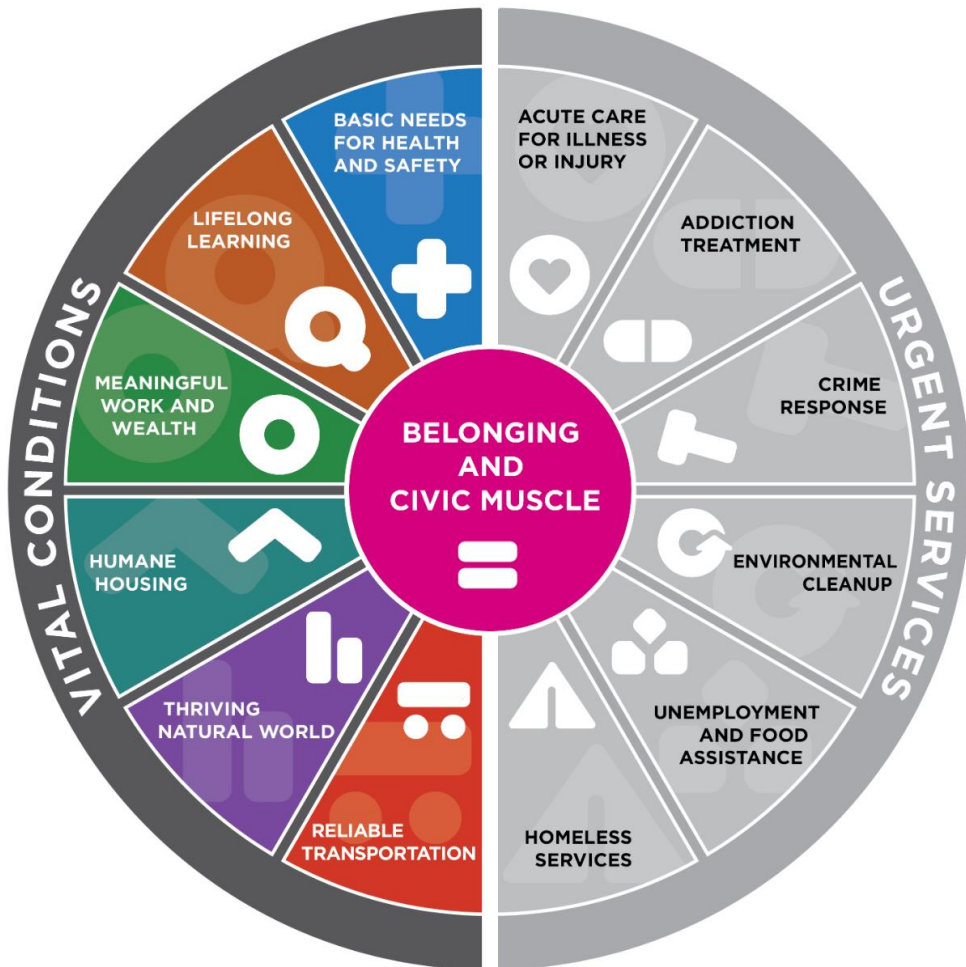
Civic Muscle is the ability of a community to solve difficult problems together

The core principles are to . . .

- Prioritize long-term benefit – not short-term gain
- Look for common ground – instead of concentrating on areas of disagreement
- Seek constructive solutions – and avoid destructive conflict
- Build on each other's strengths – instead of operating in siloes and duplicating resources



The Vital Conditions



The big-picture challenge is to achieve a **better balance** between vital conditions and urgent services

- Make our urgent services cohesive and effective
- Steadily build up the conditions that are essential for everyone to thrive

It's too big a challenge for anyone to succeed alone

It begins with building up civic muscle, which is what we're doing here right now



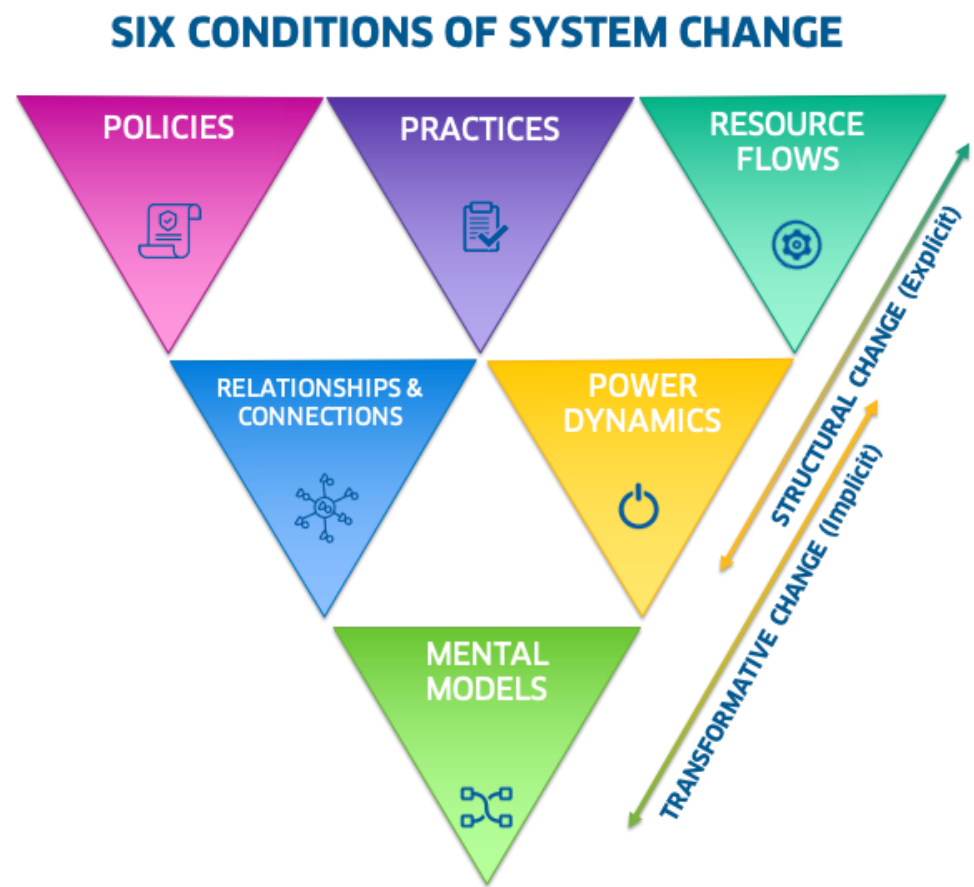
System Change

The Conditions of System Change

One reason why top-down efforts at system change tend to fail is that they don't address the things **that actually drive the system**.

Often, everyone's effort goes to changing the things that are easy to see – *the policies, practices, and resource flows*.

But the hidden factors that hold the problem in place remain untouched – *the relationships, power dynamics, and mental models*.



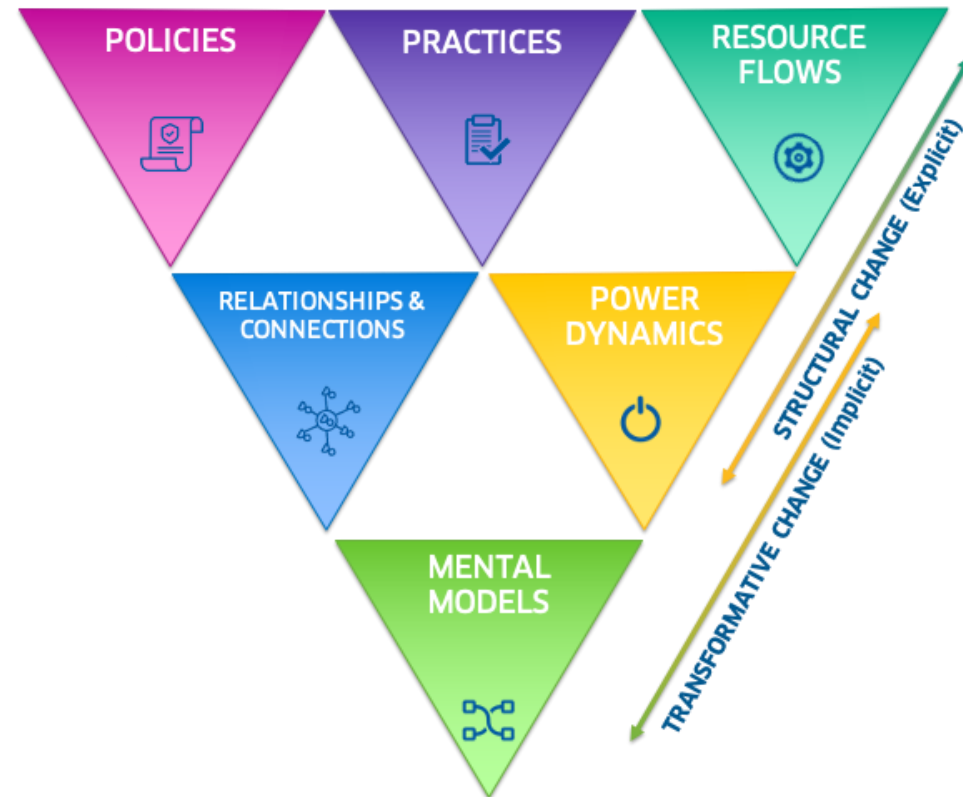
The Conditions of System Change

Mental Models Affect Stigma

For Instance . . .

The belief that stigmatizing addiction is an effective way of reducing addiction

SIX CONDITIONS OF SYSTEM CHANGE



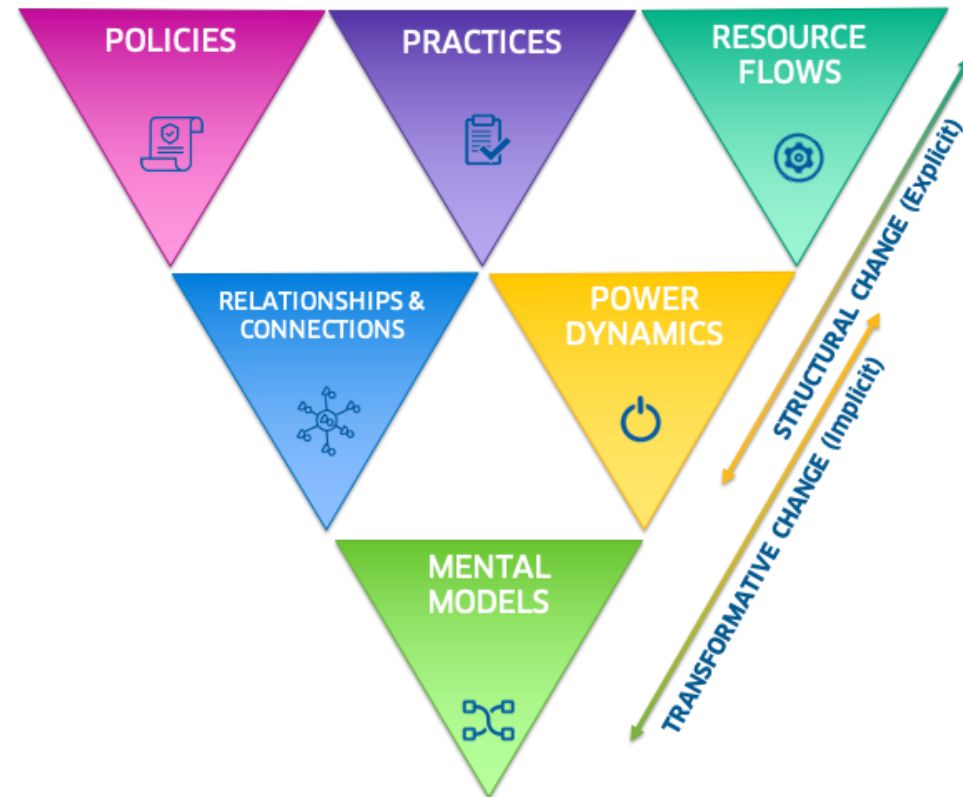
The Conditions of System Change

Relationships Affect Stigma

For Instance . . .

The fear of scaring people away leads people to hide or deny their behavioral health struggles

SIX CONDITIONS OF SYSTEM CHANGE



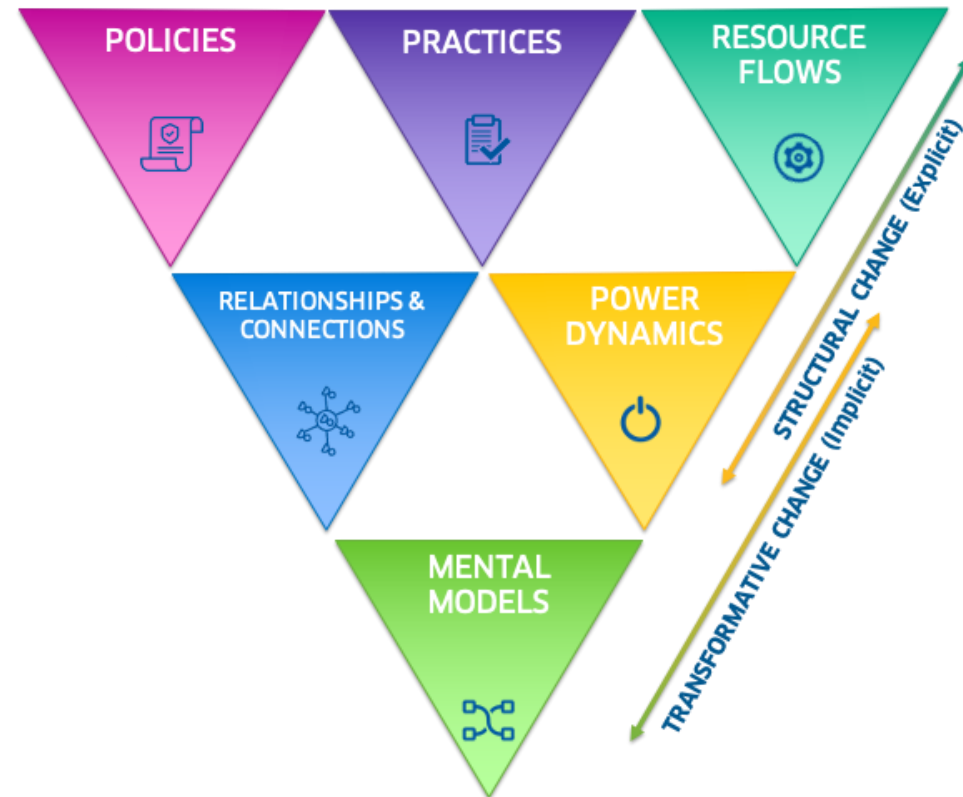
The Conditions of System Change

Power Dynamics Affect Stigma

For Instance . . .

Condemning weakness in others can create a feeling of strength and moral superiority

SIX CONDITIONS OF SYSTEM CHANGE



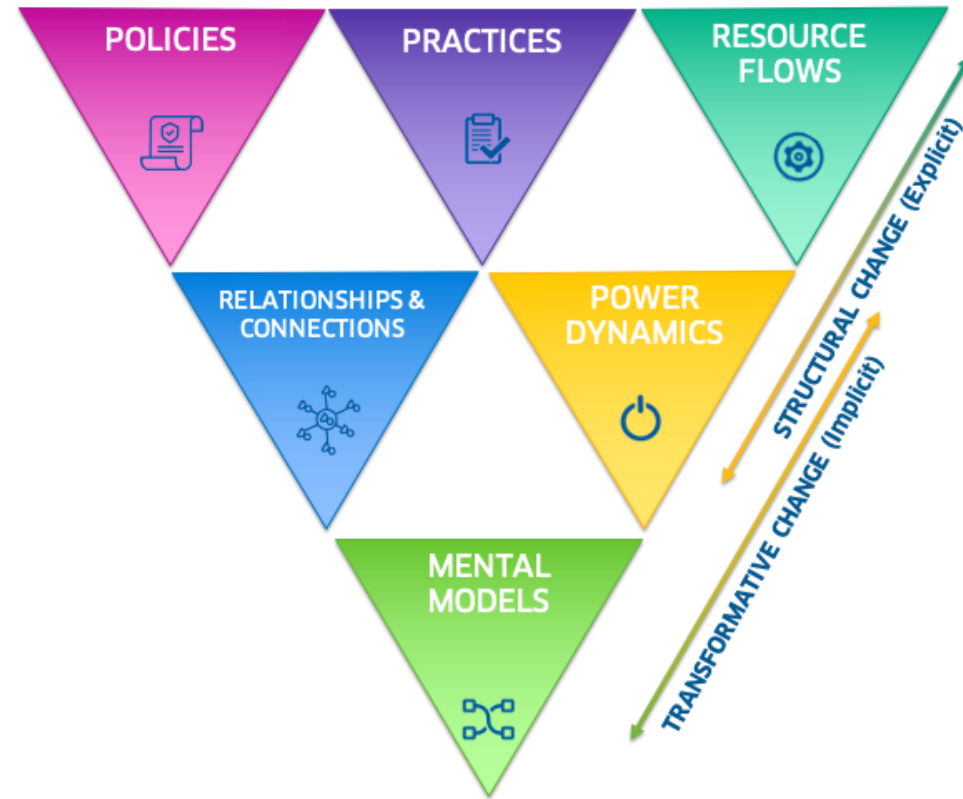
The Conditions of System Change

Practices Affect Stigma

For Instance . . .

*Programs that discharge people from treatment
for not accepting a label*

SIX CONDITIONS OF SYSTEM CHANGE



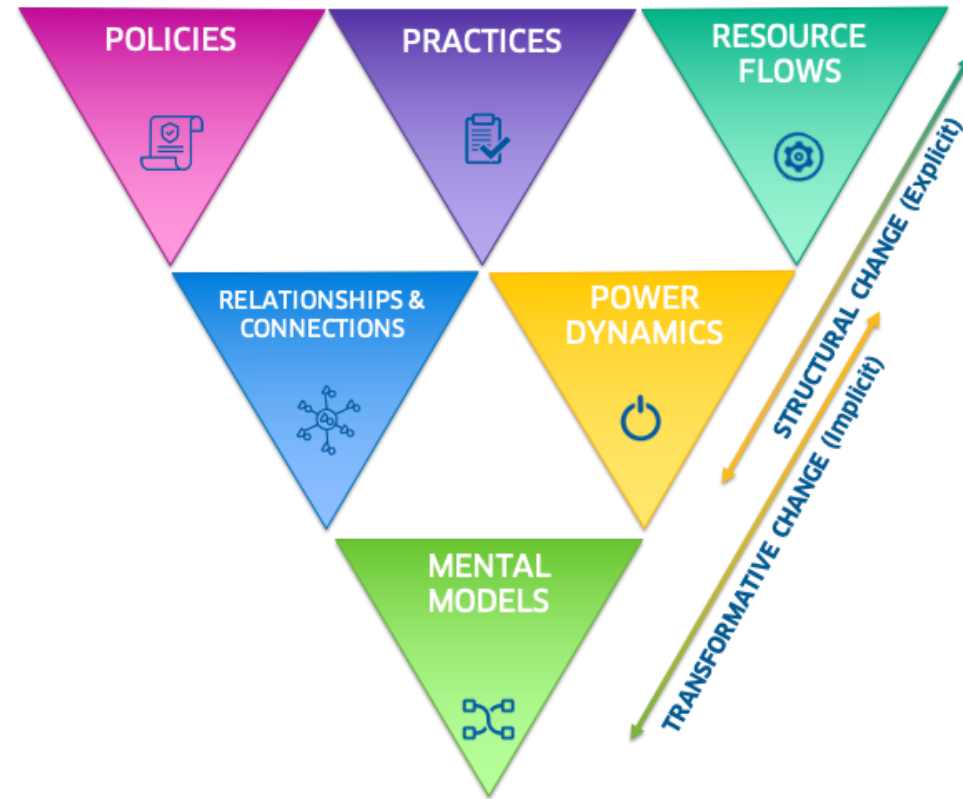
The Conditions of System Change

Policies Affect Stigma

For Instance . . .

Many programs won't accept people with co-occurring conditions, as a matter of policy

SIX CONDITIONS OF SYSTEM CHANGE



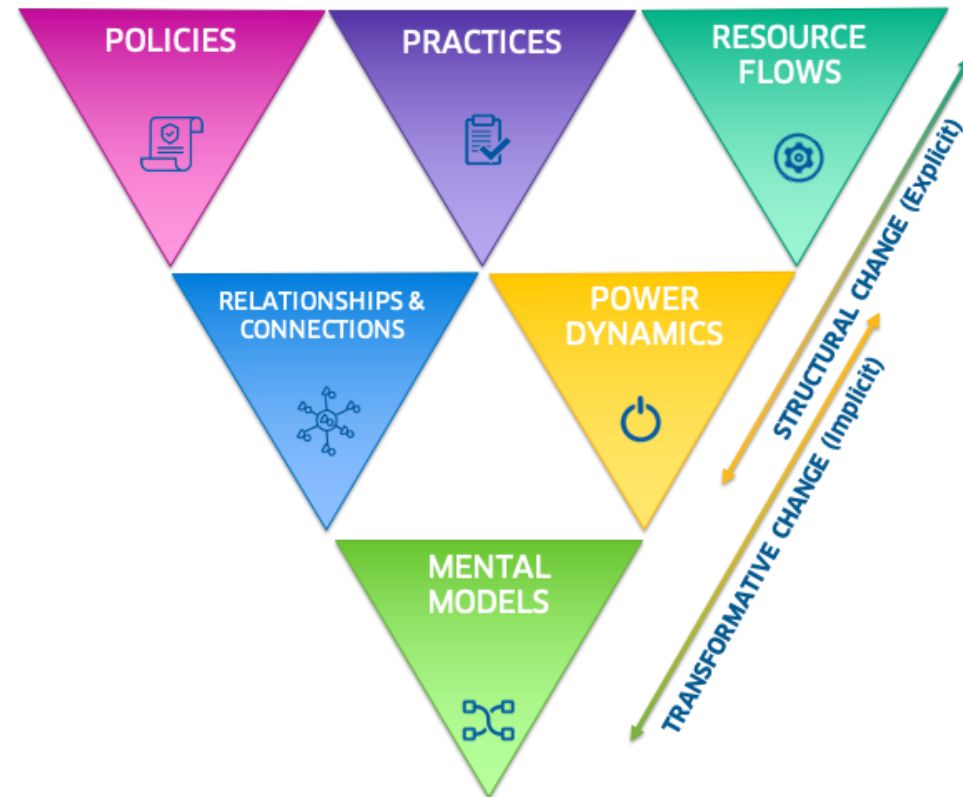
The Conditions of System Change

Resource Flows Affect Stigma

For Instance . . .

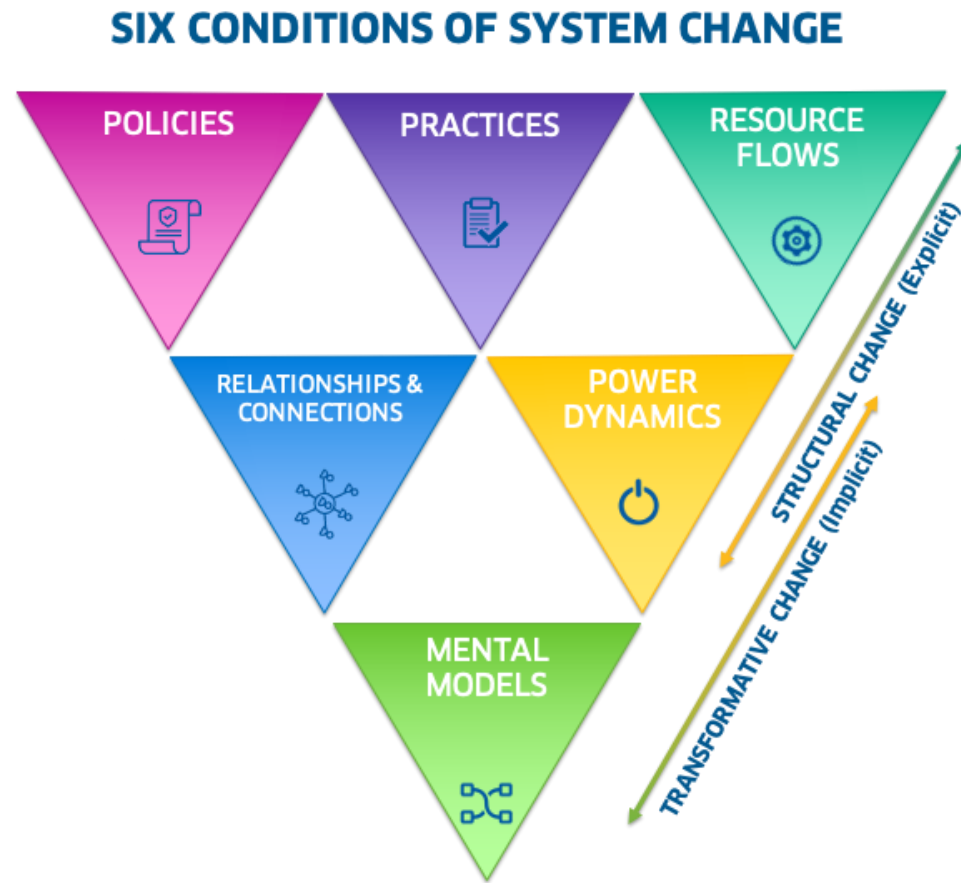
*Funding models incentivize “skimming”
(avoiding anyone who is labeled as difficult)*

SIX CONDITIONS OF SYSTEM CHANGE



The Conditions of System Change

Additional Examples



Lunch

Discussion

Think about people experiencing stigma, their friends and family, and professionals who are trying to help them

Blue Team

- What are power dynamics that affect stigma?
- How does stigma affect power dynamics?

Green Team

- How do people's relationships affect stigma
- How does stigma affect people's relationships?

Red Team

- How do policies (local, state, national, business, etc.) affect stigma?
- How does stigma affect policies?



Discussion

Think about people experiencing stigma, their friends and family, and professionals who are trying to help them

Purple Team

- How do our practices (professional, legal, personal, etc.) affect stigma?
- How does stigma affect our practices?

Orange Team

- How does the allocation and distribution of resources/funding affect stigma?
- How does stigma affect the allocation distribution of resources/funding?



Mental Models, Implicit Bias,
and
Obstacles to Change









**Oops...
Sorry....**



Implicit bias is a form of bias that occurs automatically and unintentionally, that nevertheless affects judgments, decisions, and behaviors.

NIH 2020



TYPES OF IMPLICIT BIAS



Affinity Bias

Feeling a connection to those similar to us



Halo Effect

Projecting positive qualities onto people without actually knowing them

TYPES OF IMPLICIT BIAS



Confirmation Bias

Looking to confirm our own opinions and pre-existing ideas.



Perception Bias

Stereotypes and assumptions about different groups

Social Norms

**Value Judgments
(Explicit and Implicit)**

Biases

**DISCRIMINATION
and
OPPRESSION**

Obstacles to Change

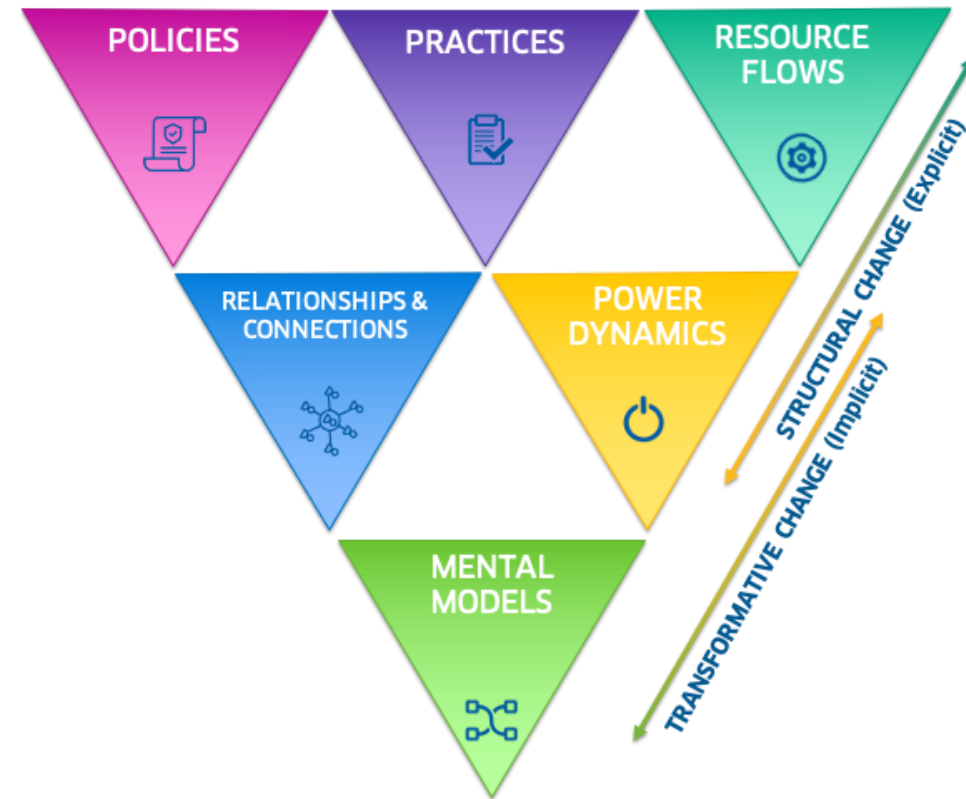
Complex systems operate through webs of **interdependent** relationships. Everyone's success is bound up with everyone else's.

But we tend not to think or operate that way.

We get absorbed in the small part of the system that we have some control over.

When we think about interdependence, it's often in a way that's reactive and negative.

SIX CONDITIONS OF SYSTEM CHANGE

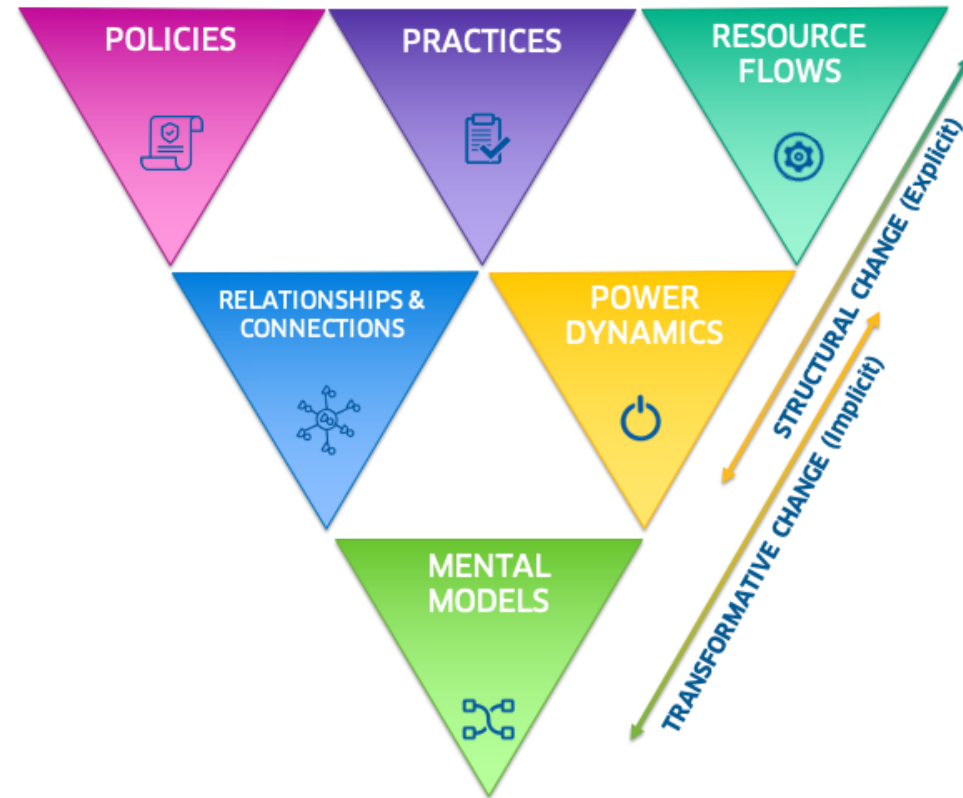


Obstacles to Change

When there's a lot of **negative interdependence**, people and groups . . .

- Interact sporadically and don't really know each other
- Lack good standards for communicating and coordinating
- Chronically misunderstand each other's actions and motivations
- Engage in unproductive struggles that produce a lot of heat but very little motion

SIX CONDITIONS OF SYSTEM CHANGE



Obstacles to Change

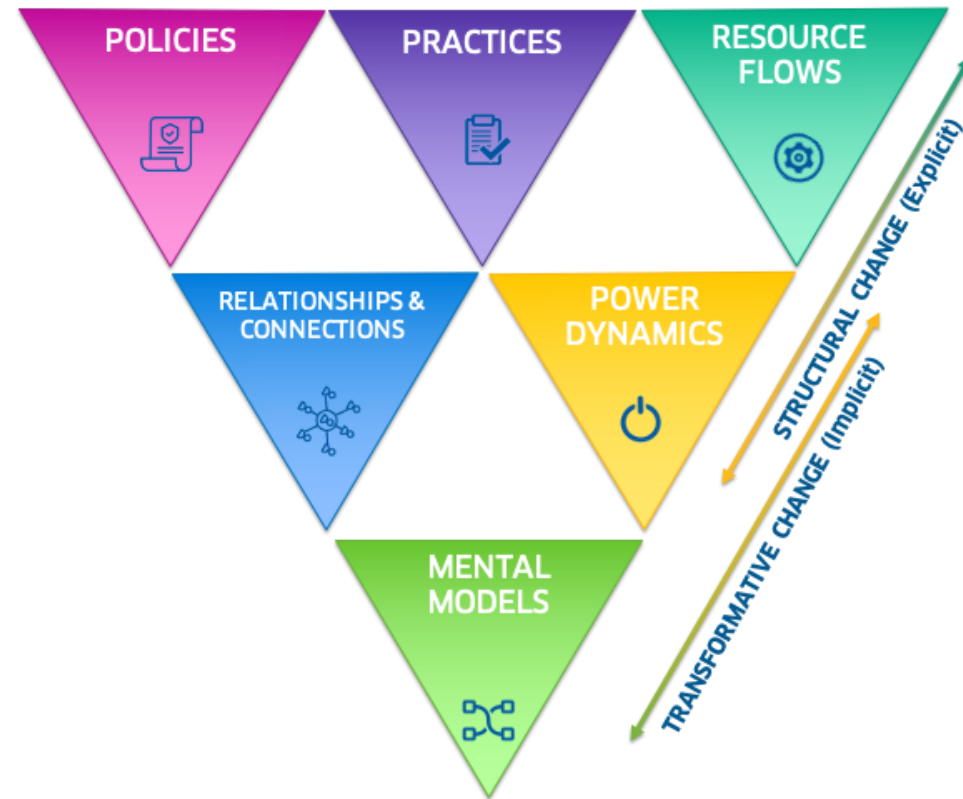
Fear of the unknown is very powerful.

Even if we don't love the status quo, we know now to navigate it. So attempts at transformation can threaten our **security and sense of control**.

We might not fully understand our own reactions or motivations – or may not want to state them directly.

Resistance frequently takes the form of behavior that's indirect and passive aggressive.

SIX CONDITIONS OF SYSTEM CHANGE

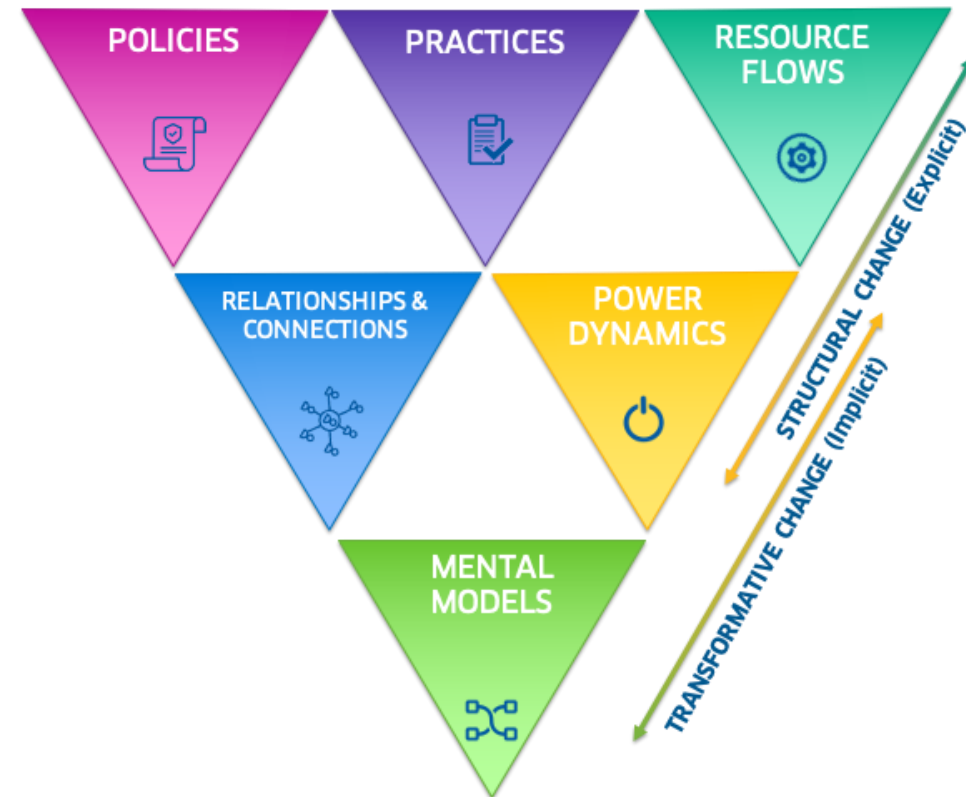


Obstacles to Change

Examples of **passive aggressive opposition** . . .

- I ask for things to be explained and re-explained as a way of stalling
- I keep adding requirements that the backers of change need to satisfy
- I make it hard for people to understand the processes that I control
- I paint change as dangerous by using a stealthy double-standard
 - *Existing* failure in the current system is portrayed as normal – but *potential* failure in a new system is portrayed as catastrophic

SIX CONDITIONS OF SYSTEM CHANGE



Obstacles to Change

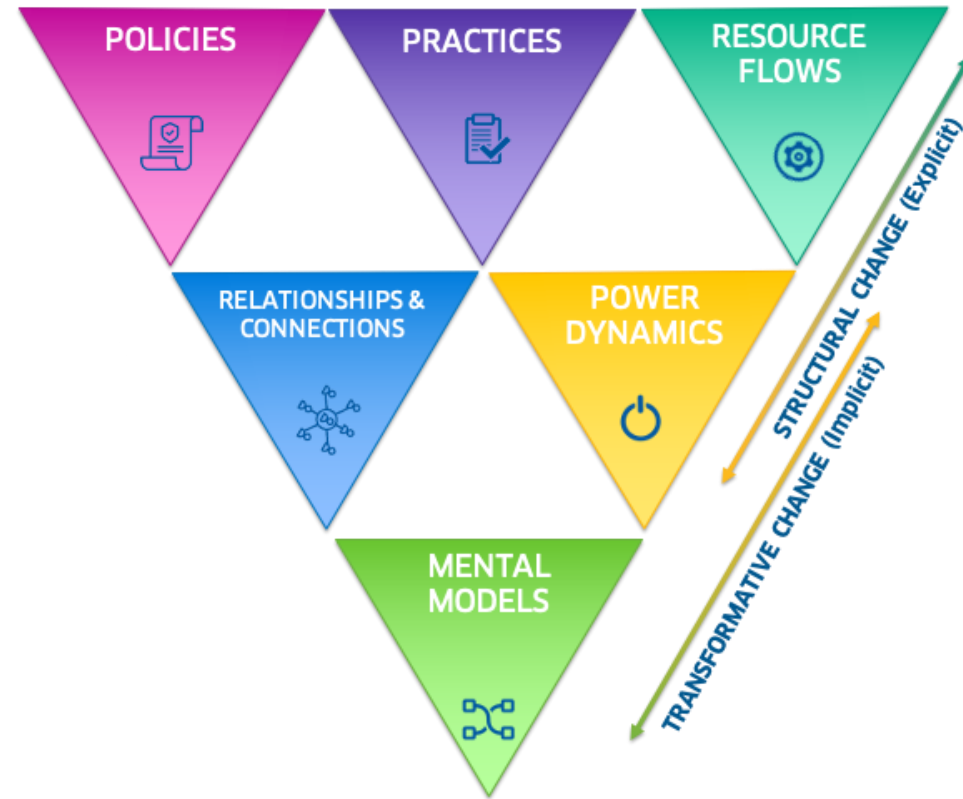
We can head this off if we trigger optimism and hope instead of fear – if we frame change as the best way to *strengthen what people value most*

That requires having honest conversations about potential costs and how to deal with them

A good *persuasion strategy* tells an emotionally resonant story and convinces people that . . .

- The change is realistic and will improve big-picture outcomes that they care about
- Even if a few good things get lost, they (and the people they care about) will be better off *overall*

SIX CONDITIONS OF SYSTEM CHANGE

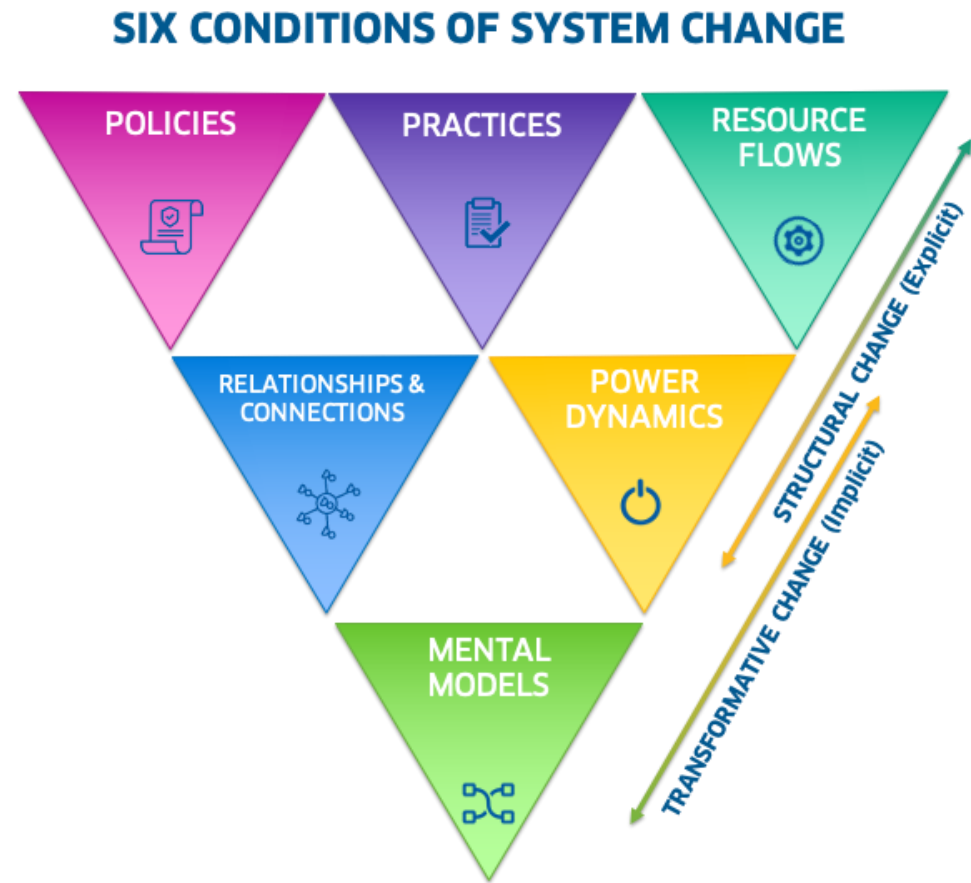


Obstacles to Change

Instead of having interdependence that's reactive and negative, we want it to be **intentional and positive**.

To get there . . .

- We need to be honest about our needs. And honest about our past mistakes.
- We need to work through our disagreements in a problem-solving spirit.
- And we need to pay close attention to power dynamics and mental models.



Obstacles to Change

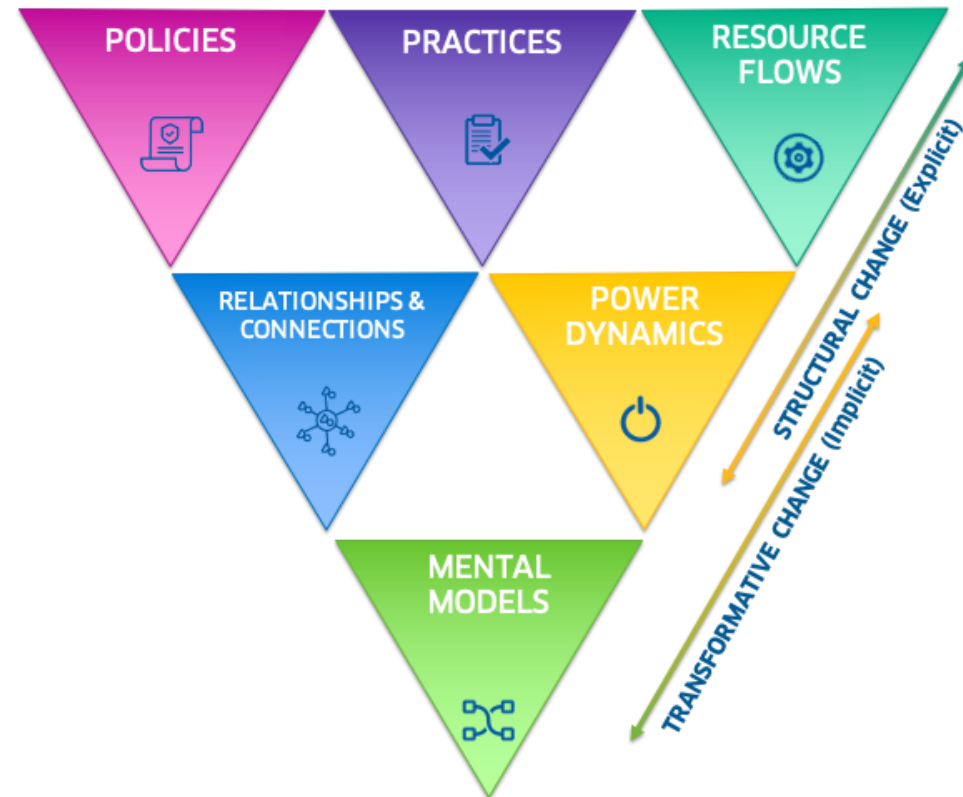
No matter what, there will be disagreements and tensions.

We need to get good at working through our disagreements in ways that are constructive.

That means not personalizing conflict. And it means working hard to avoid *us vs. them* power struggles.

The goal is to adopt a mindset that's based on **collaboration and mutual benefit** instead of a mindset that's based on authority and control.

SIX CONDITIONS OF SYSTEM CHANGE



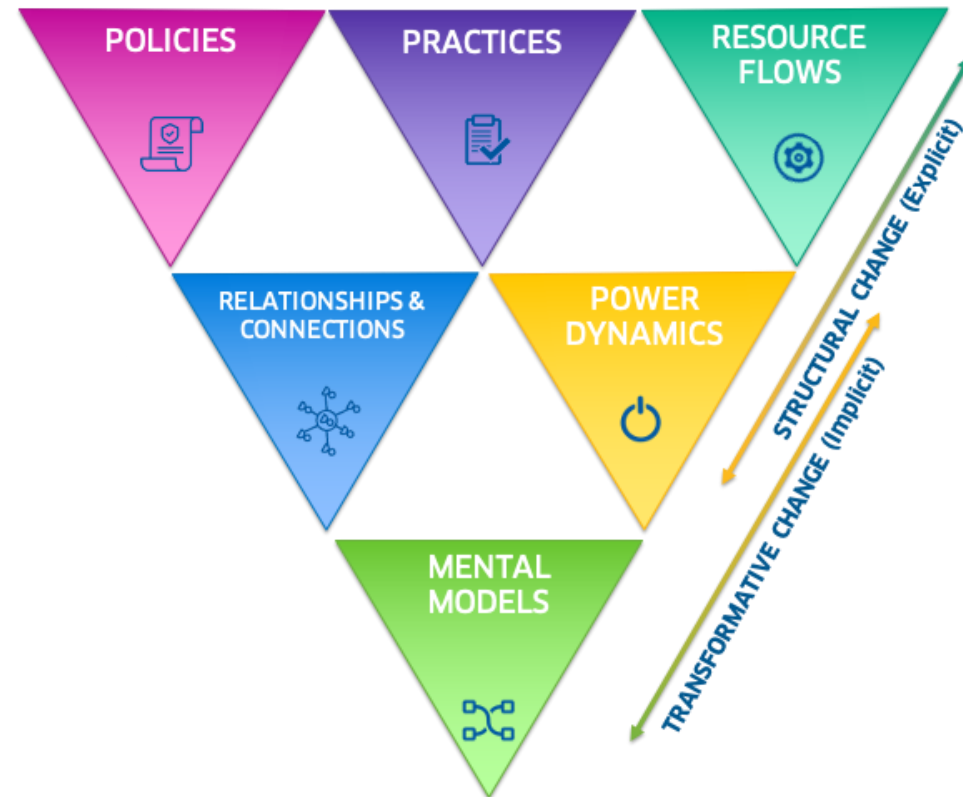
Obstacles to Change

Usually it helps to take a step back and solidify our agreement on a big-picture vision – *the future that we all want*.

Once we're clear on goals, we can work backwards from there to decide on methods.

When there's strong agreement on *what* and *why* it becomes much easier to come to agreement on *how*.

SIX CONDITIONS OF SYSTEM CHANGE



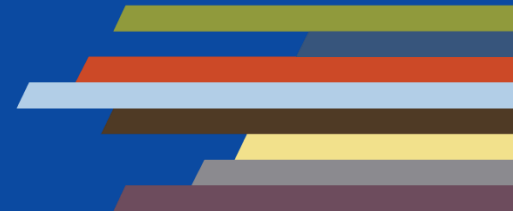
In what ways did stigma impact your willingness to reach out for support and help?

How has stigma impacted your relationships?

What are some behaviors or practices you found stigmatizing?

Describe a time you received care that you felt a strong sense of belonging and inclusion.

What are small things providers sometimes do that contribute to stigma, that if they changed would make a difference in increasing belonging and trust?



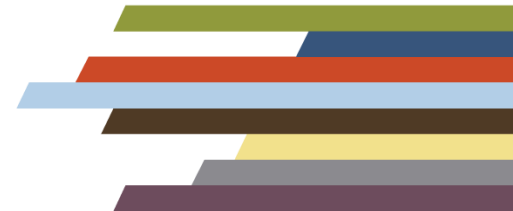
An illustration on a blue background. A hand in a black suit sleeve holds a white button with a grey border. The button has the word 'FEEDBACK' written on it in bold black letters. The hand is positioned on the right side of the button, with the thumb and index finger gripping it. The background is a solid blue color.

FEEDBACK

Agenda Review

Day 2

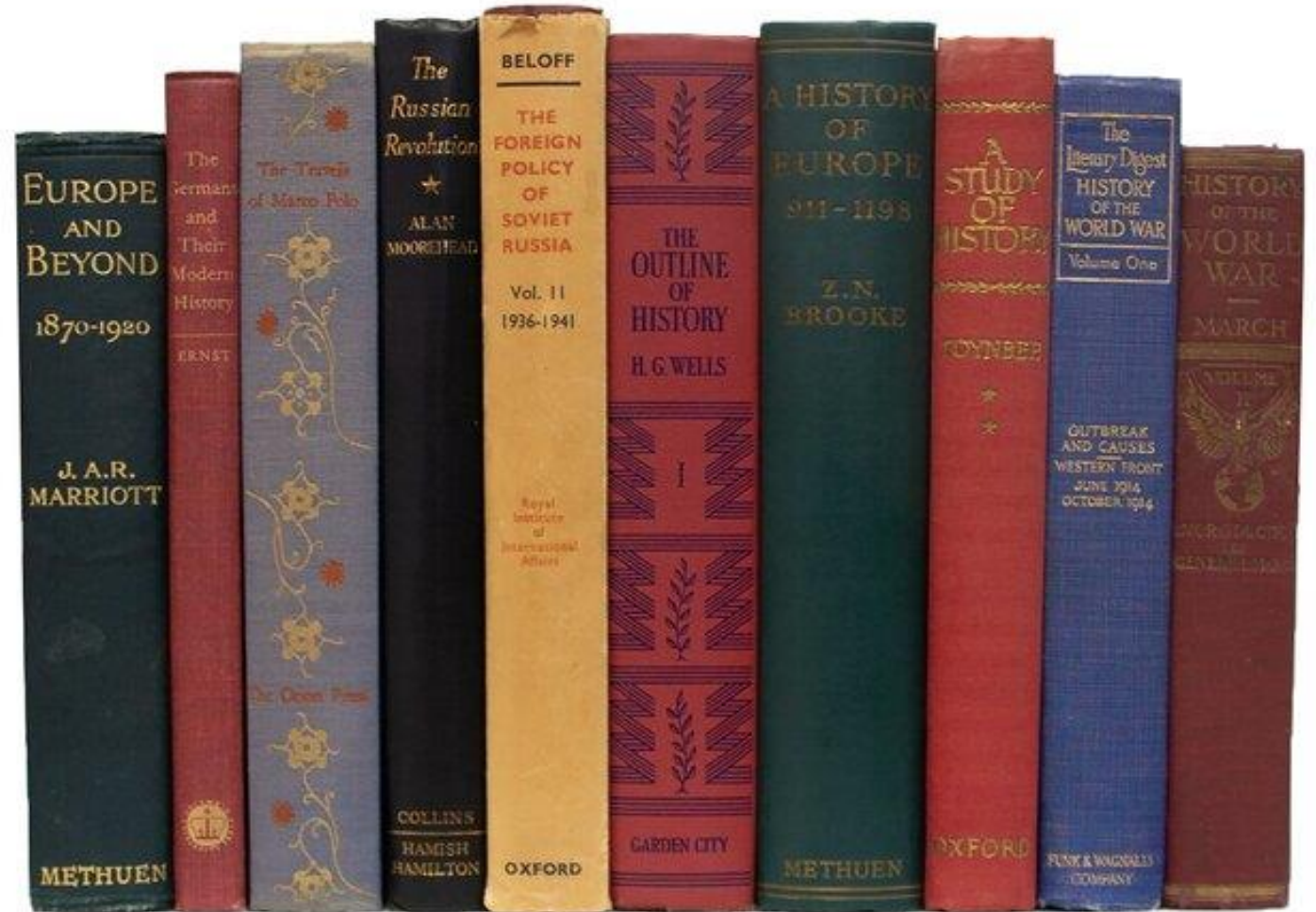
- I. Skagit County Initiatives
Commissioner Lisa Janicki
- II. Looking at our Histories
- III. Strategies for taking collective action
- IV. Action Planning
 - I. Individual level
 - II. Organizational level
 - III. System's level



Historical Perspective

A Bit of Prevention Context

see page



40 Years of Prevention Science Research Advances: From Nothing Works to Effective Prevention

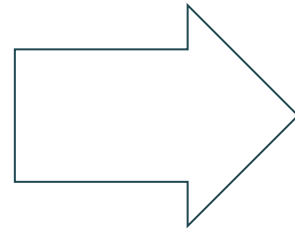
Four important historical contexts....

- **Risk and protective factors** that predict substance use problems are reliable targets for prevention <https://addiction.surgeongeneral.gov/>
- **Over 100 prevention programs** and policies have been shown to prevent substance use problems in rigorous research <https://www.blueprintsprograms.org/program-search/>
- **Communities are an effective** organizing force for bringing effective policies and programs to scale to improve the public health
- **Prevention is Cost Effective** <https://www.wsipp.wa.gov/BenefitCost>

Early Efforts to Prevent Delinquency & Drug Abuse

Strategies

- Information
- Just say “No”
- Fear arousal – “Scared Straight”



Outcomes

- **No decreases** in drug use or delinquency
- Some information programs **increased** drug use
- “Scared Straight” **increased** delinquency

Lesson: Untested good ideas can make things worse.

Paradigm Shift to Public Health Approach

Risk and Protection Focused Prevention: To prevent a problem before it happens, address its predictors.

Some Risk Factors For Adolescent Problem Behaviors*	Delinquency	Violence	Substance Use
COMMUNITY			
Availability of Drugs & Firearms	✓	✓	✓
Laws and Norms Favorable Towards Drug Use, Firearm Use, Crime	✓	✓	✓
SCHOOL			
Academic Failure Beginning in Late Elementary School	✓	✓	✓
Lack of Commitment to School	✓	✓	✓
FAMILY			
Family Attitudes Favoring Problem Behavior	✓	✓	✓
Family Conflict	✓	✓	✓
PEER AND INDIVIDUAL			
Favorable Attitudes Toward Problem Behavior	✓	✓	✓
Friends Who Engage in Problem Behavior	✓	✓	✓

Shared Protective Factors

Against Behavioral Health Problems

Protective Factors	Substance Abuse	Delinquency	Unsafe Sexual Behavior	School Drop-Out	Violence	Depression & Anxiety
Individual						
Cognitive Competence	•	•	•	•	•	•
Emotional Competence		•				
Social/Behavioral Competence	•	•	•		•	•
Self Efficacy			•			
Belief in the Future	•	•	•		•	•
Self-determination			•			
Pro-social Norms	•	•	•		•	•
Spirituality	•	•	•			
Family, School & Community						
Opportunities for Positive Social Involvement	•	•				
Recognition for Positive Behavior	•	•			•	•
Bonding to Prosocial Others	•	•	•	•	•	•
Clear standards for healthy behavior	•	•	•	•	•	

All These Behavioral Health Problems Of Young People Have Been Prevented In Controlled Trials

Anxiety

Depression

**Alcohol,
tobacco, other
drug misuse**

Risky
driving

Aggressive
behavior and
conduct
problems

Delinquent
behavior

Violence

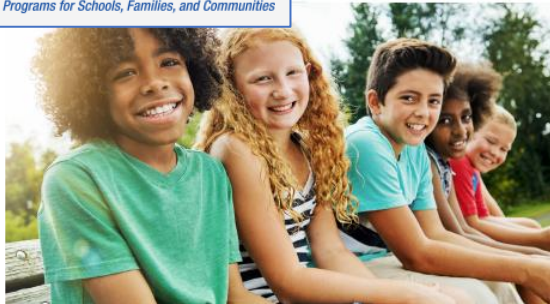
**Self-inflicted
injury**

**Risky
sexual
behavior**

School
dropout

Examples of Evidence-Based Programs: Blueprints for Healthy Youth Development

SCHOOL-BASED



- A 30-session classroom-based, substance abuse prevention program for middle school students taught over 3 years
- **Impacts:** Substance use, delinquency, violence

FAMILY-FOCUSED



- A 5-session, group-based substance abuse prevention program for parents of middle school students
- **Impacts:** Substance use, delinquency, symptoms

MENTORING & AFTER-SCHOOL



- A mentoring program that establishes caring, supportive relationships between participants and adult mentors
- **Impacts:** Substance use, aggressive behavior, truancy and class cutting

Prevention *Operating Systems* Have Enabled Communities to Significantly Reduce Teen Drug Use, Delinquency and Violent Behaviors



PROSPER -Prevention system that fosters implementation of evidence-based family and school interventions to prevent onset and reduce use of alcohol, tobacco, and other drugs and problem behaviors.

www.helpingkidsprosper.org

Communities That Care - Prevention system designed to reduce levels of adolescent delinquency and substance use by building community capacity to select and use effective preventive interventions tailored to a community's specific profile of risk and protection.

www.communitiesthatcare.net

The Challenge for Community Prevention: Different Communities, Different Needs



Washington State Community Prevention Wellness Initiative

<https://theathenaforum.org/>

Community Coalitions are an Effective Organizing Force for Bringing Effective Policies and Programs to Scale

- Build a diverse, representative, cross-sector community coalition
- Assess and prioritize risk, protection and substance use and related problems
- Match evidence based programs and policies to priorities and assess community fit of alternatives
- Enhance implementation fidelity and implementers' capacity
- Plan for long-term sustainability

Benefit per Dollar Cost* of Illustrative Prevention Programs

Program	Benefit per Collar Cost
Nurse-Family Partnership	\$1.61
Raising Healthy Children/(SSDP)	\$4.27
Good Behavior Game	\$64.18
LifeSkills Training	\$17.25
keepin' it REAL	\$11.79
Strengthening Families Program 10-14	\$5.00
Guiding Good Choices	\$2.69
Positive Family Support/ Family Check Up	\$0.62
Project Towards No Drug Abuse	\$6.54
BASICS	\$17.61

Source: Washington State Institute for Public Policy, 2016
*Cost estimates are per participant, based on 2015 U.S. dollars

History of Alcohol and Drug Treatment

18th Century & Early 19th Century

- Native American Sobriety Circles
- Washingtonians Society
- Addiction Medicine Emerges (Dr. Benjamin Rush)



By Will L Taylor - <http://hdl.loc.gov/loc.gmd/g3804n.pm005990>, Public Domain, <https://commons.wikimedia.org/w/index.php?curid=18871722>



History of Alcohol and Drug Treatment

1850s - 1900

- Inebriate Asylum Movement
- Emergence of “medical cure tonics”
- Temperance movement shift from moderation to abstinence
- Addiction treatment starts to collapse



History of Alcohol and Drug Treatment

1900 – 1950s

- Prohibition limits access to alcohol
- Treatment options disappear
- Harrison Stamp Act
 - Addiction and use is criminalized. Prison becomes the default placement for those affected.
- Narcotic Farms for “drug offenders”



History of Alcohol and Drug Treatment

Modern Alcoholism Movement

- 21st Amendment ended prohibition (1933)
- Professional Groups Established
- American Medical Association officially defines addiction as disease in 1952
- Alcoholics Anonymous established by Bill W. and Dr. Bob in 1935



History of Alcohol and Drug Treatment

1950s

- Minnesota Model
 - Belief that respect and partnership is integral
 - Inpatient levels of care
 - Group and Individual Counseling
 - Involvement of practitioners with lived experience.
- Narcotics Anonymous
- Therapeutic Communities
 - Synanon Emerges

1960s

- Civil Commitment Increases
- Pharmacotherapy research increase

1970s

- Federally funded methadone programs

1980s

- Drug Court programs
- Development of Motivational Interviewing



History of Alcohol and Drug Treatment

2000 – Present

- Neurobiology of Addiction
- Medication for Addiction Treatment
- Recovery Revolution (Recovery Oriented Systems of Care)
- Harm Reduction resurgence
- Whole-Person Care





Mental Health Treatment: How History Informs Stigma

Views on Mental Illness

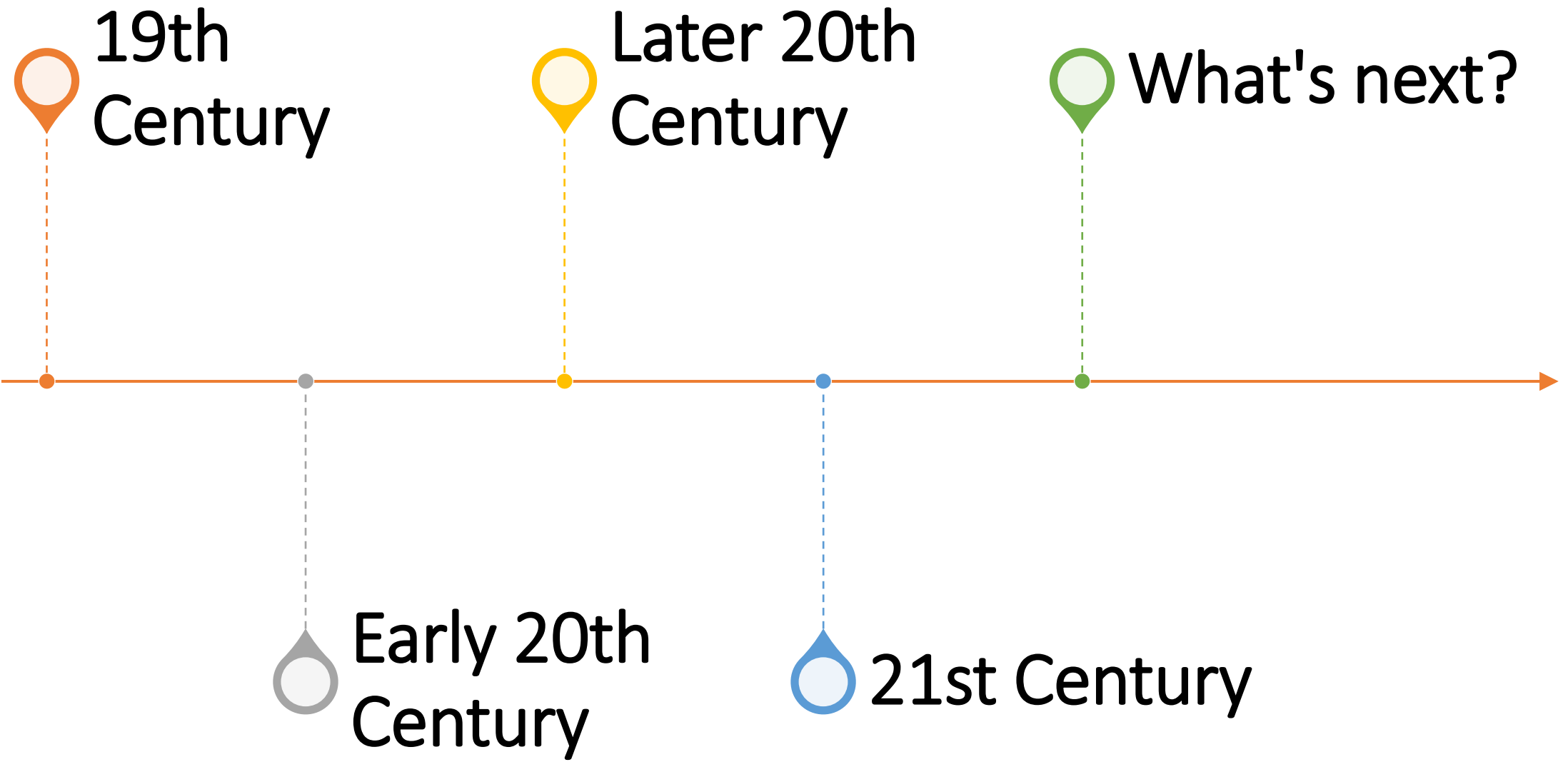
Racism, Bias, Inequities

Care Models & Treatments

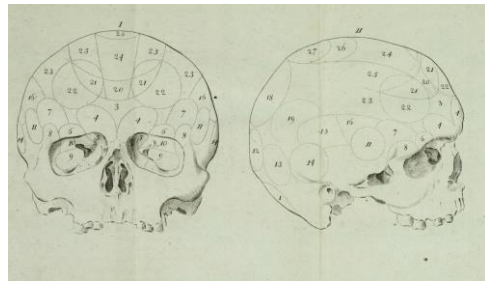
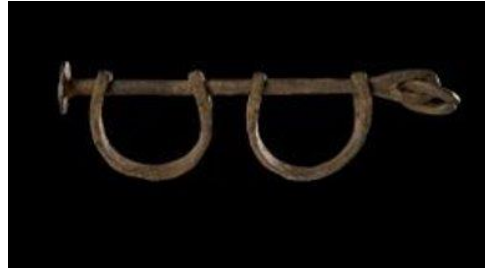
Funding

Consequences & Reactions

Advocacy Movements



Foundations of our History



PUBLIC

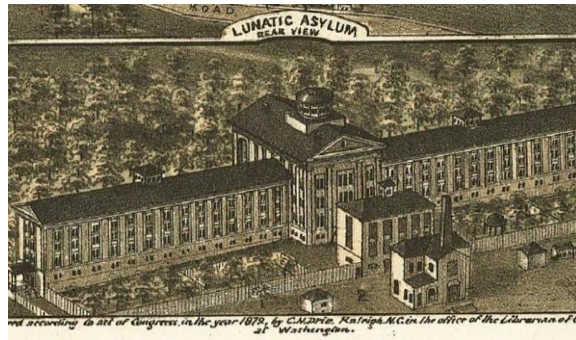
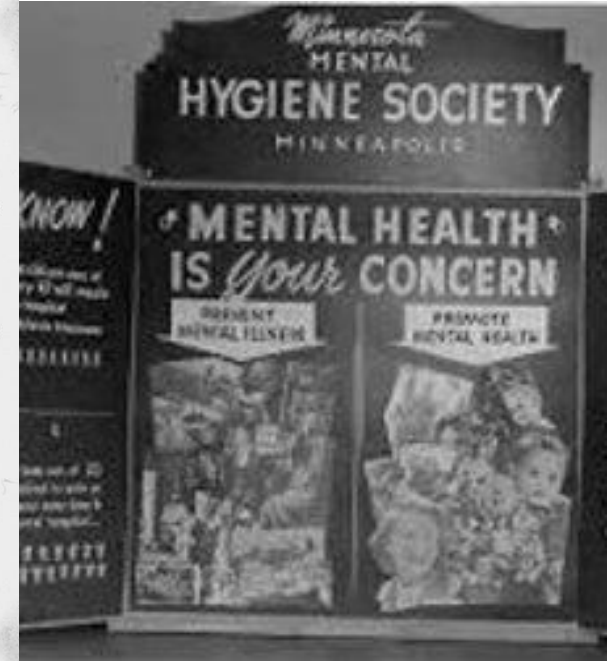
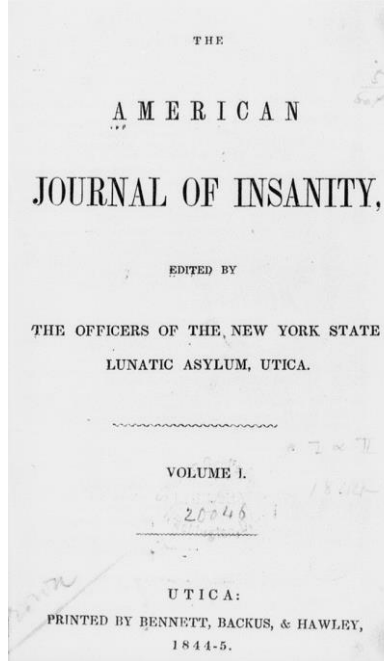
**Discrimination
and Devaluation
by Others**

SYSTEMIC

**Reduced Access
to Care and
Resources Due
to Policies**

SELF

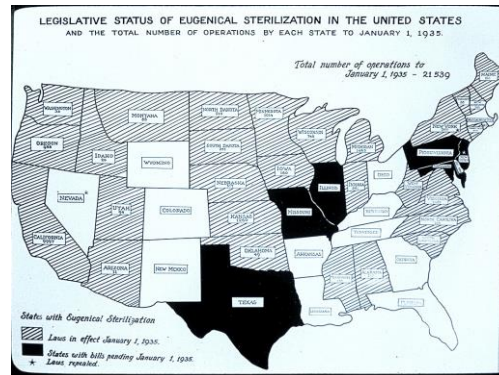
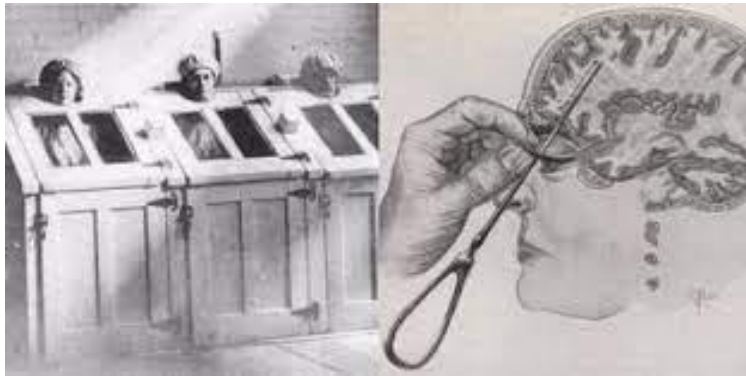
**Internalization
of Negative
Stereotypes**



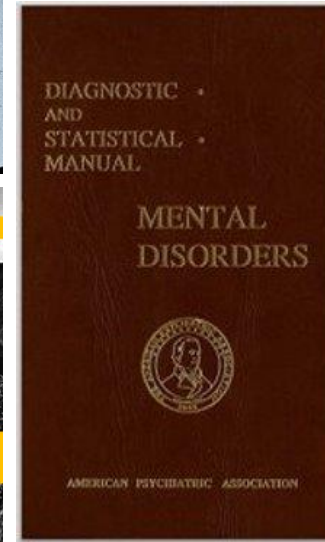
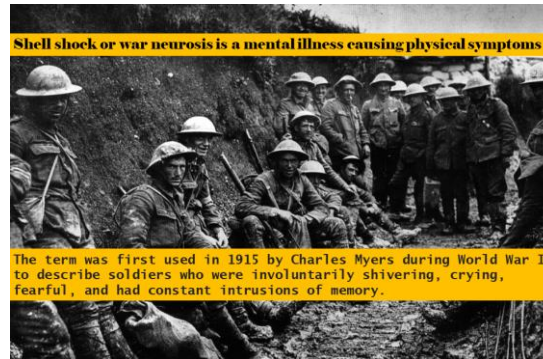
These Hysterical Women

19th Century

Early 20th Century



National Institute of Mental Health



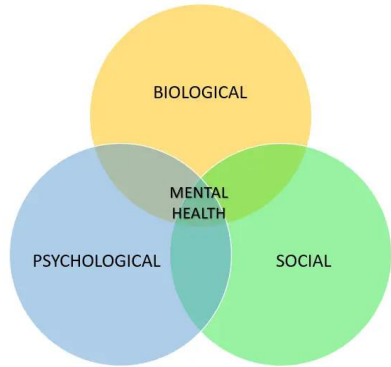
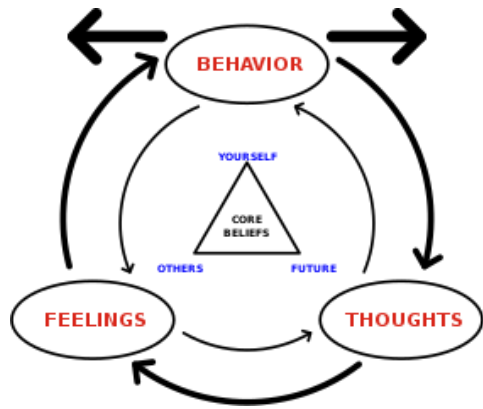
Need for Public Education On Psychiatry Is Stressed

Removal of Stigma From Diagnosis of Mental Disease Held Important

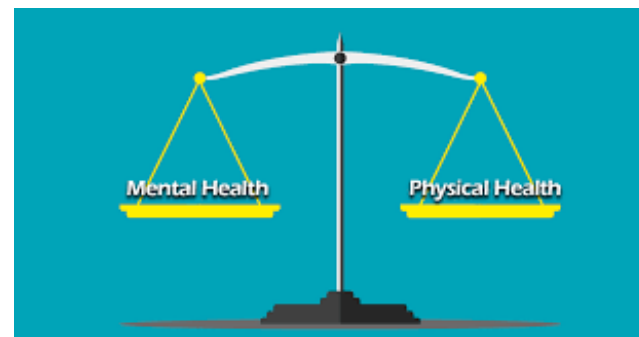
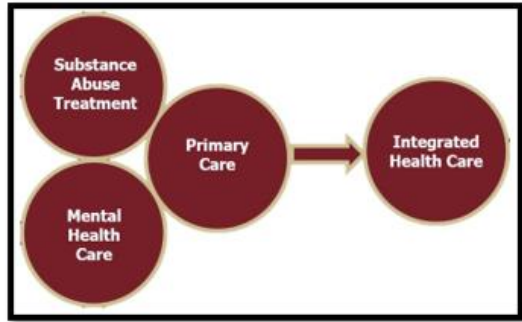
By HOWARD A. RUSK, M. D.

Largely because of the interest in the emotional problems of returning veterans, the public during the last few years has been exposed to a great deal of information about psychiatry through the press, popular magazines, fiction, radio and the movies. Some of the material presented has been factual, much has been exaggerated, and a great deal has been pure "soap opera."

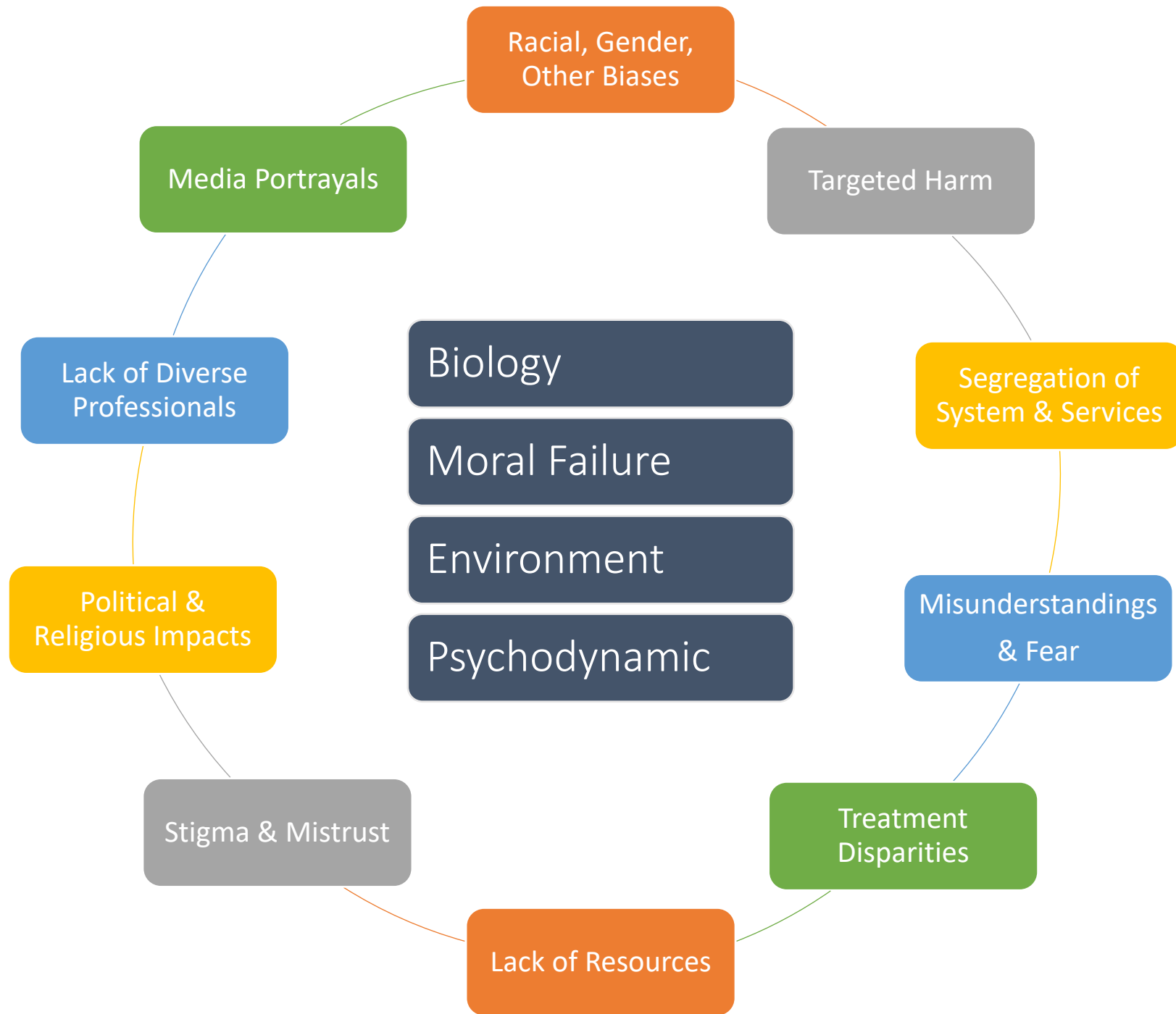
Clifford Beers who, after being a patient in a mental hospital, wrote the book, "A Mind That Found Itself," this organization has approximately 800 members selected for their contribution and leadership in this field, and is supported by public contributions. Working both directly and through its associated state societies and local committees, the National Committee is concerned



Later 20th Century



21st Century



Myth: Mental health issues can't affect me.

+

Myth: Children don't experience mental health issues.

+

Myth: People with mental health conditions are violent.

+

Myth: People with mental health needs, even those who are managing their mental health conditions, cannot tolerate the stress of holding down a job.

+

Myth: Mental health issues are a result of personality weakness or character flaws, and people can "snap out of it" if they try hard enough.

+

Myth: There is no hope for people with mental health issues. Once a friend or family member develops a mental health condition, they will never recover.

+

Myth: Therapy and self-help are a waste of time. Why bother when you can just take a pill?

+

Myth: I can't do anything for a person with a mental health issue.

+

Myth: It is impossible to prevent a mental health condition.

+



Consequences & Reactions





Advocacy Movements

What is next?

back: ~ a
one's laugh
stigma ['st
shame or c
2. (pl. -ta
those mad
Jesus at

PUBLIC

Discrimination
and Devaluation
by Others

SYSTEMIC

Reduced Access
to Care and
Resources Due
to Policies

SELF

Internalization
of Negative
Stereotypes

Shifting Mental Models and Practices

Stigmatizing Vs. Non-Stigmatizing Terms

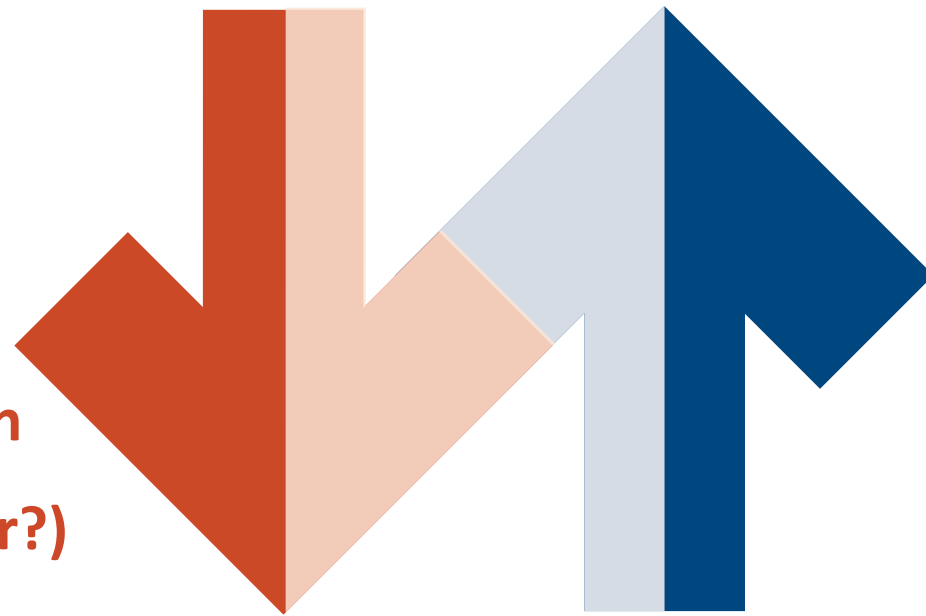
Substance Abuse

Addict, Substance abuser, Junkie

Dirty drug test

Relapse, Off the wagon

Clean, Ex-addict (Sober?)



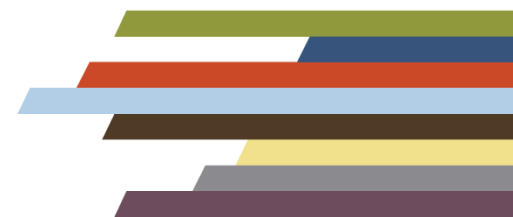
Substance Use Disorder

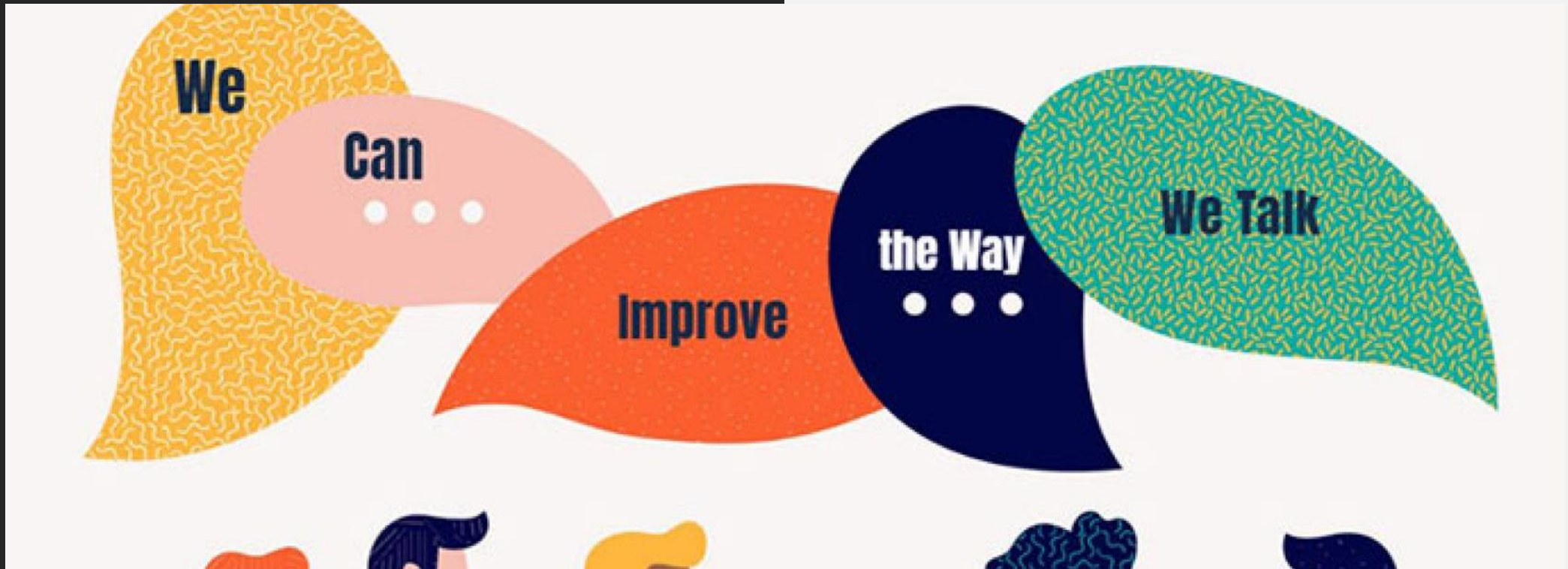
Person with a substance use disorder

Positive drug screen

Recurrence of use

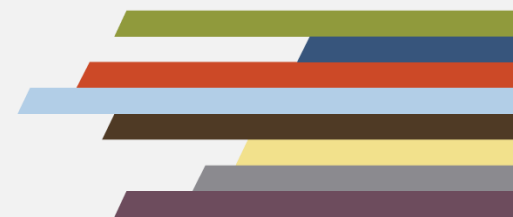
In recovery, abstinent or in remission





How we refer to individuals with substance-related conditions and that use of, and exposure to, the “abuser” label may inadvertently elicit and perpetuate stigmatizing attitudes.

(Substance Abuse and Mental Health Services Administration, 2008)



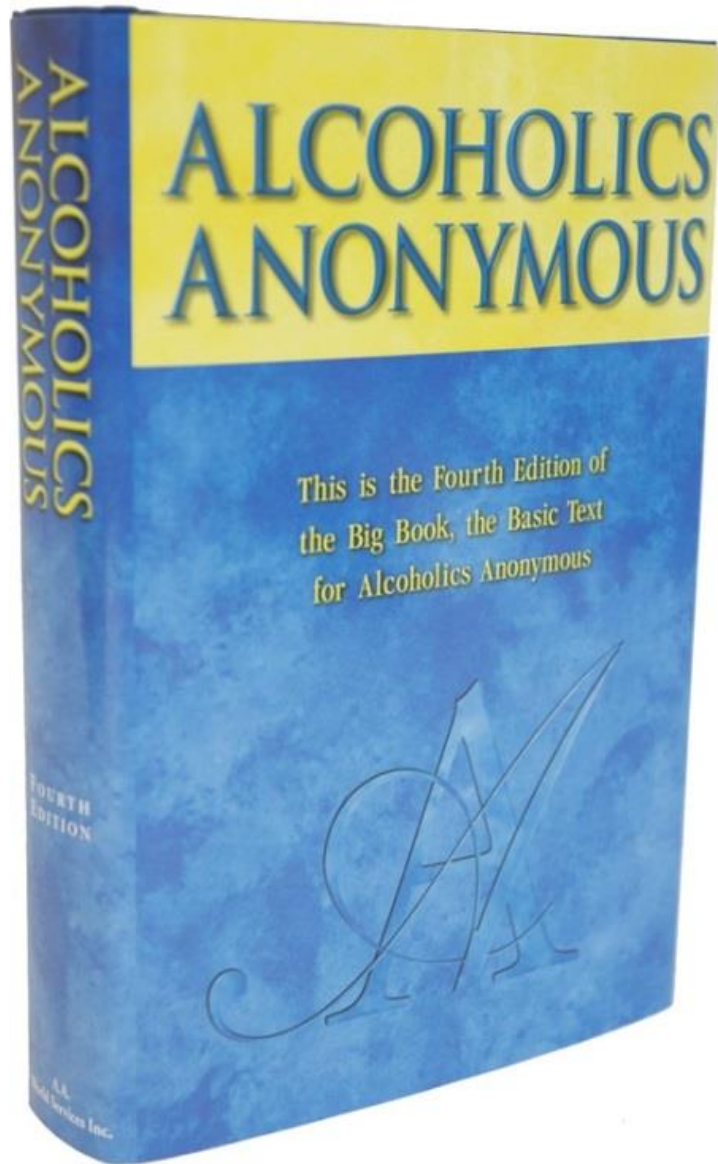
Language Matters (But It Isn't the Whole Story)

The word 'abuser' implies volitional acts of willful misconduct, and is associated with things like child abuse.

'Substance use disorder' conveys something very different — a medical disorder.

Substance use is the only thing we talk about this way.



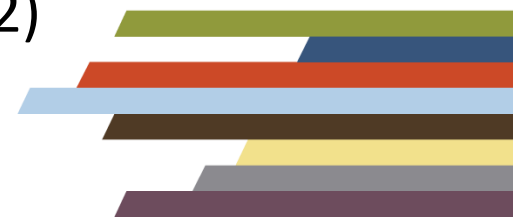


Even Recovery Literature is Not Immune...

“An alcoholic in his cups is an unlovely creature.” (p 16)

“He is often perfectly sensible and well balanced concerning everything except liquor, but in that respect he is incredibly dishonest and selfish.” (p 21)

“Selfishness – self-centeredness! That, we think, is the root of our troubles.” (p 62)



Guidelines of Practice for Language

- How a person refers to themselves is up to them (Autonomy)
- When in doubt, ask
- Avoid embellishing descriptors (“Suffers from,” “Victim of,” “Struggles with”)



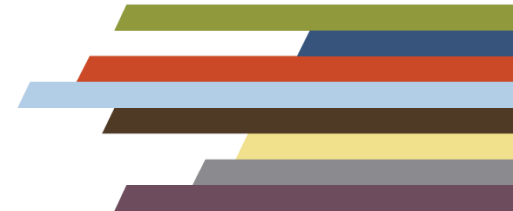
But policing
people's language
can backfire.

Why?



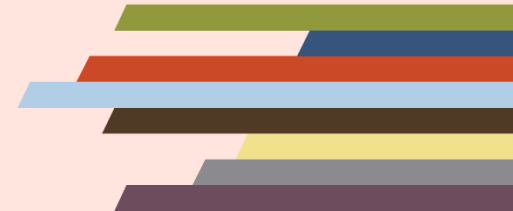


When someone perceives a personal, denigrating judgment, the natural response is to *resist and retrench*





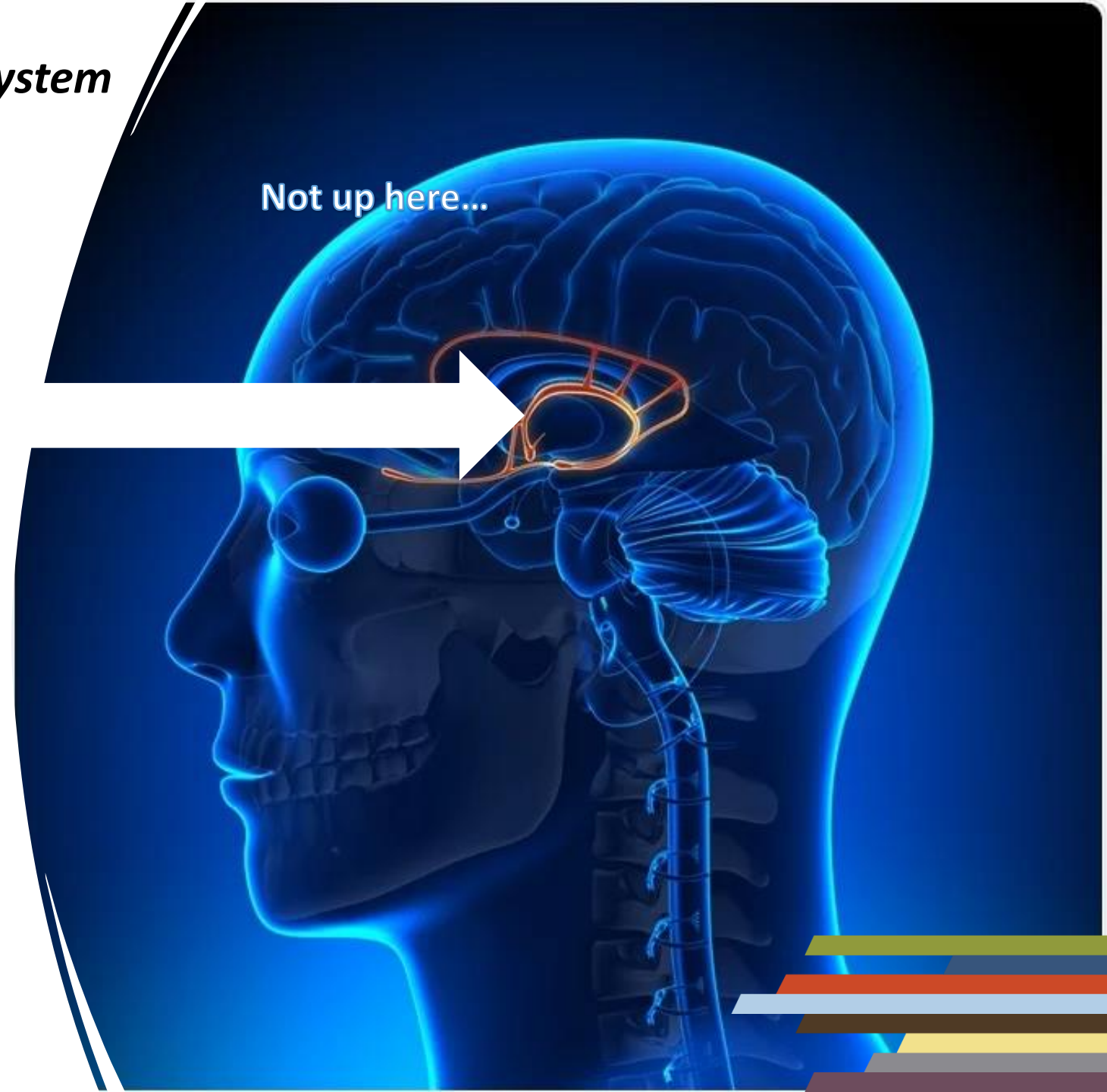
Even Citing Data Often Doesn't Work
WHY NOT?



Because we hold beliefs in the *Limbic System*

- Emotions
- Personal memories
- Appetites
- Drives
- VALUES

Data and facts go to the Cerebral Cortex; the Limbic System can reject them if it wants to. And it often wants to.



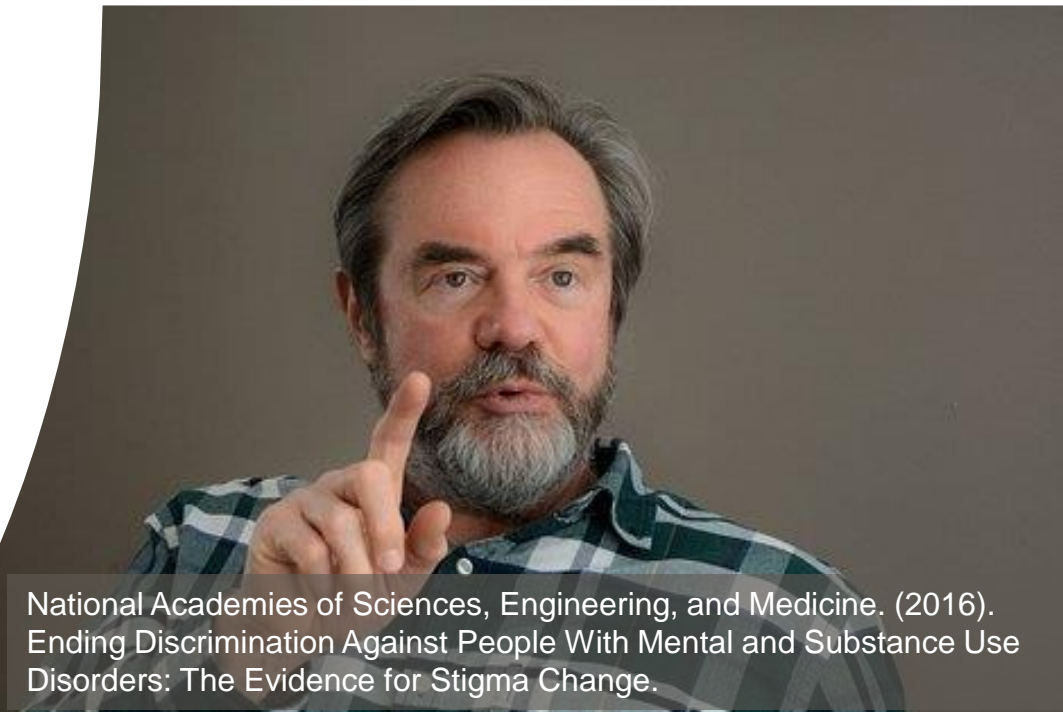
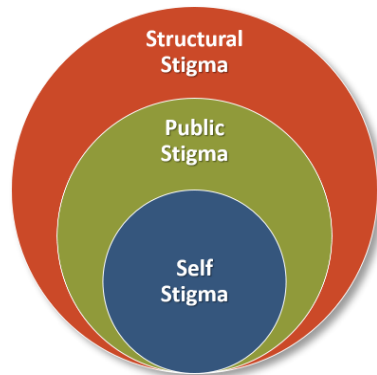
What Works

Self-Stigma

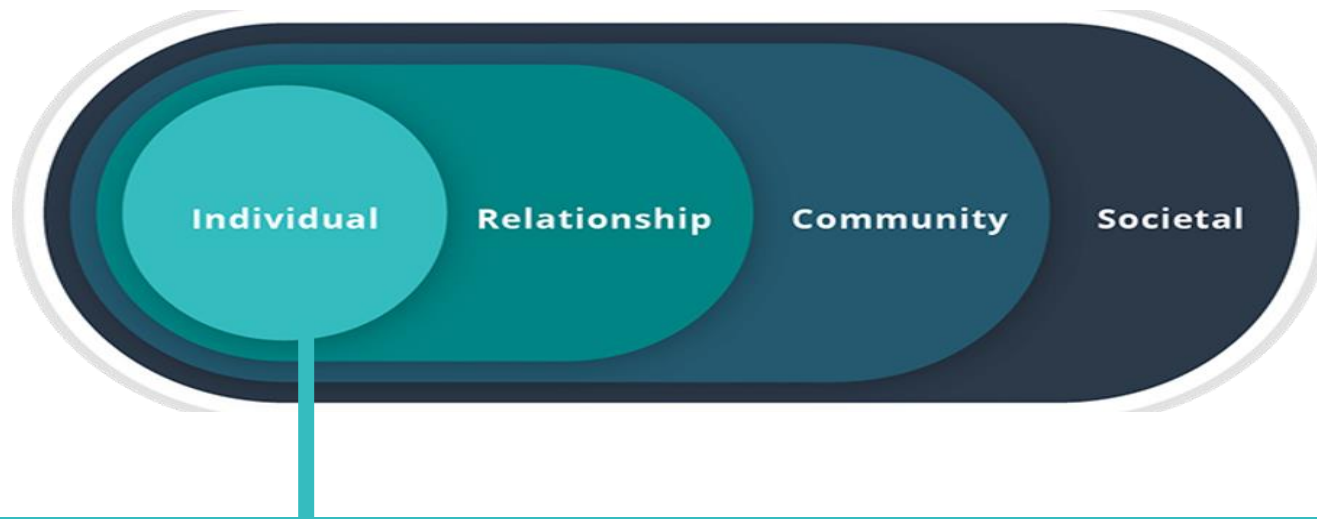
Education

Empowerment

Peer Support

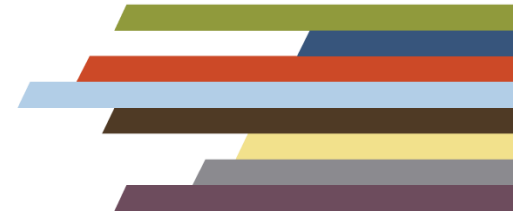


National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.



Remedies:

- Inherent dignity (recognized)
- Resilience (Usual individual protective factors set)
- Relationship and peer community
- Recovery supports (relationships)



What Works

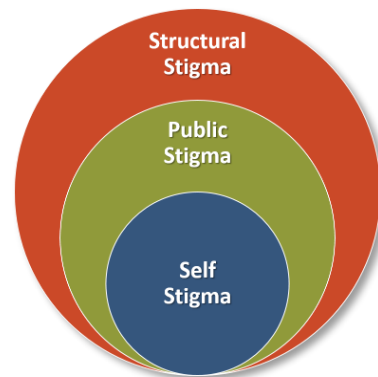
Structural Stigma

Professional Education

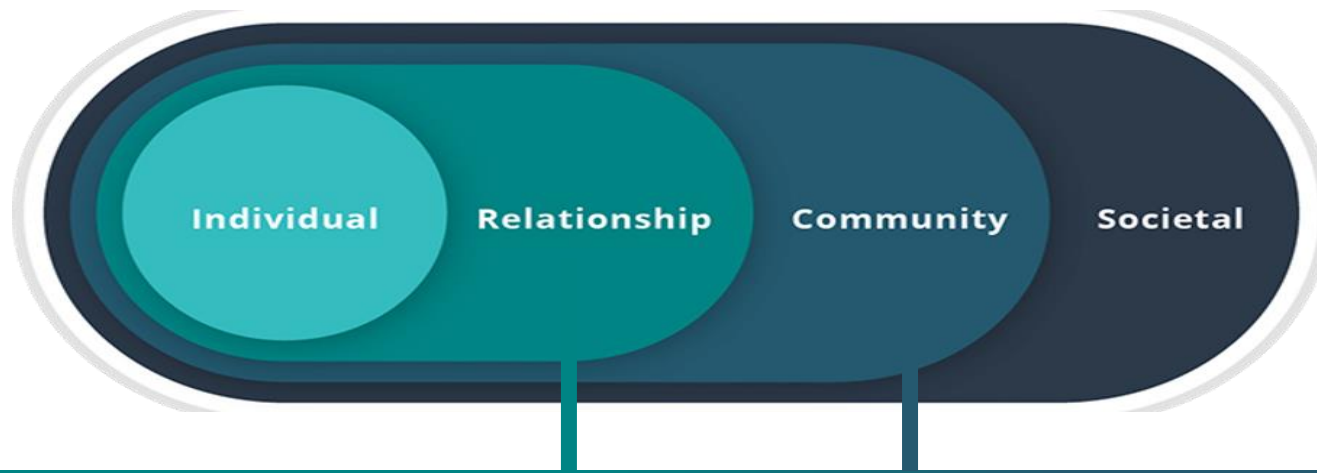
Advocacy

Legal

Policy

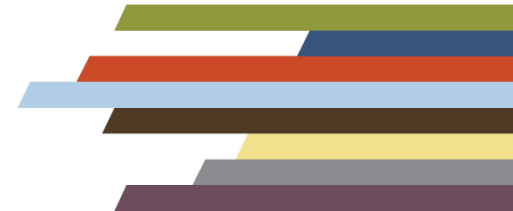


National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.



Remedies:

- Social relations that support dignity
- Local and mass media messaging
- Training and education
- Community-based programs fostering dignity
- Positive recovery experiences



What Works


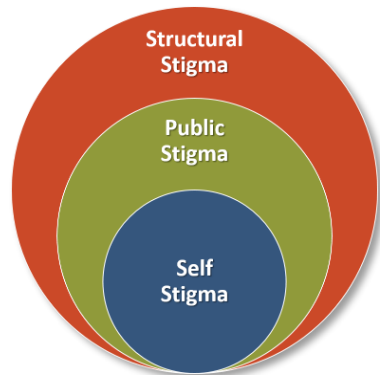
Public Stigma

Mass Media Messaging

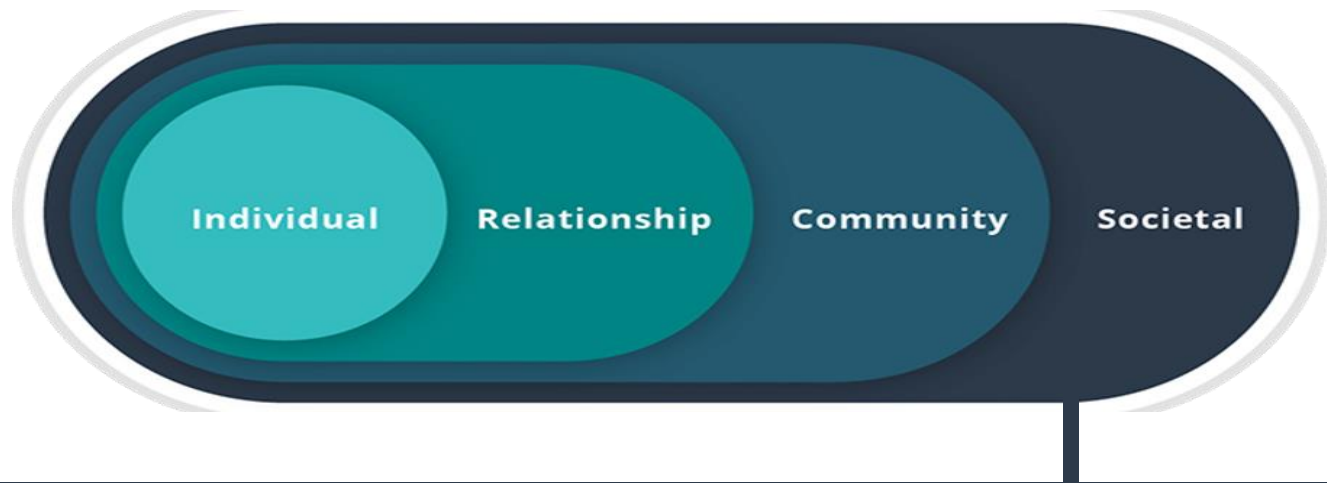
Education

Community Programming

Contact Strategies

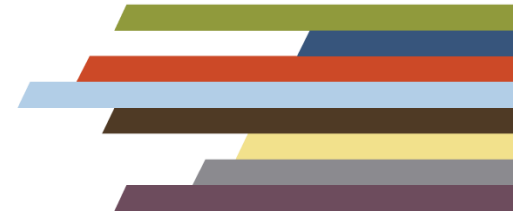


National Academies of Sciences, Engineering, and Medicine. (2016). Ending Discrimination Against People With Mental and Substance Use Disorders: The Evidence for Stigma Change.



Remedies:

- New narratives and new publicized definitions
- New language
- Policy
- Redistribution of resources
- People-centered (not profit-centered) economy
- Stigmatizing institutions publicly held to account



Shifting Mental Models and Practices

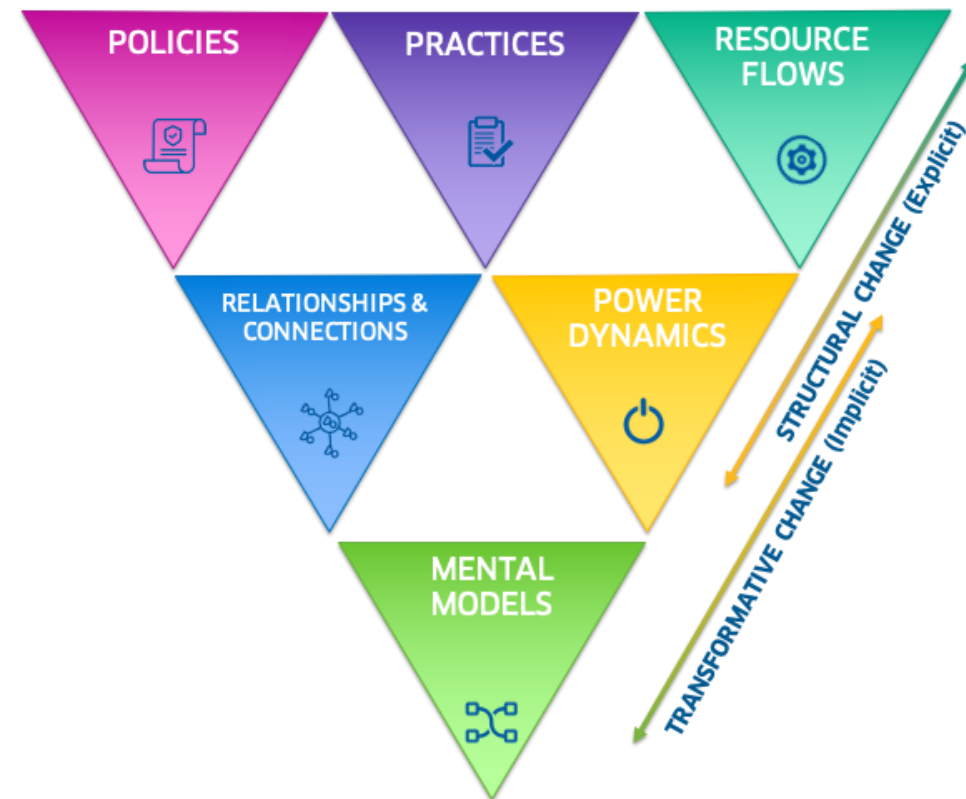
Reducing stigma will involve persuading people to change their mindsets and behavior.

Those changes can be difficult – and risky.

People may need to . . .

- Shed longstanding habits and beliefs (psychological risk)
- Change positions and stances they've taken (professional risk)
- Voice ideas that they know will be unpopular with some (relationship risk)

SIX CONDITIONS OF SYSTEM CHANGE



Shifting Mental Models and Practices

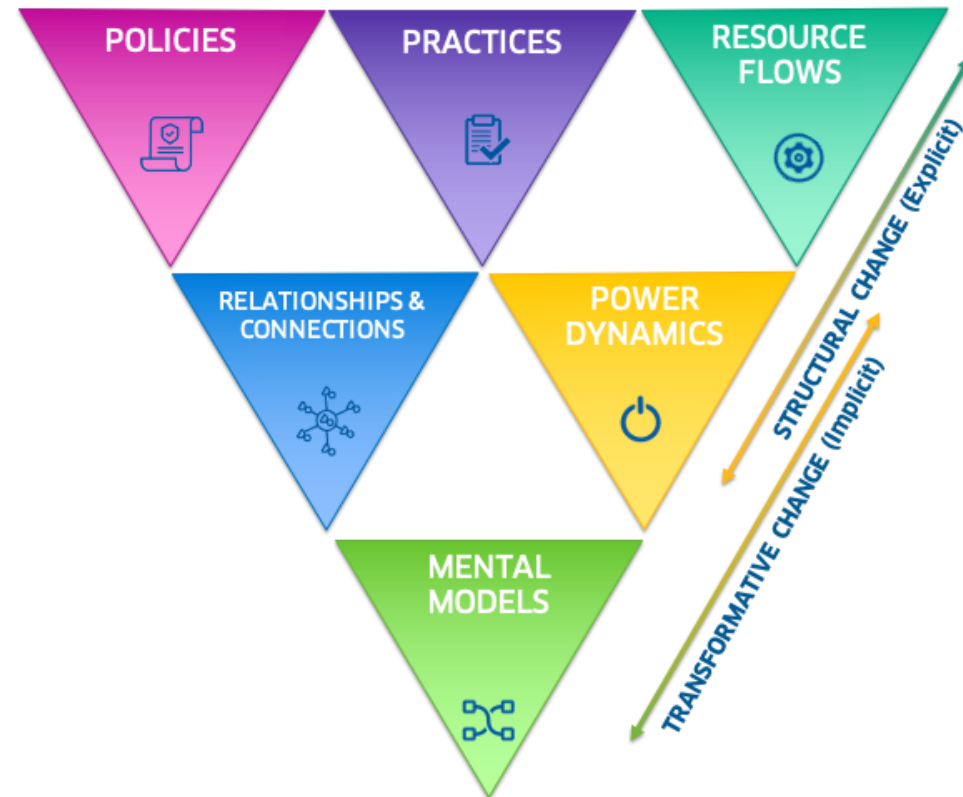
How do you persuade people to do this kind of work and take on this kind of risk?

We know that simply sharing information is not enough

People tend to cling tightly to what's familiar and safe – and to discount information that would undermine their stability

Before making a change that could fail or damage their reputation, most people look for social confirmation *first*

SIX CONDITIONS OF SYSTEM CHANGE



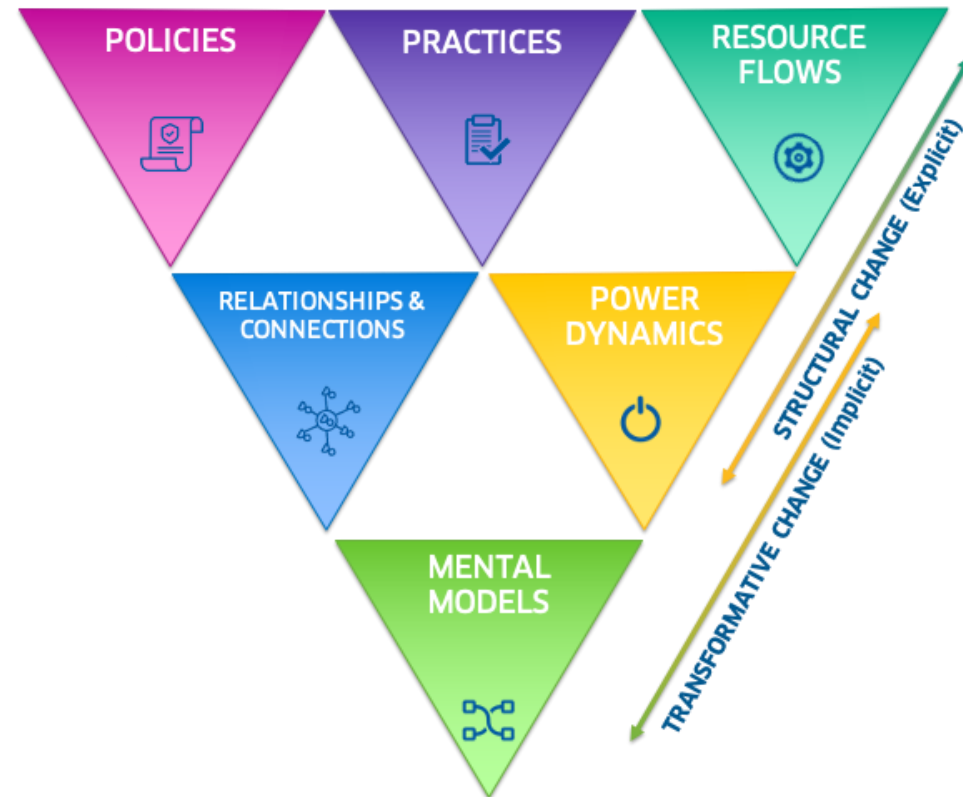
Shifting Mental Models and Practices

How do people become convinced that a change is safe, legitimate, and worthwhile?

What kind of information and messaging is most effective?

To get these answers, we need to look a little at how social networks function

SIX CONDITIONS OF SYSTEM CHANGE



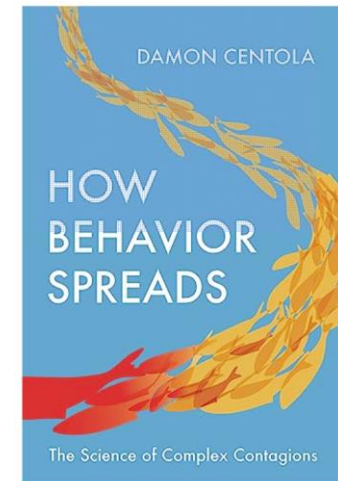
Shifting Mental Models and Practices

Much of what follows is taken from research conducted by Damon Centolla, at the University of Pennsylvania, and his colleagues in the Network Dynamics Group



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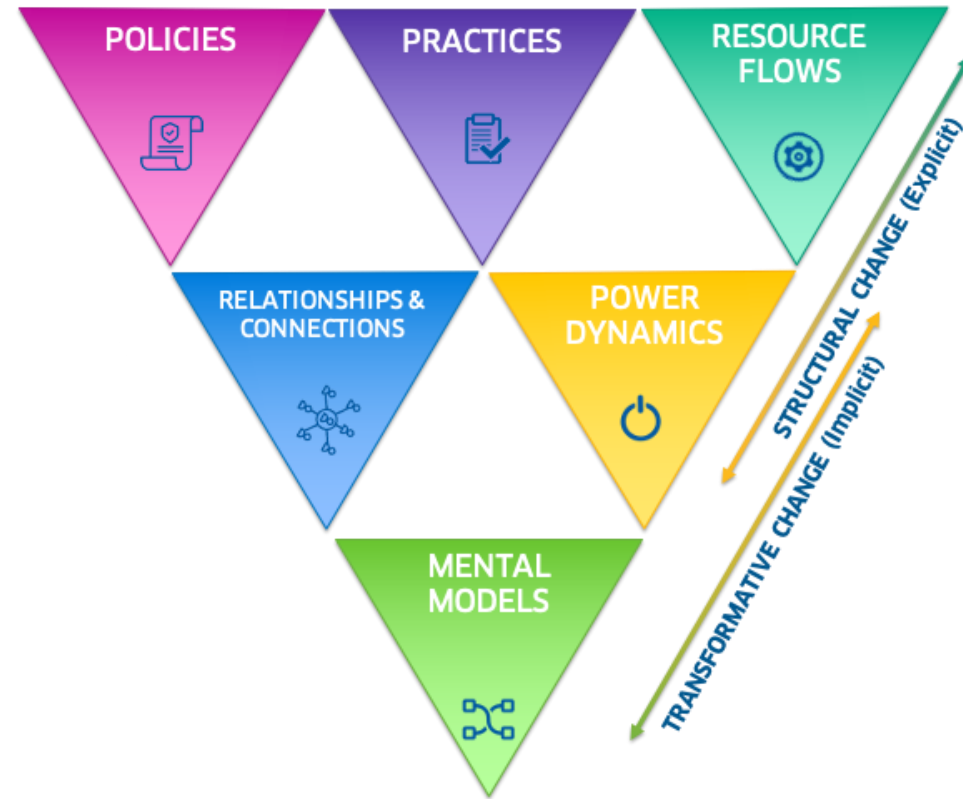
Shifting Mental Models and Practices

Networks can be divided into two basic types

Weak-Tie networks involve a lot of connections and very little overlap

That lack of redundancy makes them *highly efficient* – information can spread very fast

SIX CONDITIONS OF SYSTEM CHANGE



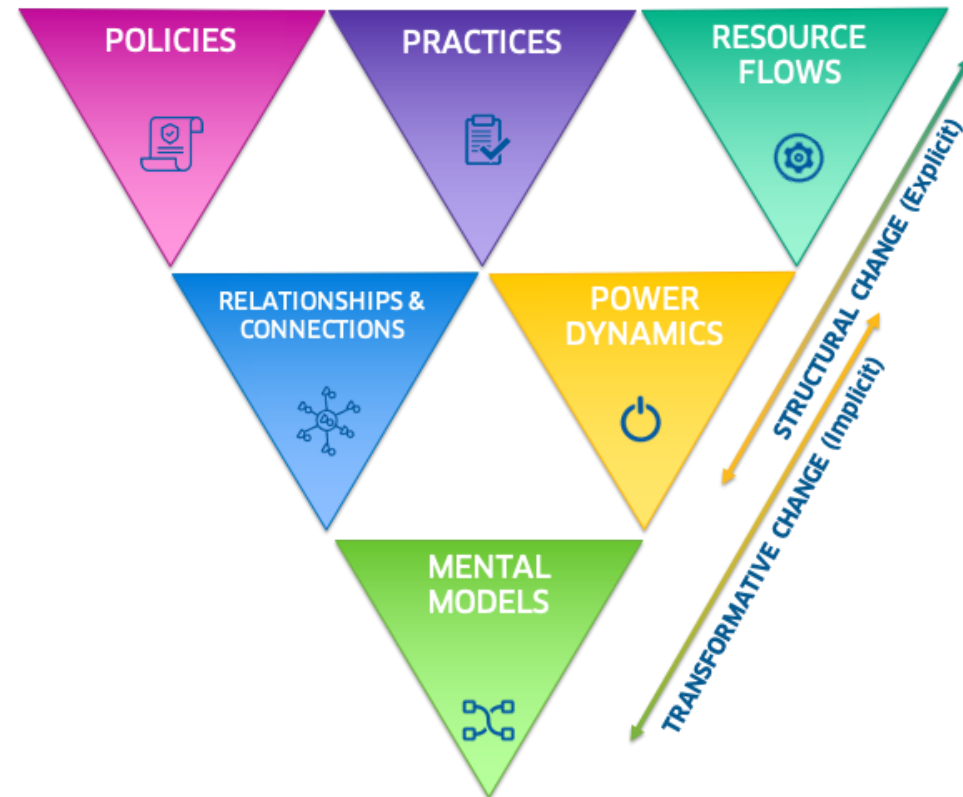
Shifting Mental Models and Practices

Strong-tie networks are *not efficient*.

There are a relatively small number of connections – and many of those connections overlap

Because of all that redundancy, information spreads much more slowly than it does in a weak-tie network

SIX CONDITIONS OF SYSTEM CHANGE



Shifting Mental Models and Practices

Weak-tie networks can become very large – because connections are easy to form

When something “goes viral,” it almost always involves a weak-tie network

If I share a catchy message with 10 people

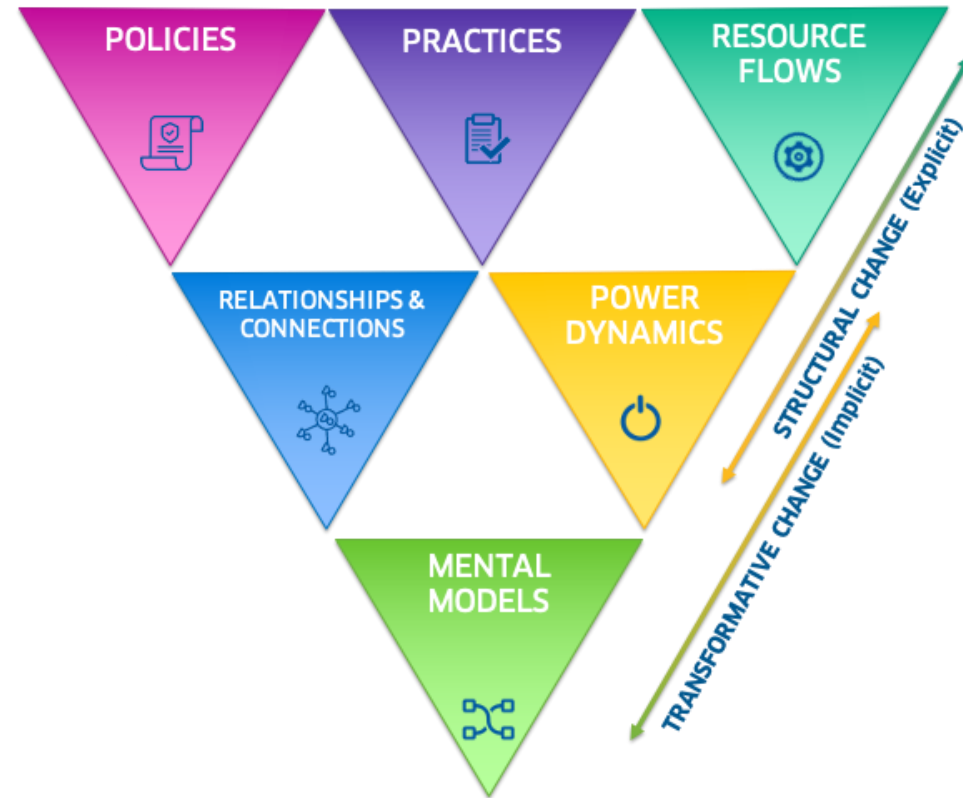
...

*and they share it with 10 people,
who share it with 10 more people*

...

the message can spread very far very fast

SIX CONDITIONS OF SYSTEM CHANGE



Shifting Mental Models and Practices

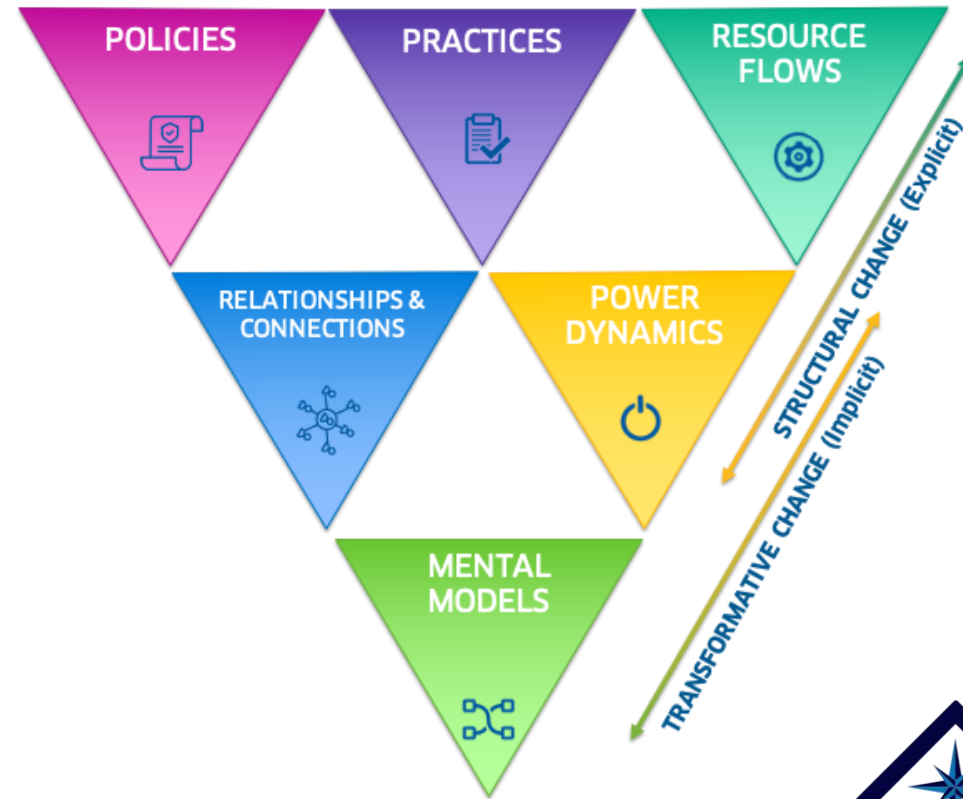
If you and I are in a **strong-tie network**, we share a lot of contacts . . . who are also connected with each other

So when I tell ten people and they go out and tell ten more people – the same people end up hearing the message multiple times

That's a very inefficient way to spread information

But it has important advantages

SIX CONDITIONS OF SYSTEM CHANGE



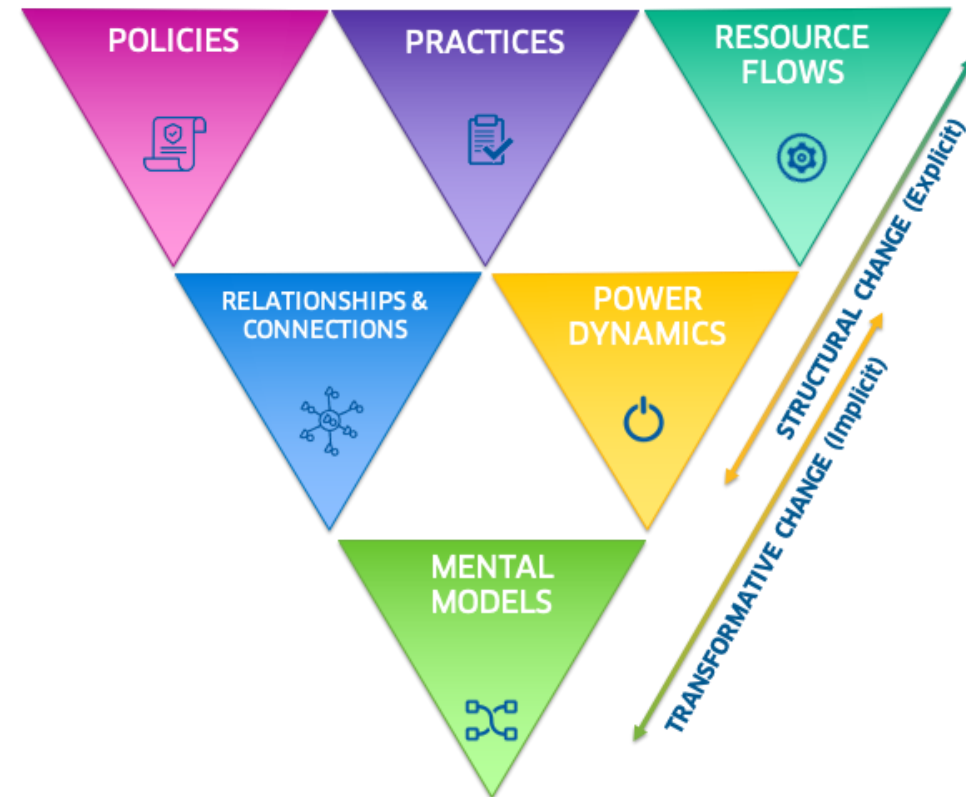
Shifting Mental Models and Practices

There's a common assumption that the best way to achieve a big change in mindsets is to create **viral messaging**

We've all seen how well viral messaging works for getting people to buy a product, listen to a song, etc.

A lot of effort goes into crafting "sticky messages" that will get repeated a lot and spread quickly

SIX CONDITIONS OF SYSTEM CHANGE



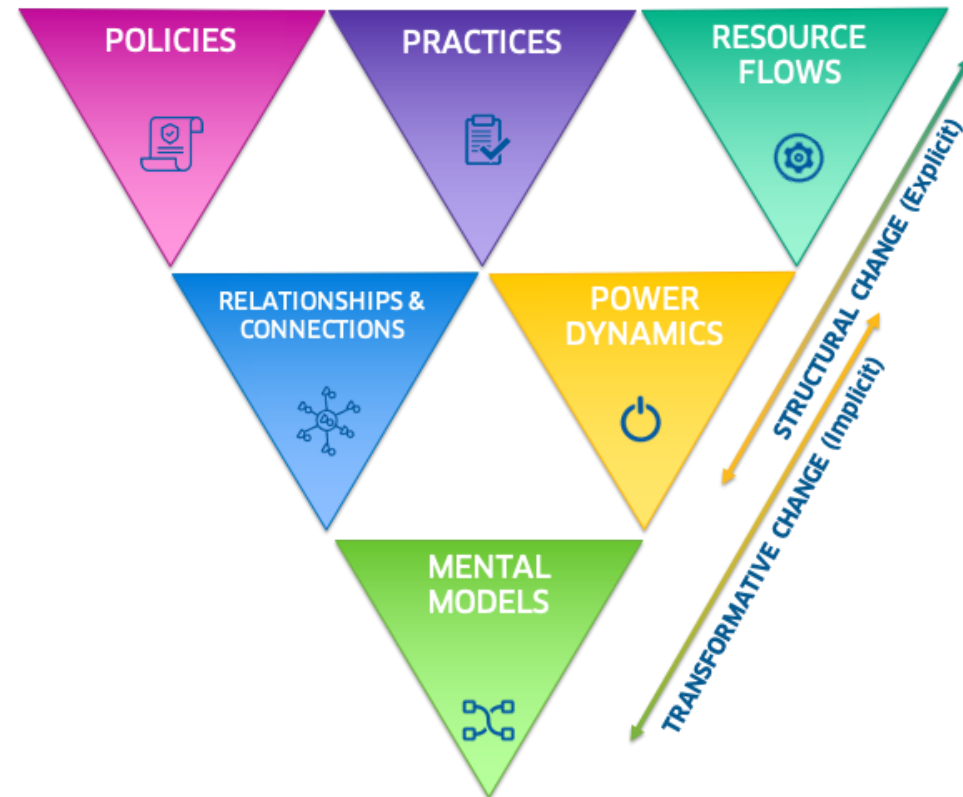
Shifting Mental Models and Practices

Because choosing to listen to a song or buy a new brand of soap involves very little risk, it's often enough just to build awareness

But *awareness* is not enough when it comes to changing long-held habits and mental models

For people to make they kind of change, they usually need to receive significant **social reinforcement**

SIX CONDITIONS OF SYSTEM CHANGE



Shifting Mental Models and Practices

Example #1 Contraception in South Korea

Several decades ago, there was an attempt to increase use of contraception in South Korea.

So teams went to villages throughout the country and familiarized everyone with different modes of contraception.

The program was very successful.

Adoption of contraception increased significantly across the country.



Shifting Mental Models and Practices

Example #1 Contraception in South Korea

How did they do it?

We might expect that **individual preferences** would lead everyone to choose whichever mode suited them best.

Or that **cultural factors** would drive most everyone in the country to adopt the same method.

But that's not what happened.



Shifting Mental Models and Practices

Example #1 Contraception in South Korea

Over and over, throughout the country, entire villages adopted *a single mode*.

In one village, everyone might coalesce around the use of birth control pills. In another, everyone might coalesce around using condoms. And so on.

This was the power of **strong-tie networks** in action.



Shifting Mental Models and Practices

Example #1 Contraception in South Korea

Largely random factors would lead one mode to gain momentum in a community.

Once it did, people who were undecided would hear positive things from multiple neighbors.

That would give them confidence in the legitimacy of that particular mode. So they'd adopt it too, and share their decision with other neighbors.

Soon everyone coalesced around a single choice. A snowball effect.



Shifting Mental Models and Practices

Example #2 Energy Saving in California

In California, there was an initiative to convince people to reduce their energy consumption.

At the start, researchers asked people what kinds of information would be most likely to influence their choices.

The two things that most people named were . . .

- Information about cost saving
- Information about environmental benefits



Shifting Mental Models and Practices

Example #2 Energy Saving in California

When people were asked whether information about *their neighbors'* choices would influence their decision, they almost always said that it wouldn't.



Shifting Mental Models and Practices

Example #2 Energy Saving in California

Neighborhoods were randomized to receive one of the three types of messages.

And the result . . .

Information about cost savings and environmental benefit *had no measurable impact* on people's choices

The only group that reduced its energy consumption was the group that received information about *what their neighbors had done*



Shifting Mental Models and Practices

So, what do we know about effective methods for shifting mental models and practices?

What influenced people was not information about the cost of change. Or the ease of change. Or the effectiveness of change.

(Even though those are the things that people *thought* they cared about.)

What influenced them was social support for the change – confirmation that the change was safe and legitimate and that people like them were making it.

Reinforcing messages . . . from multiple directions . . . from people you think are like you – that's what drives transformative change.



Shifting Mental Models and Practices

So, what do we know about effective methods for shifting mental models and practices?

These same dynamics have been found in many contexts . . .

- Among farmers choosing whether to adopt new types of seeds
- Among people deciding whether to visibly support social change movements
- In randomized and controlled lab experiments

To achieve transformative change, we need to . . .

- Activate people's identities as members of a particular region, community, profession, etc.
- Persuade people that they will be safe, respected, and in good company if they shift their beliefs and behavior



Shifting Mental Models and Practices

So, what do we know about effective methods for shifting mental models and practices?

It doesn't matter much if the person delivering a message is similar to you in some general sense (same age, race, etc.).

What matters most: If you feel that they're in the same boat as you *in relation to the specific change*.

- If the change relates to your asthma, you want confirmation from other people who also have asthma
- If the change relates to safe injection practices, you want to hear from other heroin users

When a message comes from someone who is obviously *not* in the same boat as you, it can have a negative effect. You conclude that this change is *someone else's* agenda, not yours.



Shifting Mental Models and Practices

So, what do we know about effective methods for shifting mental models and practices?

A related problem is “the awareness backfire.”

If you make a big push for change . . . And the change *doesn't* take hold – people will conclude that there must be something wrong with the change.

In effect, the change itself becomes stigmatized as a failure.

People then treat all subsequent change messages with suspicion, wanting to avoid association with a loser idea.

In that case, not only is the campaign unsuccessful but it actually breeds resistance to the change.



Shifting Mental Models and Practices

The Power of Tipping Points

Here's the good news: Transformative change can be easier to achieve than we think.

Major shifts in norms often appear to be impossible – until they suddenly happen.

For example: When authoritarian regimes fail, the collapse tends to happen very fast.

- When people get social confirmation that their unhappiness is shared by many others, they start speaking out
- Change signals quickly magnify until they're everywhere – another example of the snowball effect



Shifting Mental Models and Practices

The Power of Tipping Points

Tipping points tend to be invisible until they're reached.

And they can come quickly – well before you reach majority support.

Lab experiments and observational studies have found that it only takes 25% adoption to flip a social norm.

If one-quarter of the people in my strong-tie network adopt an innovation, I'm very likely to see it as a powerful trend that's legitimate and safe.

Soon the snowball effect takes hold and the norm shifts.



Shifting Mental Models and Practices

The Power of Tipping Points

So if we want to achieve a transformational change reduces stigma across the community, our job is to tap into our strong-tie networks and trigger a tipping point.



Stewardship

Stewardship

System change tends to be driven by people who have a *stewardship* orientation

Stewardship differs from leadership in important respects

Leaders tend to focus on advancing the interests of their group or organization

- Someone operating in leadership mode can be visionary and courageous, and produce a lot of good
- Leaders are seen as having done a good job if they succeed in getting their group what it wants
- It doesn't matter if they get there by cooperating with others – or by defeating them



Stewardship

Stewards are similar to leaders, but they take a wider view of their responsibilities

A steward is someone who forms working relationships with others to strengthen the systems that enable everyone to thrive

The most successful stewards . . .

- Made a concerted effort to think in terms of systems and to avoid isolated actions
- Focus on the well-being of the *whole community*
- Place an emphasis on constant learning and adaptation
- Pay attention to the power of legacies, both positive and negative
- Find ways to leverage *existing* strengths and energy



Stewardship

Stewardship occurs in three nested levels . . .

- Changing your internal mindsets and practices
- Changing mindsets and practices within your group
- Changing mindsets and practices in the community

It's hard to succeed at community-level system change if you haven't changed mindsets and practices within your own organization or discipline

And it's hard to change other people's mindsets and practices if you haven't first changed your own



Stewardship

The north-star goal of all stewardship

All people and places thriving together – no exceptions



15 Percent Solutions

A 15% Solution is something you can do right away without needing any more freedom, resources, permission, authority, or control.

It is a process to identify where you have discretion to act right now to make meaningful progress, whether big or small.

Spiral Journal

A reflection tool
to prepare
for the
work ahead



Instructions and Steps for Spiral Journal

1. Divide a page into quarters and start drawing the slowest, tightest spiral that you can (2 mins)
 2. Respond to the prompt in the first quadrant. Try to generate multiple items for each question or statement. (1-2 mins)
 3. Repeat with every subsequent quadrant (4-8 mins total)
- *Note: this journal is meant to invite you to reflect alone before going into a group discussion. You won't be asked to share your writing with anyone, but if you would like to share what you wrote down, you can use your discretion to do that.*

Starting from the top left and moving clockwise around your spiral, brainstorm on these prompts:

What would your ideal vision look like for reducing stigma in your personal or organizational life?



What can you do NOW without more resources or authority to act on these initial ideas?

Who are people you could connect with as supporters or potential partners to move toward that vision?

What are the first action steps to create the change you want to implement around reducing stigma?

Small Group Consultation

First Step:

Individuals briefly give context and share their 15% Solution with a small group (3 to 4 members).

3 min. per person and one person at a time

Second Step:

Group members provide consultation to one another (asking clarifying questions and offering advice).

5 to 7 min. per person and one person at a time

Reducing Stigma Together

Form Two Teams

Count off 1, 2 / 1, 2 / etc.



Reducing Stigma Together

Team Tulip

- What steps would be most effective at shifting the power dynamics that hold stigma in place?
- How can we reduce stigma by fostering healthier relationships at multiple levels?
- What are the primary obstacles to achieving those shifts – and what would it take to overcome the obstacles?

Team Eagle – System Change Discussion

- What changes to policies would be most effective at reducing stigma?
- What changes to resource flows would be most effective at reducing stigma?
- What are the primary obstacles to achieving those shifts – and what would it take to overcome the obstacles?



Reducing Stigma Together

Team Eagle – System Change Discussion

- What changes to policies would be most effective at reducing stigma?
- What changes to resource flows would be most effective at reducing stigma?
- What are the primary obstacles to achieving those shifts – and what would it take to overcome the obstacles?



Reducing Stigma Together

Both Teams

- Identify potential ideas for collective action
- What is a project that we could start over the next 6 months to reduce stigma?
- Things to keep in mind . . .
 - The systemic factors that hold stigma in place won't be changed overnight. Think of the project you're designing as a "downpayment" – first steps that we can undertake together over the next six months.
 - The best projects are multisolving – they have the ability to move multiple levers in a self-reinforcing way
 - What can you contribute personally to the project – and how you could bring others into the work?



Next Steps

- 1) Individually or within your organization start implementing your 15% Solution change.
- 2) Share with at least one person one or two take aways from this two-day learning session and brainstorm ideas for a system change initiative.
- 3) September Learning Session (to report back on progress made with your individual and/or organizational change projects and identify one or two system change initiatives to complete over the next 6 months).
- 4) TTC will provide coaching and support for the system change initiative.
- 5) What other types of support would be helpful?



Evaluation

We will send an evaluation survey to all of you tomorrow morning. Please give us feedback. We really value your input on these last two days. You will receive an email from the Northwest ATTC email address.



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