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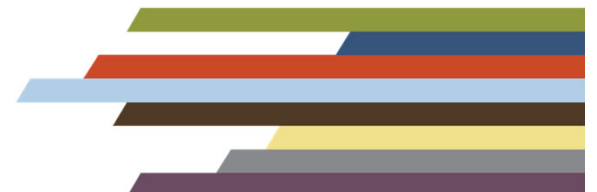


Systems Change Shift: Application to Substance Misuse and Mental Health Disorders Prevention

Beverly Triana-Tremain, PhD, CLSSGB

August 25, 2021, 1 to 2 (CT)

South Southwest Prevention Technology Transfer Center



Today's Presenter



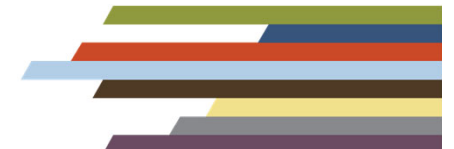
Beverly Triana-Tremain, PhD, CLSSGB
Epidemiologist
South Southwest PTTC Region 6



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Learning Objectives

1. Identify the six conditions of systems change.
2. Differentiate between the structural, relational, and transformative elements of the Systems Change Model.
3. Identify three opportunities for the preventionist to use the Systems Change Model in their substance misuse and/or mental health outcomes work.



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Funding and Disclaimer

This work is supported by awards 6UR1TI080205-02M002, SM081726 and 1H79SP081006-01 from the Department of Health and Human Services, Substance Abuse and Mental Health Services Administration.

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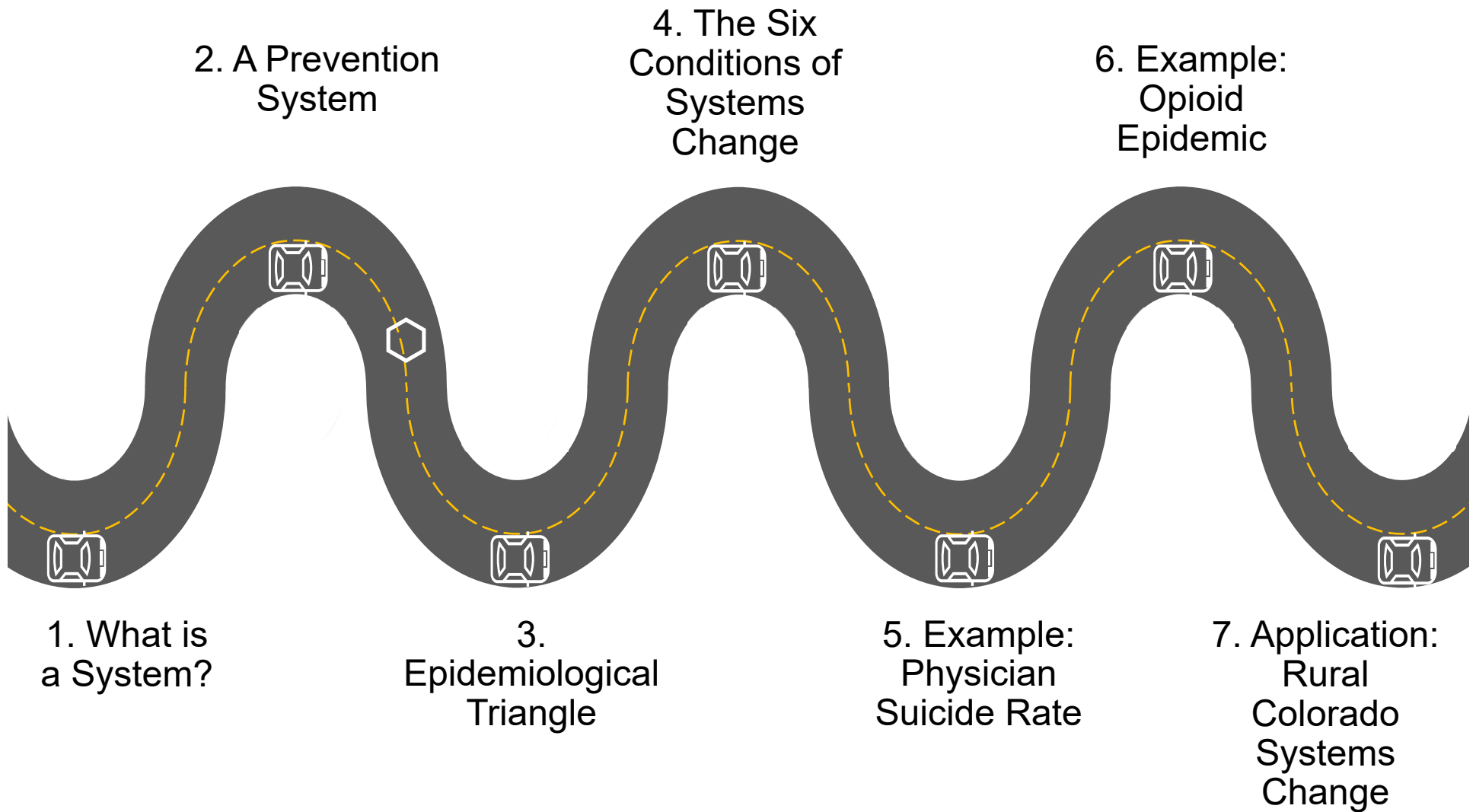
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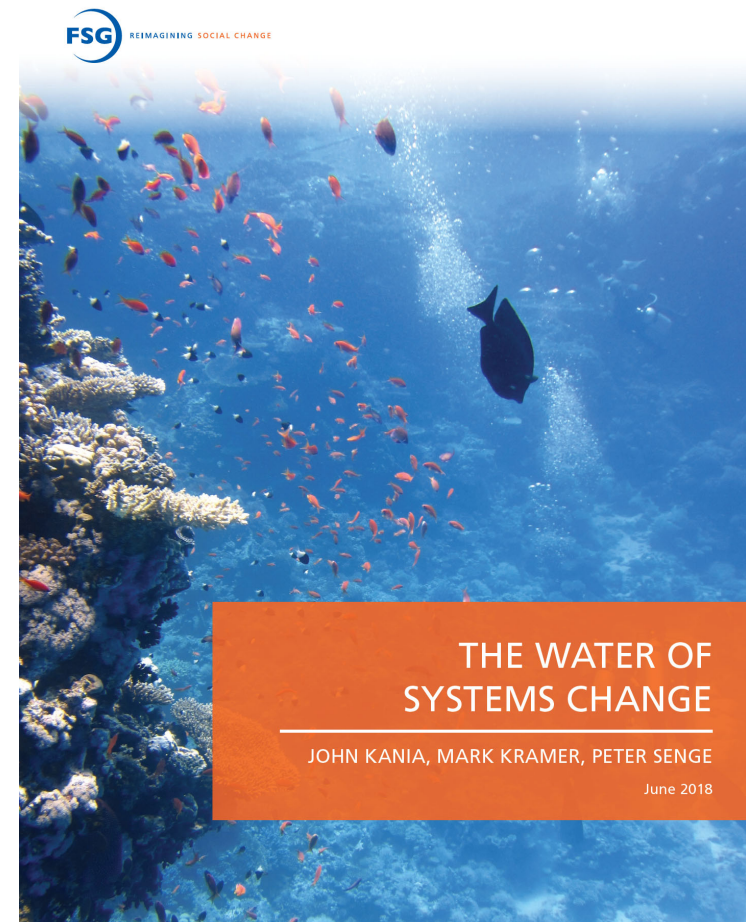


Our Journey for Today



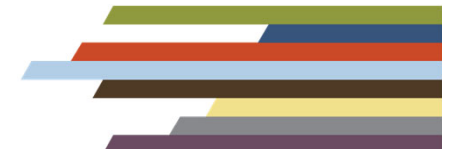
The Water of Systems Change

Kania, J., Kramer, M., Senge, P. (2018). The water of systems change. FSG.
https://www.fsg.org/publications/water_of_systems_change



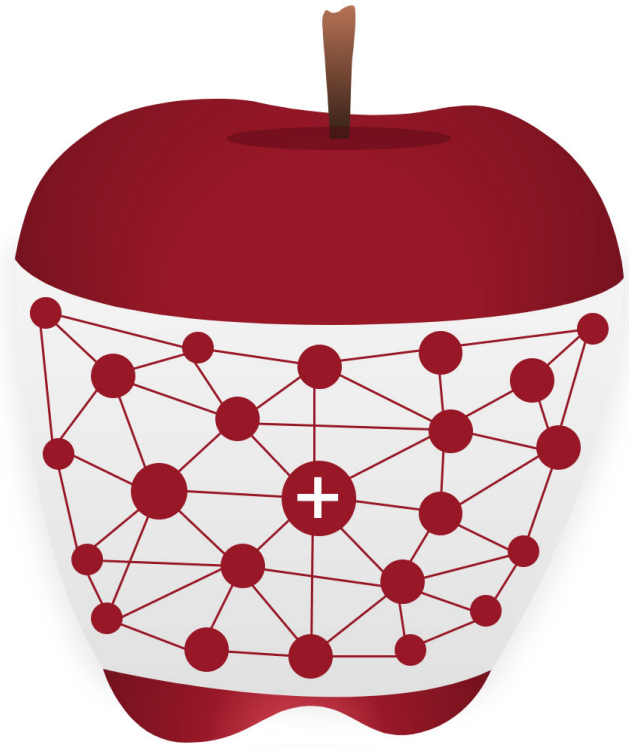
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What is a System?

- Systemā
- A "whole concept made of What words do you think of when you hear the word system? A system is a group of inter elements that act according form a unified whole. A sys influenced by its environm its boundaries, structure a expressed in its functionin,

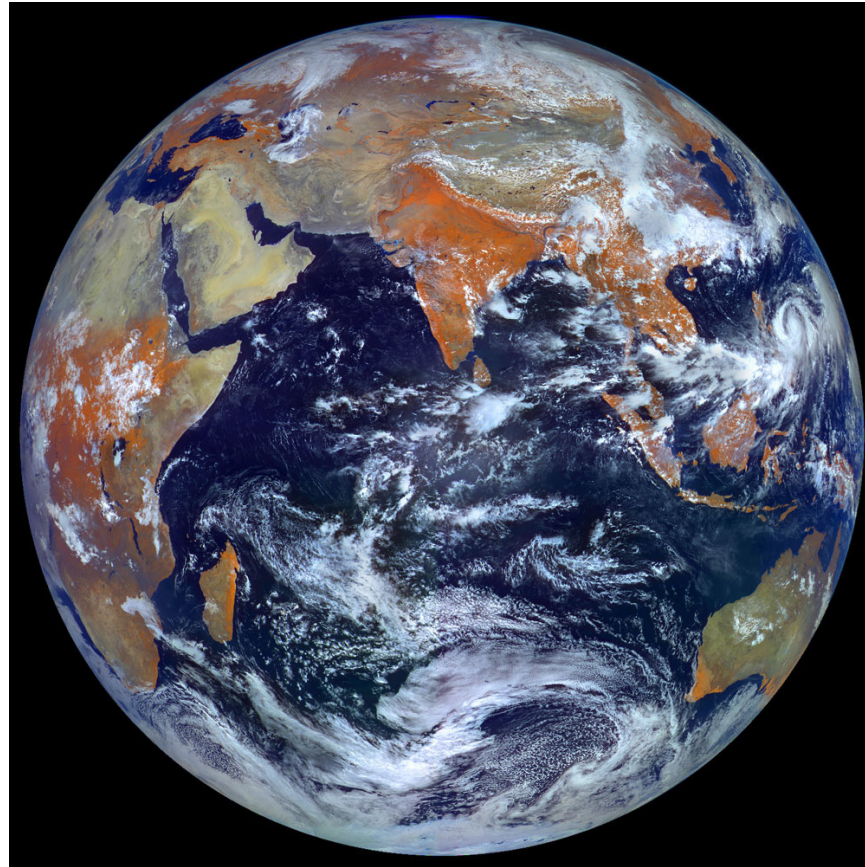


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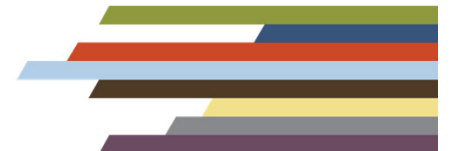


Global System



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Subsystems



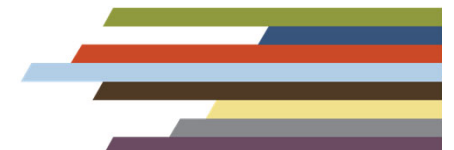
Social Subsystems
Political Subsystems
Ecological Subsystem



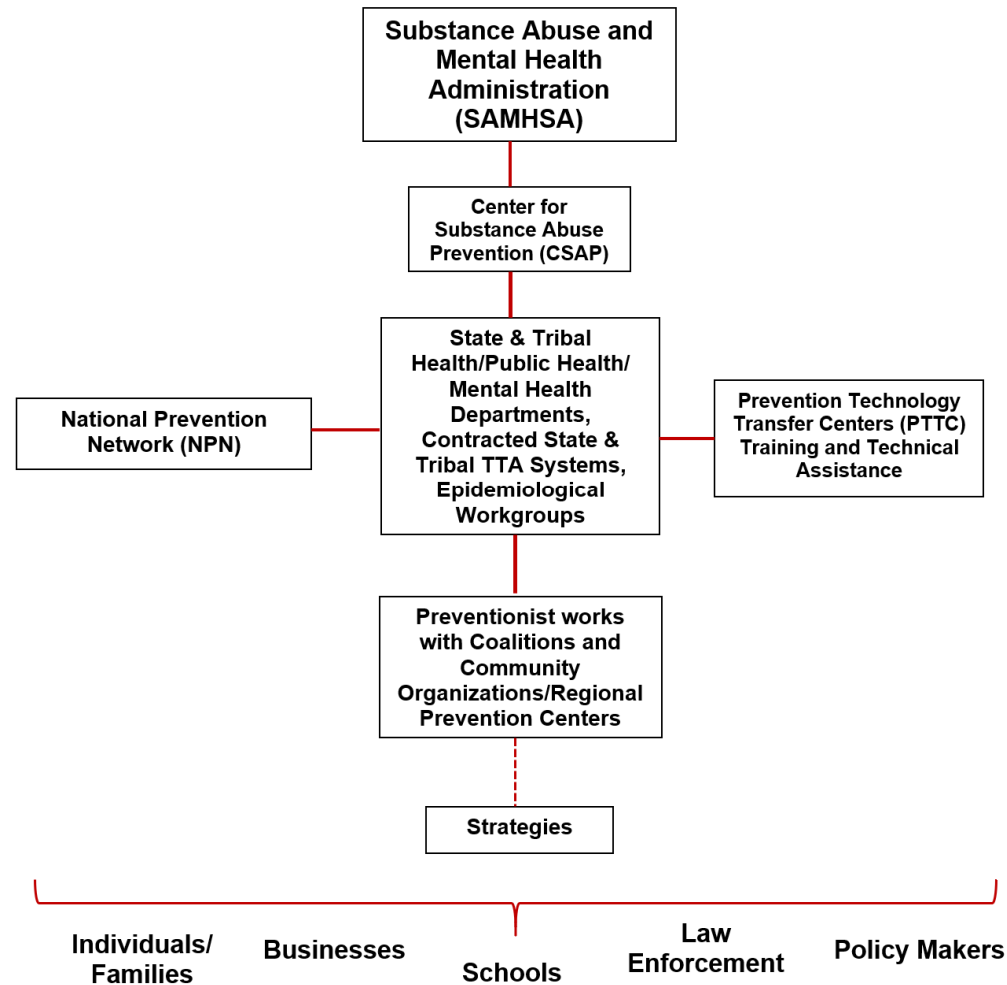
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A Prevention System



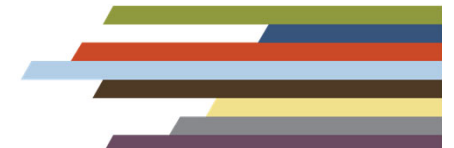
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Handout #1: Prevention System



What is **Change** in a System?

“[Change in a system]...is about addressing the root causes of social problems, which are often intractable and embedded in networks of cause and effect. It is an intentional process designed to fundamentally alter the components and structures that cause the system to behave in a certain way.”

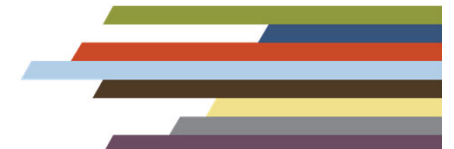


-Abercrombie, Harries, & Wharton, 2015)

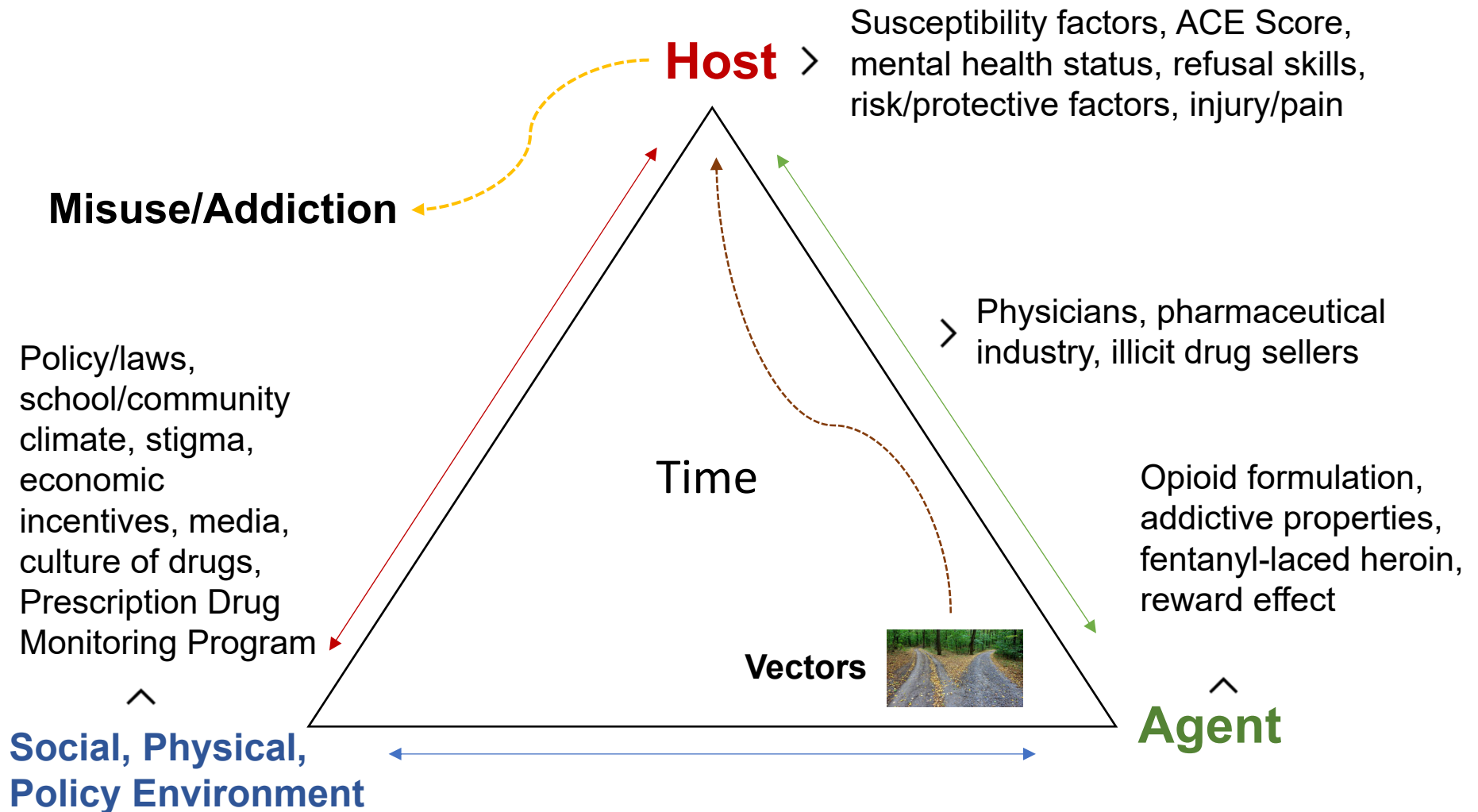


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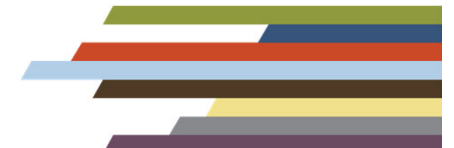


The Epidemiological Triangle



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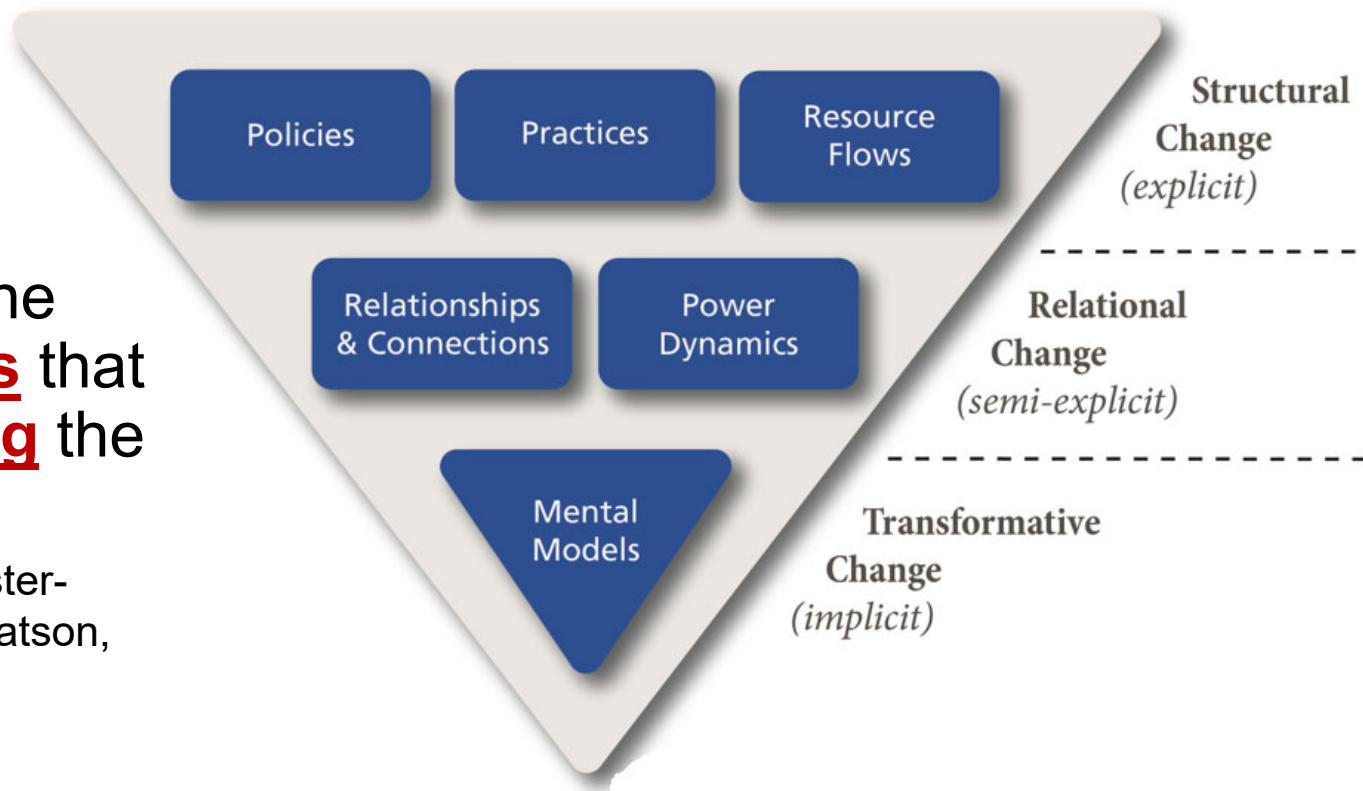
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The Six Conditions of Systems Change

Six Conditions of Systems Change

It's about "shifting the conditions that are holding the problem in place." (Foster-Fishman and Watson, 2011).

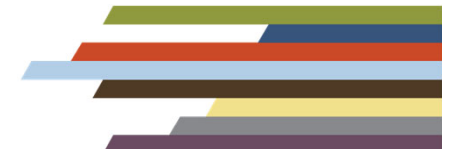


Source: Kania, J., Kramer, M., Senge, P. (2018). *The water of systems change*. FSG. Used with permission.

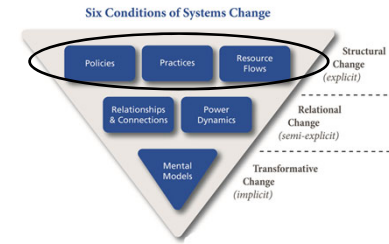


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Level 1: Structural Change



Power

- Rules
- Regulations
- Priorities



A mandated guide for action

Practices

- Procedures
- Guidelines
- Shared habits
- The work



To improve social, environmental progress

Resource Flows

- Money
- People
- Knowledge
- Information



Resources allocated and distributed

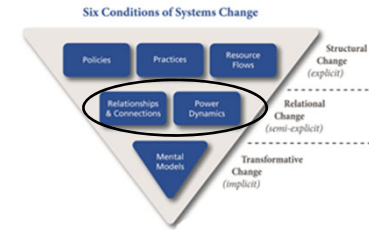


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Level 2: Relational Change



Relationships and Connections

- *Communication*
- *Viewpoints*
- *Histories*



Quality of interchange among Actors in the system

Power Dynamics

- *Decision making*
- *Power*
- *Authority*

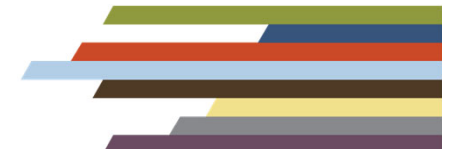


Informal/Formal influence with individuals and organizations

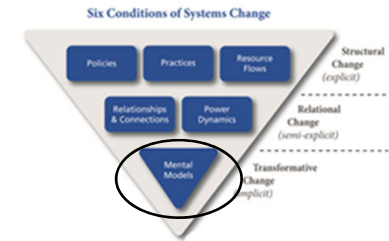


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Level 3: Transformative Change



Mental Models

- *Thoughts*
- *Meta-Cognition*
- *Beliefs*
- *Assumptions*
- *Framing*

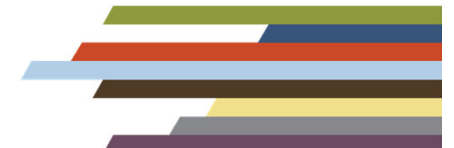


*Influence what we do
and how we talk*



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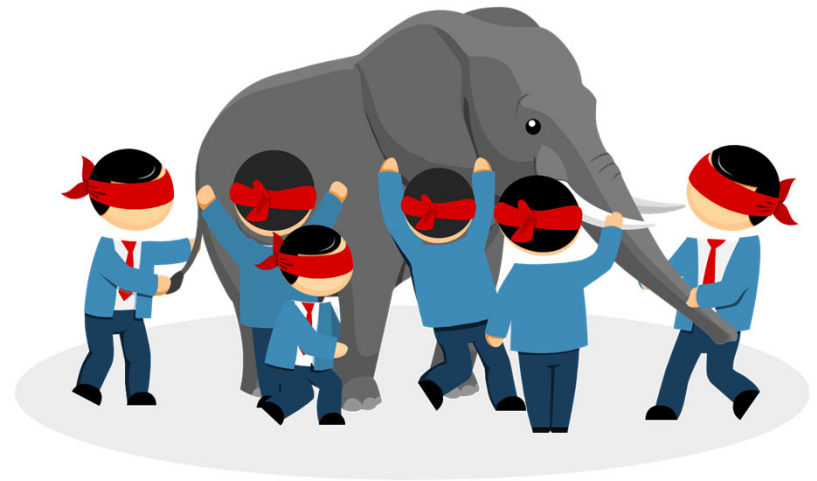
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Systems Thinkers and the Elephant

Systems thinkers “make sense of the complexity of the world [by looking] at it in terms of wholes and relationships rather than splitting it down into its parts and looking at each in isolation”

- Ramage and Shipp (2020)



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Example #1

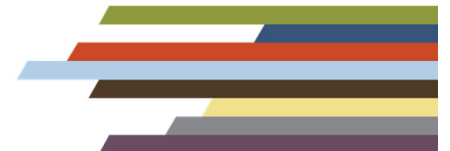
Physician Suicide Epidemic

- Suicide in general population is 13.93 per 100,000.
- Male doctors 40% higher; Female doctors 130% higher than general population.
- Highest suicide rate of any profession; Psychiatry is near the top.
- One doctor dies by suicide every day.



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Example #1 Physician Suicides

Condition	Areas for Intervention
Policies	State medical boards could sanction a physician for seeking mental health treatment
Practices	Question mental health history on state licensing; buddy system for lawsuit
Resource Flows	Time for self-care, regular exercise, adequate sleep, technology and scribes
Relationships/ Connections	Weakened camaraderie in workforce, hiding from colleagues; fast-paced
Power Dynamics	Professional discrimination, close supervision, enrolled in Physician Health Program
Mental Models	Superhuman effect, perceived/actual stigma, identity, perfectionist, achievement oriented

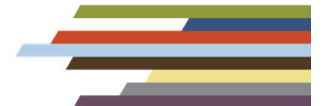
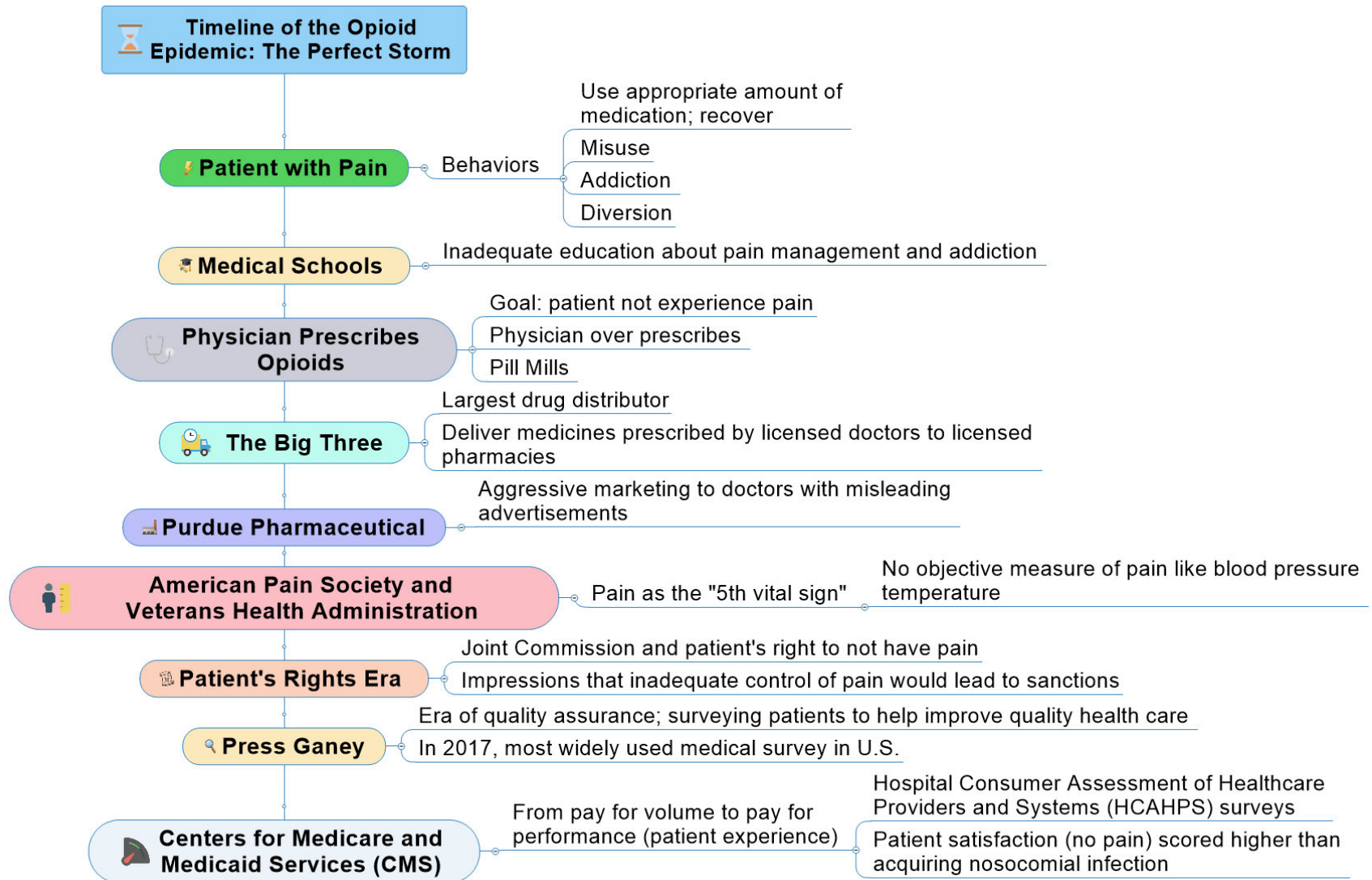


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Example #2



Example #2 Opioid Epidemic

Condition	Areas for Intervention
Policies	Methadone distributed in special clinics only; limited number of patients for MAT (100)
Practices	Siloed treatment; 8-hour training/DEA Waiver; Medical School training lacked SUD focus
Resource Flows	Insufficient number of addiction treatment specialists; No Medicaid expansion
Relationships/Connections	Physicians pressured to RX
Power Dynamics	Treatment systems should consult with and engage those with addiction to design treatment services
Mental Models	Personal failure/brain disorder; criminalized; “complex patient”, just switching drugs; MAT is dangerous to administer



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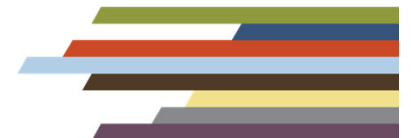
Example #3 Rural Colorado Systems Change Study - Prevailing Themes

- Early experiences set the stage (e.g., drugs in home, trauma, mental health-addiction connection).
- A specific event led to treatment (e.g., criminal justice, intervention).
- Hyper self-awareness while traveling the path of recovery.
- Facilitators of recovery were very important (e.g., peers, family, clergy, teachers, medication, giving back, active lifestyle).
- Finding the right provider took time.
- Family in denial or unsupportive.
- Community culture of substance use.
- Stigma toward those recovering.



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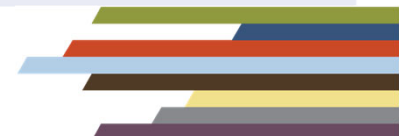
The 6 Conditions and Recovery

Condition	Areas for Intervention
Policies	Long waitlists for affordable housing (encourages dysfunctional living); corrections determine outpatient or residential treatment; criminal justice involvement barrier to employment
Practices	Focus on crisis/short-term services vs. prevention/early intervention
Resource Flows	No insurance; no transportation, no housing for women; no knowledge of available services/supports
Relationships & Connections	High turnover of providers; no connectivity between providers and resources
Power Dynamics	Individualized, recovery-oriented services vs. provider control; lack of appointments to fit schedule
Mental Models	Punitive paternalism; sobriety-first vs. housing first; community stigma; resort “party” atmosphere



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6 Conditions for Youth Alcohol Prevention

A Systems Approach for the Prevention of Alcohol Use among Youth

This handout provides the six conditions for a systems approach (Kania et al., 2018)¹ to the prevention of alcohol use among youth. The six conditions are policies, practices, resource flows, relationships and connections, power dynamics, and mental models. There are examples for each of the six conditions. The examples focus on activities for the preventionists and the stakeholders with whom they work in communities. Most of the examples have references for information on how to implement the example.

Condition	Example for Preventionists ¹
Policies/ Enforcement	<ul style="list-style-type: none"> Work with stakeholders to plan and implement the best policy and enforcement practices: regulation of alcohol outlet density through zoning and business licensing², increasing alcohol prices and taxes, dram shop liability, maintaining limits on days of sale, maintaining limits on hours of sale, enforcement of laws prohibiting sales to minors, conducting compliance checks, instituting social host liability, pass zoning ordinances against alcohol advertisements near schools, minimum age of sellers/server requirements, measure the existing campus alcohol policies in schools and colleges community wide³, texting tipline, shoulder tap programs. Introduce administrators to the school climate concept.⁴ Know the laws and policies in your state related to youth and alcohol consumption.⁵ Assess the readiness for native communities to address alcohol and other drug misuse policies.⁶
Practices, Programs, and Data Collection Activities	<ul style="list-style-type: none"> Know the databases and registries that contain evidence-based prevention programs.^{7, 8, 9, 10, 11} Work with providers to use Electronic Screening and Brief Intervention. Work with clinical settings to use Screening and Brief Intervention for Excessive Drinking. Work with schools to improve their policies on reducing alcohol problems.¹² Assess the presence of an Alcohol Sales Policy Manual for businesses that sell alcohol.¹³ Work with stakeholders in the children's sector to measure Protective Factors and determine changes.^{14, 15} Measure shared risk and protective factors in your community using the Centers for Disease Control and Prevention's Shared Risk and Protective Factors Measurement Toolkit (MS Access).¹⁶ Assess the community's capacity for promotion, prevention, referral, treatment, and recovery across the continuum of care.¹⁷
Resource Flows	<ul style="list-style-type: none"> Develop youth in the coalition with the training and real opportunities to participate (speaking to the media, youth culture). Implement Interventions with Multiple sessions/multiple years.

Relationships/ Connections	<ul style="list-style-type: none"> Conduct a stakeholder analysis that would support the implementation of your student youth survey. Measure parent attitudes and behaviors related to underage alcohol use and present results.¹⁸ Assess climate in the community's schools.¹⁹ Help community organizations develop a theory of change and logic model.²⁰ Work with community agencies that deliver services to youth to understand the role of Adverse Childhood Experiences (ACES).²¹ Work with the media in your community through news releases, opinion pieces, letters to the editor, newsletter blurb, pitching a story to TV, public service announcement outreach, and social media.²² Educate media on the responsible reporting of suicide.²³
Power Dynamics	<ul style="list-style-type: none"> Work with media to give public recognition for establishments that do not sell to minors. Measure/map alcohol density in the community and publish the results.²⁴ Teach youth about the goals of alcohol companies and their effects. Work with community stakeholders to identify advertising harmful to youth and enter complaints to the Beer Institute,²⁵ Distilled Spirits Council of the United States,²⁶ and the Wine Institute.²⁷ Follow the bills introduced and their progress related to alcohol misuse and mental health disorders.²⁸
Mental Models	<ul style="list-style-type: none"> Provide an epidemiological profile of the existing youth and alcohol attitudes, beliefs, and behaviors to stakeholders. Measure the normative climate around youth drinking. Educate the community about the brain development of youth and its role in risk taking. Assess law enforcement attitudes about youth drinking. Improve alcohol health literacy²⁹ among youth (e.g., critical recognition of advertising and industry techniques, goals, and effects).³⁰ Create opportunities to build stakeholder's knowledge about risk and protective factors among youth. Work with community organizations to assess their cultural competence related to policies.³¹ Assess your cultural competence through self-reflection.³²



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Handout #2: A
Systems Approach



Questions

“...how easy it is to be seduced by the “**rightness**” of our own views; by gathering data about a particular situation from different perspectives, we get a better sense of the whole and can make more robust decisions.” - Ginny Wiley



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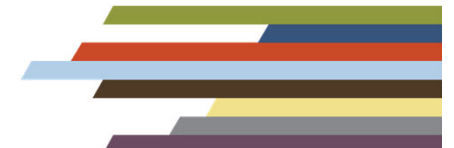
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Thank You

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