Honoring Innovations Report

"A Newsletter for System of Care Communities in Indian Country" Issue #7, July 2012

A newsletter published by the National Indian Child Welfare Association (NICWA) describing best practices in American Indian/Alaska Native systems of care for current and graduated systems of care communities.

A "best practice" in the field of American Indian/Alaska Native children's mental health is a process, method, training, or event that is believed to have a direct link in providing the desired outcome.

NICWA believes that such a designated practice requires attention to seven specific criteria listed below.

- Longevity
- Replicable*
- Harmonious with Indigenous Values and Teachings
- Sustainability
- Community Acceptance
- Input of Stakeholders Across Generations
- Culturally Competent Staffing

*When/Where applicable

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The Power of Community Engagement

For a long time, Native communities have recognized that community members must be involved at every stage of planning, implementing, and evaluating in order to improve social issues through prevention and intervention programs. There is a common understanding that what works in one community may not be effective in another, and that strategies for social change and healing must be both community-specific and culturally relevant.

In recent decades, the Community Readiness Model (CRM) has garnered much attention. CRM has a unique ability to assess diverse communities' specific stages of readiness to undertake community healing. The model has an ability to evoke positive social change with efficacy, social significance, and cost-effectiveness. This quarterly newsletter issue will examine the CRM and discuss why the model has proven so effective in assisting Native people with their work addressing a myriad of social ills and in building healthy communities.

Community Readiness Model: A Blueprint For Success and Sustainability

The CRM was developed to assist communities in creating positive community change around a specific issue by facilitating their progression through a series of nine stages of readiness.

The CRM is community-specific, culture-specific, and issue-specific in both the assessment of the exact readiness stage in which the community exists, and in the appropriate

Additional Resources

Web links

National Center for Community Readiness
http://www.nccr.colostate.edu/

Community Readiness: A Handbook for Successful Change
http://www.nami.org/Content/NavigationMenu/NAMI_Center_for_Excellence/Tools_for_Excellence/CommunityReadinessHandbook.pdf

Community Readiness Webinar Presented to Native American Center for Excellence
http://nace.samhsa.gov/flowplayer/webinar/20110714.html

Articles

Jumper-Thurman, P., Plested, B. A., Edwards, R. W., Helm, H. M., & Oetting, E. R. (2000). *Community readiness: A promising model for community healing*. In D. Bigfoot-Subia (Ed.), Native American Topic-specific Monograph Series. Oklahoma City, OK: The University of Oklahoma Health Sciences Center, Office for Victims of Crime, Department of Justice.

Allen, J., Mohatt, G., Fok, C., Henry, D., People Awakening Team. (2009). Suicide Prevention as a Community Development Process: Understanding Circumpolar Youth Suicide Prevention Through Community Level Outcomes. *International Journal of Circumpolar Health* 68:3.

implementation of strategies specifically aimed at that stage of readiness. The CRM is intended to create a clear map of the prevention or intervention journey for a specific issue in a community. As CRM co-developer Pamela Jumper-Thurman, Ph.D., explains, "If a community is at a lower stage of readiness for intervention, [embarking upon work intended for those at] higher levels will likely be met with failure."

History

The CRM was developed nearly 20 years ago by a team of researchers at Colorado State University. While assisting First Nations communities in Canada to develop strategies to prevent inhalant abuse, Jumper-Thurman and her colleague, Barbara Plested, Ph.D. quickly realized that communities had different resources, social structures, and political systems. They concluded that those differences had to be addressed more carefully in any future intervention work. They noticed that those differences seemed to account for the fact that some communities thrived while others floundered despite identical access to training.

Based on these observations, Jumper-Thurman and Plested, along with colleagues Eugene Oetting, Ph.D., Ruth Edwards, Ph.D., and Fred Beauvais, Ph.D., helped develop the CRM as a model to acknowledge community differences and create a framework for incorporating communities' various stages of readiness for supporting positive community change.

How the CRM Works

The CRM aims to provide community-driven intervention strategies in order to increase the likelihood of success in addressing a specific issue. The model relies heavily on clearly identifying a community's readiness level through a very detailed and comprehensive assessment phase.

In their facilitation work through the National Center for Community Readiness, Jumper-Thurman and Plested offer specific ideas for how the social marketing of a community assessment process should begin as early as possible. From one-on-one conversations to potlucks and community events, they promote the idea of engaging in an assessment phase throughout the community in order to get the most representative participation in the readiness assessment itself.

To begin the assessment process, communities are asked to 1) identify the "issue" and 2) define the "community" with absolute clarity. In defining the issue the community wishes to address, the CRM requires information to be as specific as possible. For example, a community may wish to address "children's mental health." The CRM takes this broad issue and helps define and identify a clear focus area. For example, will the CRM work result in a public education plan on recognizing symptoms of children's mental health concerns? Or is the community requesting strategies for improved coordination of children's mental health services? Or is the ultimate goal to develop an action plan for seeking increased funding of treatment programs? Such specific detail is vital in developing deliverables/outcomes from the model that are relevant, realistic, and applicable to each individual community.

The clear articulation of the "community" also itself influences how the CRM will be used. A "community" may be based on shared geography or of a subgroup of people within a geographic area. Another idea of "community" is a group of people who share a common profession, organizational tie, or social connection. Within Indian Country, a "community" is often defined as those sharing tribal affiliation, clan, or status as an urban Indian. Discussing and describing all these different communities is a very important part of the process to improve the CRM's

Turtle and Lightning Story

As told by Pamela Jumper-Thurman, PhD

One day, Lightning and Turtle were sitting on the riverbank visiting. They hadn't seen each other in a long time, and they talked, and talked.

Darkness came, and they wanted to continue talking, but it was chilly, and they needed to build a fire. Turtle said, "I'll build a fire. Let me do it."

Lightning knew that he was really good at fire. However, he thought that he should let his brother Turtle build a fire. So Turtle went and got a twig and brought it back. He got another twig and he brought that back. After he'd done this several times, Lightning was getting impatient.

Finally, Lightning couldn't stand it anymore, and he threw a bolt and started the fire. But he scared Turtle so badly that Turtle dove down to the bottom of the river. And that's where he lives to this very day.

The reason we tell this story to prepare for community readiness is that many of our communities are like Turtle. They have to do things in their own time, with their own resources, and when they're ready.

As providers, sometimes we come in like Lightning. Our readiness level is probably much higher. We have to be cautious not to come in like Lightning and scare the community so they run away from us.

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Table 1: Dimensions of Readiness (1)

Community efforts
What programs, services, and policies are currently available?

Community knowledge of efforts
Does the community know what efforts exist and how to access them?

Leadership
How supportive are leaders of the issue?

Community climate
What is the attitude of the community toward the issue?

Community knowledge of issue
Do people know causes and consequences of the issue?

Resources
What people, time, money and space are available to support the issue?

ability to produce community-specific and issue-specific action plans to realistically produce positive and lasting social change.

A thorough interview process of key respondents follows the process of identifying the specific issue and the specific community. The CRM strongly emphasizes using a cross-section of individuals including youth and elders, government and tribal leaders, health care and social service providers, religious leaders, and community members at large, to name a few. That broad representation helps create a more valid assessment of the levels of readiness for a community. The model recommends conducting at a minimum six interviews per community to determine readiness scores. The interviews are conducted using the 24 (short form) or 35 (long form) community readiness interview questions that examine specific dimensions of readiness. (For a full list of interview questions, see the Community Readiness: A Handbook for Successful Change link listed under "Additional Resources.")

The CRM uses an analysis of those interview forms to identify community readiness across six dimensions of readiness that influence a community's preparedness to take action on an issue. Those six dimensions are 1) community efforts, 2) community knowledge of the efforts, 3) leadership, 4) community climate, 5) community knowledge of the issue, and 6) resources (See Table 1).

To determine a community's stage of readiness for each of the six dimensions, each interview goes through a rigorous scoring process. Two scorers (ideally not the interviewers) analyze each interview and use an anchored ratings scale to assign specific scores for each of the dimensions. The scorers then meet and reach consensus on each dimension score for each interview. For example, all the interview scores of community efforts are added together and divided by the number of interviews, and this average becomes the community's level of readiness for Dimension 1. This process is completed for each of the six dimensions.

Scores from the interviews indicate the specific stage of readiness for each dimension. In other words, each dimension is given a stage of readiness score. There are nine stages of readiness:

1. No awareness.
The issue is not recognized as a problem. Rather, it's viewed as "just the way things are."

2. Denial or resistance.
Respondents believe the issue is "not our concern," that they cannot do anything about it, or it is altogether ignored.

3. Vague awareness.
Some community members recognize that something may be done about the issue, but most believe it is "someone else's problem."

4. Preplanning.
There is clear recognition that the issue exists and the community should be concerned.

5. Preparation.
Resources are actively sought. Information is actively collected. Planning meetings occur.

6. Initiation.
Programs are in place. Data collection is formalized. Staffing recruitment and training occur.

7. Stabilization.
One or two efforts are stable (defined as existing four years or more). Community has increased awareness.

8. Confirmation and expansion.
Formal evaluation is used to demonstrate program efficacy. The original programs help identify further areas of service needs.

9. High level of community ownership.
Programming becomes highly sophisticated. Community has access to multiple services in one location. Leadership is involved. Funding is secured.

With each dimension having received its specific community readiness score, a community convenes a workshop to develop its action plan and begin its implementation phase. The CRM recommends identifying no more than three dimensions to focus on and to develop specific goals and strategies for. However, the community may select more or fewer dimensions. For example, some communities may focus only upon raising awareness of the identified "issue," setting measureable goals that, once attained, would propel the community to the next stage. Others may be at a readiness stage where establishing work groups and data collection for the "issue" are the priorities for their action plan.

Essential to the CRM is the incorporation and facilitation of culturally appropriate strategies at every stage of the model. Ongoing assessment and

evaluation of a community's progress through the stages is also critical. The premise of the CRM is that developing strategies and best practices will only be successful if they are tailored to match a community's stage of readiness and are culturally appropriate for the community. (2)

CRM in Practice and Accolades

To date, the CRM has been used to support research, program evaluation, community-based prevention programs, and organizational analysis. Originally developed to address alcohol and drug abuse prevention efforts, the use of CRM has expanded to address a myriad of issues, including the prevention of child abuse, HIV/AIDS, domestic violence, and suicide, to name a few.

As a demonstration of cultural responsiveness, the CRM has been used in 3,000 diverse communities, including African American, Latino, and Hmong communities. Internationally, it has been used in over 30 countries, including Liberia, Guam, Australia, and Wales. The CRM manual has been translated into Chinese and Spanish, with German translation pending.

In 1998 many of the first tribal Circles of Care grantees used the CRM in their work to improve services to Native American children with serious emotional disturbances and their families. In both the Choctaw Nation of Oklahoma and a statewide initiative among Alaska Native communities, the CRM offered an accurate way to measure readiness before and after program implementation, and provided essential qualitative data to help guide program development. Additional CRM assessments were undertaken after a number of years and indicated that the communities had moved ahead in their stages of readiness and continued to enjoy strong community support.

Not surprisingly, the CRM has garnered international accolades for its effectiveness. It was recognized as one of the ten best practices used in Indian Country by the First Nations Behavioral Health Association. The World Health Organization has also funded five countries to implement the model in order to develop policies to prevent child maltreatment.

Conclusion

Nearly every system of care community, past and present, employs some type of community engagement methodology in their assessment of community needs and development of effective strategies. The National Indian Child Welfare Association itself bases its Relational Worldview approach to technical assistance and community development on many of the same philosophies as the CRM. (3)

While terminology may vary, it remains clear that the days of a "one-size-fits-all" approach to addressing sweeping problems such as alcohol and drug use, suicide, children's mental health issues and domestic violence have passed. If Native communities are to overcome these social issues, resources must be directed towards strategies that are tailored to each community and culture. System of care communities have clearly approached their work with this knowledge as their foundation. Using these shared philosophies of community development, it is possible that the research, application, and assessment of the CRM can inform greater collaborative efforts among system of care communities.

Endnotes:

1) Adapted from Community Readiness: A Handbook for Successful Change http://www.nami.org/Content/NavigationMenu/NAMI_Center_for_Excellence/Tools_for_Excellence/CommunityReadinessHandbook.pdf. Retrieved May 24, 2012.

2) Please see Thomas, L, Donovan, D, and Sigo, R. (2009) Identifying community needs and resources in a Native community: A research partnership in the Pacific Northwest. Published online: Business Media, for a striking example of how the Suquamish Tribe used the CRM to develop cultural-relevant strategies.

3) Cross, T.L. (1995) Understanding family resiliency from a relational world view. In H.I. McCubbin, E.A. Thompson, A.I. Thompson, and J.E. Fromer (Eds.). *Resiliency in ethnic minority families: Vol. 1. Native and immigrant American families. Madison, WI: University of Wisconsin.*

One Community's Transformation

In their July 2011 webinar for the Native American Center for Excellence, Dr. Jumper-Thurman and Dr. Plested describe their participation in the dramatic transformation of a small village in central Alaska. In 2001, Jumper-Thurman and Plested were asked to employ the CRM in response to a suicide epidemic sweeping through the community. Within a period of six months, the community had experienced 18 suicides. Nearly every resident had been affected by the losses, and the community was devastated and grief-stricken. (To access the full webinar, visit the Community Readiness Webinar Presented to Native American Center for Excellence link listed under "Additional Resources.")

Jumper-Thurman and Plested facilitated the community's use of the CRM to develop an action plan. The community decided to invite six nearby villages to come together to work on the issue. Over 100 people of all ages attended the very first meeting. Each village developed its own action plan, and also developed ways to support each other.

The core village's action plan has resulted in community events such as fun runs, potlatches, and plays addressing the issue; the development of a prevention curriculum for use in the local schools; and the hosting of symposia on the subject for participants statewide. With action plans in effect, suicides decreased precipitously, with only one suicide in the ensuing few years. As evidenced by the diverse programs and dramatic outcomes produced by employing the CRM, this small Alaskan village has been internationally recognized as proof that the CRM can be effectively used to achieve positive community change for even the most challenging social ills facing Native communities.