

A COMMUNITY SYSTEMS APPROACH TO RESEARCH STRATEGIES

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There are a number of conflicting conceptual models dealing with possible causes of alcohol problems, and with what interventions might be helpful (Bany, 1988). These include among others: medical models, with concepts such as "the sick role," genetic predispositions, metabolic factors, structural defects, and medical treatments for symptom relief; behavioral models, with concepts such as reinforcement, learning, modeling, and interventions based on aversion, extinction, education, skill training; psychological models, with concepts such as unconscious problems, denial, character disorder, the "self-medication" hypothesis, "dual diagnosis," and interventions such as psychotherapy, group therapy; socio-cultural models, with concepts such as enabling, co-dependence, acculturation stress, and interventions such as family therapy, Adult Children of Alcoholics programs, environmental change, social detoxification, cultural treatments; recovery models, with concepts of compulsion, loss of control, progression, spirituality, and treatment based on self-help, 12-step programs, and sponsorship.

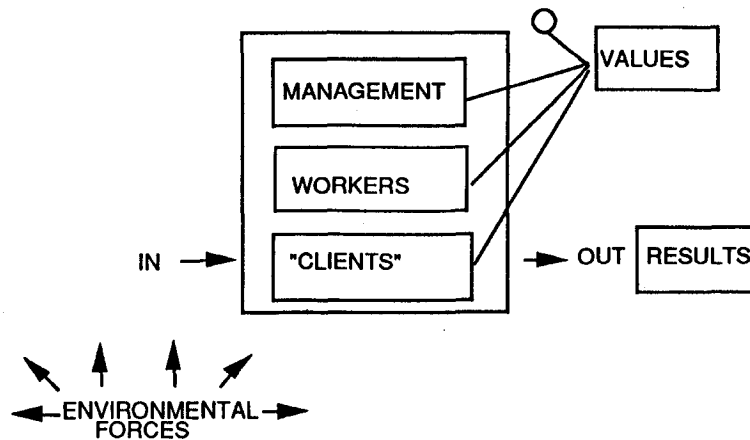
Because of this proliferation of competing theories and approaches, "misalliance of models" is not that uncommon in alcohol studies. When one then tries to go a step further and carry out an alcohol study in a small rural community like Barrow, problems are multiplied. Rural communities in many parts of Alaska, as well as other developing areas, are having to cope with extremely rapid change and multi-system problems, and there may be no clear consensus coming from within the community about what to do. Traditional elders may have one approach, law enforcement officials another, ministers another, public health officials another, and local Alcoholics Anonymous groups still another. A researcher beginning with what seems a simple question can rapidly come to feel "enmeshed" in an overwhelming set of interlocking and complex social, economic, political, and legal problems, with strongly held and conflicting feelings and opinion on all sides.

It is so common to have "misalliances" under these conditions that I would say a good portion of my job involves "shuttle diplomacy" to help resolve conflicts between "outsiders" and local people trying to work on alcohol/mental health projects together.

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A Systems Viewpoint

A general method to analyze these sorts of situations and identify potential intervention points can be helpful. The approach I use takes a systems viewpoint. It emphasizes careful definition of what the problem is, who is going to carry out the project, and what the end results are supposed to be. Sensitivity to possible alternative "world views" of participants, management issues, and identification of forces outside the immediate scope of the project that may impact on it are also considered. Being a visual thinker, I might use a diagram like the following to help keep track of these various aspects.



As can be seen, in this case we have a "client" coming into a system, having a problem of some type assessed and handled by a "worker," and then leaving with—hopefully—some measurable results. The system has a management. The participants both inside and outside the system have "world views." Environmental forces outside the system exist which may act as constraints or impact on system operations.

Diagrams of this type can, of course, be modified depending on the particular system being analyzed. "Exploded views" to graphically represent the processes at work in various "subsystems" can also be used. Diagrams of one's own and other "conceptual models" can also be informative. Like a football coach charting a play for the team, researchers may find "a picture is worth a thousand words" in describing interactions and clarifying dynamics.

Helpful discussions of this style of systems analysis and strategic thinking are given by Chuckland (1981) and by Wilson (1984).

When I attempt to develop a flow chart to help understand exactly what happened in the Barrow situation, I come up with some questions. These include:

1. *Were the "clients" selected for the study the best ones?*

The "identified patient" may not always prove to be the real problem. In the case of alcohol studies, it can be extremely difficult to know exactly how to define the problem, or even who has the problem.

One could consider the problem to be individuals with alcoholism, dysfunctional family systems, community breakdown, interactions with outside cultural groups, or various other alternatives.

Special care is needed if, as in the Barrow case, there are potentially significant differences between the subjects being studied (the "clients"), the persons carrying out the study (the "workers"), and the individuals funding the study ("management"). Differing perceptions of what the problem is, who has the problem, and what should be done about it can be anticipated.

It seems there could have been more involvement of the various community factions at the "front end" of the project in deciding exactly who or what was the problem needing study.

2. *Were the "workers" actually carrying out the project the right ones?*

In the Barrow case, some of the "agents" involved in carrying out the project were in Seattle and Philadelphia. Although there was a local "Steering Committee" and "Technical Advisory Group" built into the research design, it appears that the Center for Research in Philadelphia actually did quite a bit of the work, which the local groups then "reacted" to.

Especially on a project like this, where there are language and cultural differences, factions within the community, intergenerational differences, and a value-laden problem such as alcohol abuse, my approach would be to push for local people to do most of the work. Steering Committees and Advisory Groups might need training about possible ways to proceed, and local research associates might need to be developed. This can take time, but seems preferable to the researcher doing the project without sufficient community involvement, and then having the community "shoot the bearer of bad news" or accuse one of being "imperialistic," etc.

3. *What were the end results really supposed to be?*

Targets in the case of the Barrow project appear to have been unclear. Try, for example to draw a diagram of what will be happening once the Inupiat are "shocked into action." Assume the project will be a smashing success, and you are now five to 10 years into the future. Can you represent what has happened to the clients? What percentage have stopped drinking and are out of jail, and what other benefits have accrued? If you are unclear, other participants in the project are probably also confused, and may not perceive the value of the project or be very cooperative.

My own approach is to involve the community in extensive dialogue about desired results, as well as the format of final reports, and how they will be used, at the beginning of a project. I might ask them for diagrams as well as develop my own, to get very concrete about exactly what they want to achieve and what "success indicators," they will use. I assume people want to know "what's in it for them," and that data for them to measure progress towards those results will need to be collected as part of the project.

When one wants to "involve the community," there are often problems as to who really speaks for the community. When there is lack of consensus, I attempt to give special weight to what the traditional elders recommend. They may be behind the scenes and not in formal leadership positions and can sometimes be difficult for "outsiders" to engage in the type of dialogue needed for project planning. However, they can be extremely influential in determining whether other community members will really support the project. Ministers, public safety officers, health department officials, etc., may also have valuable input, but if this was not matching what I was hearing directly from the elders, I would be concerned as to why, and try for even more in-depth discussions with the elders to find out what they thought was going on.

I would even go so far as to suggest, if the elders were not apparently much of a presence in the community, that the researcher consider very careful explorations as to why this had happened, and clarification as to how important, "value-laden" decisions formerly made by elders were now made in the community. As explained in the next section, I operate from a "values model," and a problem like alcoholic behavior, being a value-laden problem, is expected to generate conflict over values. To avoid getting "caught in the middle" between various value positions, if elders are no longer actively carrying out their traditional roles as decision-makers, research projects on this topic need to figure out what decision criteria will be used by the community to determine whether a proposed project will be supported and acted on.

4. What were the world views/value orientations and perceived values of the participants?

World view deals with very basic ways of perceiving time, space, and knowledge. These can be quite different in various individuals as well as in various cultural groups. Value orientations stemming from these differences have been described (Spiegel, 1982). Perceived values are closer to surface awareness, but likewise can be different among individuals and in different cultural groups.

Researchers need awareness of their own world views and value orientations, to the degree possible, and how these might differ from participants in the project. For example, the approach outlined above of working with community groups to determine end results, and then helping them measure whether they are getting there, reflects certain basic

orientations of my own. It is very much "future-directed," and action-oriented ("doing"), but values group participation rather than individual solutions.

I am well aware that other participants in a project may not share these basic orientations. They may well be more present or past-oriented, "be-ers" rather than "doers," and favor individualistic rather than group solutions. I am therefore prepared to spend time with potential participants in the project to try to learn their own orientations and determine whether we will be able to work together. I am willing to take a pretty active role in "marketing" my own value orientations, and do not consider myself at all a "blank screen" or completely objective reporter. I might take another approach with other types of "research," but here we are talking about community-based, "action research," which is not a neutral or value-free endeavor. The key to not triggering resistance with this active type of approach is to be very sensitive to the orientations of the other participants in the project, respect their positions, and include them as "co-investigators" in designing the strategy and structure for the research.

To influence project participants to work together effectively, I also find a "values model" to be helpful (Dwyer, 1988). This model proposes that if you are to successfully influence others, what is critical is their perceptions of how the behavior you want them to do relates to their personal values. They will be weighing five factors. They will be assessing whether they can do what you want done, whether there is possible value satisfaction in it for them, how probable it is they will receive that satisfaction, what the costs are, and what the risks are that other value satisfaction currently held might be threatened or lost.

The implication of this model is that when research projects meet resistance, the researcher needs sensitivity to the influencee's perceived values, and needs to consider how these perceptions might be altered.

5. *Who was managing the project?*

The paper does not describe in much detail who was really calling the shots on this project, or how the management processes were carried out. How the project will be represented to the media is to me a management issue that needs to be carefully planned out. It appears that the State Office of Alcohol and Drug Abuse was involved as a funding source, with a grant to the North Slope Borough, who then contracted to a group in Seattle, who then subcontracted to the group in Philadelphia.

Funding agencies often set the rules or constraints on how monies can be spent. Each intermediary the funding passes through tends to layer on their own agendas and requirements. Sometimes these are negotiable and sometimes not. But if not given careful attention, it can soon be very unclear who the researchers are really working for. Even a project that has done the initial steps of getting the community to define the problem and the desired results precisely can be sabotaged by people at higher levels.

My own approach on this project would have been to encourage funds going directly to the local Inupiat elders, who might well have participated

more actively in the project if they felt more "ownership" by having more direct control over every aspect of the project, including the funding. Training needs, language barriers, distrust on the part of funding agencies that the elders could do the project, or other problems resulting from this approach would have had to be anticipated and dealt with.

6. *What was happening in the environment that might have impacted on the project?*

It appears that factors outside of the immediate concerns of the project might well have been important. The community of Barrow was involved around the time of this study in obtaining financing from "Wall Street" for various community projects, and in negotiating with oil companies on "local hire" provisions in labor contracts. Studies documenting a high level of alcohol problems and appearing in the *New York Times* and other newspapers, could well cost interest points on financing offered for community projects, and mean decreased ability to negotiate labor contracts. People might say, "Why should we lend money to or hire people who seem to have a lot of alcohol problems?" The community could be badly hurt economically by release of information creating a negative impression, and non-drinking community members could be penalized in the job market.

There is an issue of "academic freedom" here, so that the researchers may understandably have had concerns about local politics influencing how their results were reported. But there is also an issue of how to protect the rights of the local people, who in this case were highly vulnerable because of larger scale politics involving outside oil interests.

Summary

Conflict management skills are needed when dealing with research projects, in multi-cultural settings. Alcohol projects are especially prone to conflict because of the variety of different models of causation and intervention.

There are a number of theories of conflict and type of conflict management approaches. The role of people who are in "cultural broker" or interface roles between conflicting parties has been reviewed elsewhere (Spiegel, 1973).

My own approach—one of a number of possible alternatives—is briefly outlined here. It involves a form of systems analysis, and a role that many researchers might not initially feel comfortable with. The role goes beyond that of the "objective scientific reporter," and even beyond that of "conflict manager" or "culture broker." I am not sure quite what to call it: there are active attempts to get community members to resolve conflicts and carry out projects, but also what I consider a research orientation to try to carefully observe and describe and measure what is done. It is, I suppose, a form of "participant-observation," but the participation involves developing an overall strategic approach to the community's perceived problems.

There is careful attention to who gets defined as the "problem," and who will actually be carrying out the project. Local community factions may need

assistance in developing a very clear vision of the targeted results for the project. One has to also be keenly aware of possible problems that can result from differences in world view, pressures from funding sources or other intermediary groups who may have their own agendas for the research, as well as the overall context or environmental constraints. Key information that will shape the overall research strategic design needs to be gathered in collaboration with the community, but may not even be labeled as "research," even though each project is basically an experiment which attempts to describe and evaluate results.

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The comments in this article are solely those of the author, Dr. William Richards, and not necessarily those of the Alaska Area Native Health Service.

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