



"Sit a spell"

The Story of Positive Deviance in East Texas

Project Team

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“We are inspired by each of you. This is just the start of the journey for our communities.”

Emmerentie, Lenola, Kathleen and Theunis

"Sit a spell" the story of positive deviance in East Texas

Introduction

Rural areas provide an ideal environment for connecting with the community. Rural providers and volunteers take the time to “sit a spell” – this is very relevant in the Positive Deviance discussions over the last months. We assume that rural community members live in an “impatient” world. Driven by the need to succeed, rather than being effective. Focused on the balance between self-care and self-importance. Challenged by the limitations in services. However, in our Positive Deviance discovery, we realized that this assumption is not true. We focus on trust, respect, taking time and listening – the very essence of sitting a spell. The question “hallo, how are you is not just a question, it is an honest invitation to share.” The people we work with, then, are not just clients but neighbors we care about---and who care about us.

People who engage in helping others try to do the very best with the limited resources they have. In order to provide the help others need, they look to professional training, to seminars, to books on helping. And while they may also look to each other for advice and modeling, this kind of learning is often informal. This is especially true in urban helping. In larger communities, helpers can work somewhat anonymously, tending to only see “clients” in offices, agencies or other places of work or service.

Rural towns are different. A note about the term "rural". There is no one specific definition for the term, but rather numerous ones based on population size and density, adjacency to metropolitan areas, and some discussion culture and geography. We use the term "rural" in a broader sense to mean smaller communities with populations of fewer than 50,000 people, not on the outskirts of a larger city. Relationships are overlapping and it impacts how we deliver services. We see each other not only in an office, but also in a grocery store, at church, at the doctor or the park. Paid professionals, the "helpers “are seen as fellow community members, but without their professional clothing or appearance, cheering their children in sports, or having their cars serviced, eating with their friends in a restaurant, just like the "clients" their neighbors they are helping. And as we have studied the unstudied causes for successes in helping, we’ve found that at least in rural America, at least in East Texas beyond the pine curtain, just as our people are multidimensional, so is our helping. Just as our people, helpers and those helped, are real humans, our best helping is more human. Our best is being together, learning from each other, taking the time and listening. Our best is allowing us to care for each other, to be kind, to take time. Our best realizes that we are each real. We are each unique. And we are together. Our uncommon practices are hidden in plain sight. And we discovered them by sitting a spell and learning from those who work miracles.

A Closer Look at East Texas

We chose to examine uncommon practices in the region known as Deep East Texas because of the area's rich history, its distance from a metropolitan area, its stable but smaller population

with each city in the counties having fewer than 50,000 persons, the high poverty and high level of need, and limited resources. We were interested in determining the uncommon practices that would lead to success in spite of the numerous challenges and limited resources. The region known as Deep East Texas includes Nacogdoches, Angelina, Shelby, San Augustine and Sabine counties. The area is rich in history, actually many diverse histories, making it particularly beneficial for an exploration of uncommon practices. The name “Texas” or tejas/texas originated in *this region* from Caddo and Hasinai Native Americans meaning friend or ally, referring to the early settlers of Texas (Texas State Historical Association, 2020), resulting in “Friendship” as the motto of Texas. Nacogdoches was a thriving Caddo settlement as early as 1200 AD, and Spanish missionaries settled in San Augustine and Nacogdoches in the early 1700’s. In 1762 the Mexican government ordered all residents to move to San Antonio (Mexico at the time), but settlers established their own government in Nacogdoches in 1779, expanding and thriving and later becoming the seat of the revolution from Mexico beginning in 1832. People



Figure 1: Map of East Texas Positive Deviance Story Counties



from across the United States joined in the revolution and helped Texas gain total independence, and in 1845 statehood as part of the United States of America. The nine flags that have flown over Nacogdoches exemplify the multiculturalism and independence of this unique part of the United States.

This region also holds other relatively unique attributes. It is distanced from metropolitan areas, and yet has a consistent population. One of the measures of rurality is the Rural Urban Continuum Codes (RUCC) designating counties by

their size and adjacency to metropolitan communities. Of the 3,142 counties in the US, only 92 (less than 3%) have urban populations greater than 20,000 but are not adjacent to a metropolitan area, with RUCC of 5. Both Angelina and Nacogdoches counties are included in this designation. In other words, both counties are among the fewer than 3% of the counties in the country that are very distanced from metro areas, and yet continue to survive and remain populated and vibrant. This is resilience, and these and the neighboring three counties are the areas of focus for our exploration.

While this relative isolation results in relatively lower educational attainment, lower incomes, higher poverty, higher food insecurity and greater health threats, it results in greater diversity, independence, creativity, and a richness of social capital.

Table 1: Demographic information 1

Indicator/Location	Nacogdoches	Angelina	Shelby	San Augustine	Sabine	Texas	US
County population	64,653	86,395	24,022	7,918	9,894	29,145,505	331,449,281
Persons In Poverty	19.5%	17%	18%	19.6%	16%	14.2%	11.6%
College grad	24.4%	18.2%	14%	14%	17.4%	30.7%	32.9%
% Disability under 65	14.5%	13.4%	12.6%	21%	18.3%	7.9%	8.7%

Source: US Census Quick Facts

Table 2: Demographic information 2

Indicator/Location	Nacogdoches	Angelina	Shelby	San Augustine	Sabine	Texas
Food Insecurity	19%	17%	18%	21%	21%	14%
Limited Access to Healthy Food	9%	10%	7%	12%	6%	8%
Adult Obesity	41%	39%	40%	41%	38%	34
Food Environment Index***	6.2	6.5	6.6	5.5	6.3	6.1
High School Completion	84%	83%	78%	82%	86%	84%
Unemployment	6.6	7.6	6.8	9.6	10.8	7.6
Children in Poverty	24%	25%	24%	30%	25%	19%
Children in Single-Parent Households	29%	34%	29%	23%	22%	26%
Severe Housing Problems	19%	17%	14%	15%	16%	17%
Poor Physical Health Days	4.6	4.6	4.9	4.9	4.8	3.6
Poor Mental Health Days	5.0	4.9	5.2	5.3	5.4	3.9

Source: County Health Rankings (2022)

Application of the Positive Deviance Approach

Dr. Arvind Singhal developed the positive deviance approach in order to explore specific practices and/or behaviors that individuals engage in which result in better outcomes, given equal challenges and resources. Therefore, we chose to explore the following questions:

Who are some of those service providers, or "helpers" in East Texas known for achieving better outcomes for those in need? What specifically do they do, how do they behave with others, how do they interact in unusual or uncommon ways and how do those behaviors relate to better outcomes?

In order to discover specific behaviors, we, the project team, chose simply to listen, observe, take notes, explore and --- unbeknownst to each other, in the process, enjoy the company of our colleagues, the "helpers". In fact, as you can see by the change in terminology, our fellow colleagues, those engaged in paid service delivery, were more like helpers, partners in helping. We use these terms interchangeably in this document. Some of their pictures are included in this report, with their permission.

The Process

We used a fairly informal process of identification, clarification, education, collaboration, exploration, sharing and further collaboration, discovery and celebration as outlined below. The service providers (helpers) we identified, interviewed, and worked with became our project partners in this process of discovery and are therefore identified by that term. We also adopted some simple principles and practical guidelines for our exploration, and we recommend using these in further explorations. The process is outlined as specific steps. However, these steps were developed as the process unfolded. The process is based on the strengths' perspective, which was used to focus on the solutions (uncommon practices) rather than the problems (food deserts and insecurity). It was important that the perspective also reflects in the process of collecting more information about the uncommon practices. Examples of how it reflected in the process include:

- ❖ Continuous communication with project participants, which included answering questions about and clarifying the positive deviance approach.
- ❖ Acknowledgement of rural people's capacity to use resilience in addressing challenges and problems such as food insecurity.
- ❖ Comprehensive understanding of food insecurity within the context of functioning of individuals and communities.

We selected service providers and agencies as the project partners, since we were specifically interested in how the professional helping relationships enabled clients and consumers to discover their resilience.

TERMS

The terms helpers, community partners, service providers and providers are used interchangeable in this report. This reflects the voice of our rural community - professionals and volunteers – who support and serve people who are in need.



Process of Positive Deviance in East Texas

- Based on many informal recommendations, we identified specific project partners
- Communicated with prospective project partners - individual meetings and phone calls
- Follow-up visit with community partners to plan a meeting to host Dr. Singhal
- Zoom meeting Dr. Singhal introduced positive deviance to project partners
- Immediate follow-up (same week) with interested partners through interviews and phone calls.
- Planning of follow-up training with Dr. Singhal and team
- In-person training session with project partners
- Team discussion to select specific agencies as project partners
- Immediate follow-up (same week) with selected project partners
- Discovery: Group conversation with selected project partners
- Discovery: Individual observations and conversations with project partners
- Discovery: Identify uncommon practices, reflection and discussion by team
- Brainstorms and “unpacks” discoveries” formulate insights
- Validate insights in informal communication with project partners
- Share with project partners, community residents, leaders and agencies
- Celebrate and plan way forward

Figure 2: Process of Positive Deviance in East Texas

Principles

- ❖ People with lived experience are the experts. Service providers and clients are the experts, we as team members are the facilitators and listeners.
- ❖ All true exploration necessitates respect, including positive, respectful, ongoing, consistent communication. When we needed to ask, we asked respectfully. When we need to watch, we watched respectfully. When we needed to listen, we listened respectfully. And when we needed to be the client, the recipient, we received respectfully. Learning requires respect.
- ❖ Story sharing is a gift to receive. As team members we need to understand that it is a community/agency/individual's gift to us, and we need to treat it with gratitude. By sharing the stories, we need to be aware of telling it the way we receive it.
- ❖ Meaning sharing is based on trust. As team members, we have to reflect on how we build trust, how much time we take to build it and how our interactions with the community and individuals, impact that trust. We needed to be trustworthy.
- ❖ Uncommon practices may not be as uncommon as we think they are. These can be hidden or it can be "just in front of us." We had to pay attention!

Practical Guidelines

- ❖ We secured contact information: cell phone numbers and email addresses, office phone numbers, etc.
- ❖ We asked for additional referrals and contact information as we visited.
- ❖ We didn't hesitate to ask participants how THEY were, their families, interests, what they liked about their work. We quickly found that helping others is personal; helpers are persons too! Relating to each person participating is a sign of not only respect, but gratitude.
- ❖ We visited with participants on their level – in the way in which they felt comfortable.
- ❖ We didn't hesitate to share our stories if appropriate, to allow ourselves to be vulnerable.
- ❖ We called each participant personally to thank them for attending each meeting.
- ❖ We didn't hesitate to send texts as friendly outreach and to show gratitude.
- ❖ We were always accessible and available to participants and other community members.

Insights

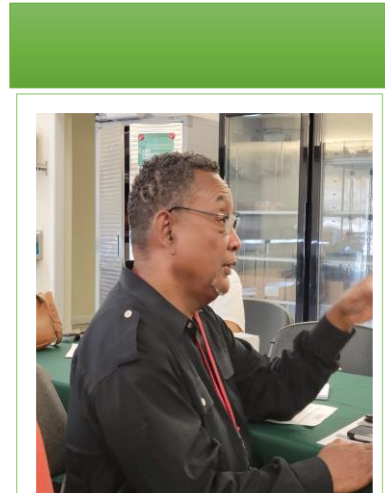
Although we operated as independent members of the team, our findings were surprisingly consistent, creating not simply individual insights, but a woven tapestry of personal helping that became more visible to us with each encounter. While the participants are all skilled at their jobs, we found that what made the most difference was the personal. In fact, at times our givers tried to apologize for the things that didn't appear to them "professional." What did we discover?

Time and Listening

As we approached our notes, we were struck by what should have been obvious from the start. Our story begins with listening. It's their stories and if we don't hear them, we are not

"We take time to really listen to our clients and families" and "we understand that we can't approach this situation from an 8 to 5 p.m. approach. These are real people and they are living in a world that don't function on an 8 to 5 p.m. schedule. "

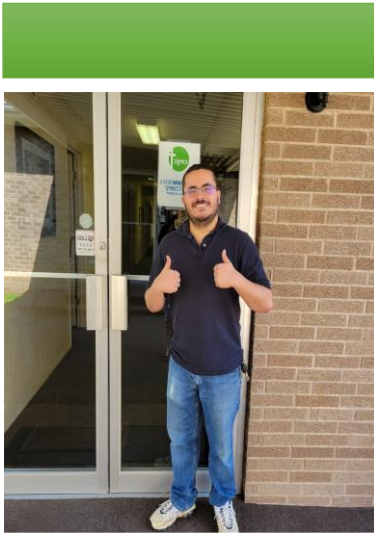
"We have learned to be more listeners rather than talkers! We used to interrupt before they were finished to fill in the forms. Now if we listen very well, we can pick up codes, words, body language and the information we need to complete the forms." Brenda Allen Tri-County Community Action.



Presence

Service providers are physically and emotionally present when interacting with clients and community members. They show them in different ways that they are truly engaged and concerned about clients. These ways include using "welcome" gestures, facial and hand movements, hand movements that draw clients forward, leaning forward, and appropriate touch.

"When I go to the food banks, I don't wait for a client to come to me, I go out into the line and go to them. I ask them about their day, compliment them on something—smile, patience, dress... anything. I make sure they know they are real. They smile! I tell them I'm who they see. The only thing that will change about me is my hair... the color, the style may change, but I'm not going to change." Latonia Sanders, East Texas Food Bank, Lufkin TX.



Generosity and Outreach

Providers are willing to give more than what is expected from them. In fact, they give themselves. Different examples include – helping the client complete forms, rides to the store or need for diapers, taking people to court, appointments and interviews. This service provides a way to connect and stay in contact with the clients. A very good example shared – service providers attend family funerals and other family celebrations.

“We take people to the grocery stores, washateria, to get medicine...” “Our motto here is “Talk the Talk and Walk the Walk” and “Show Up and Show Out”! Mr. George Simon, Executive Director of Tri-County Community Action.

Home visits are an important part of connecting with community members – being in the homes of the clients, providers can see what works and what is does not work. It allows providers to see the context, rather than making assumptions about clients’ home life.

Communicating

Communication is key to the success of a client. Interventions are personal and individualized. Communication is specific and focused on the individuals. These interventions show many different uncommon practices. Sometimes I send them a little “pick me up” during the day... tell them to have a blessed day, lifting them up. They may tell me about a family member having surgery. They let me into their inner circle.” Latonia Sanders, East Texas Food Bank, Lufkin TX

Understanding

Understanding and addressing the whole person, not only someone who is in need. Service providers have to focus on more than just the services provide by the agencies. Providers are genuine in their engagement and interaction with clients. The genuineness translates into honest care and “doing what they say.” The understanding also includes cultural and languages attributes. Clients can feel they are “not just clients” because of the true care they receive from service providers. Service providers share they “*go beyond the extra mile.*”

“It is real extended customer service in every fashion.” Mr. George Simon, Executive Director of Tri-County Community Action.

Being Versatile and Flexible

A deep understanding by providers that one approach does not work for all. Each person is unique with very specific needs. Service providers believe that a strengths approach works best, focusing on positive experiences. They share the importance of being authentic as they interact with clients.

“I am authentic and I demonstrate realness with them. I am doing what I was meant to be doing. “It’s not about me.” Everybody gets my cell number. I’m accessible.” Brenda Allen of Tri-County Community Action agency.

Positivity

A positive message is given to people who are in need. Rather than identifying them as *“lacking resources, strengths and capacity”* providers focus on the strengths. If clients can see themselves as not simply a person in need, they become able to work toward positive changes and engage in creative problem solving. Helping clients is more than giving advice or implementing an intervention. It is walking the extra mile *with* the client – working on solutions together. One service provider mentioned she sends bi-weekly affirmations and messages to clients.

“And we DO IT WITH THEM in class. You don’t know how to do it unless they do it with them. It helps in everything. We encourage them to bring receipts to class and use them to arrange the budget and do it with them. It’s based on their own purchases... one person to the next. They name the categories!!!! “If they don’t do it themselves it’s not theirs.” Ricarte Rivera, CMJC

Dignity of the Person

There is a strong focus on the dignity of the person, the ability to change and to survive. All of these successful service providers took great pains to make sure clients understood that while they may have challenges, the client is NOT a problem, but a special individual who, along with the service provider, can work toward a solution., the person being more than a problem. *“These are people. They are NOT circumstances, situations, labels. They are people”* and *“I make sure they have dignity.”*

“We don’t place them all in a box because each one is different and has different needs.” according to Ms. Angel Nicholas, Executive Director/CEO of Royal Priesthood Kingdom Ministries, Lufkin, Texas.



“We all have triggers and badges and wear those badges... and pretend to know what they mean: Christian, Democrat, Republican.... We have to see past the badges.” Brown Family Health Center volunteer.

Investing

Providers show real interest through honest gestures and respect. They are truly invested and interested in the lives of clients. They show interest and celebrate milestones with clients. They join in the success of a client and experience joy when their clients reach specific milestones.



“HE GOT THE JOB!!! OH MY GOSH HE GOT THE JOB!! OH MY GOSH HE GOT IT!! THAT’S WHY HE CAME TO GET HIS I.D.!!!!!!” And of course, they were all so excited.... (Ricarte, CMJC)

Anticipating and Motivating

Service providers anticipate the needs of clients and help them anticipate future challenges. One provider realized that one of the financial benefits her clients receive would be eliminated in one month. She was NOT responsible for those benefits, but realized the importance of the clients' understanding and awareness of the issue so that they could adapt and look for other ways to make ends meet. She therefore approached each person in line at the food bank and explained the reduction in upcoming benefits to each one. She was able to help them plan and look for other sources of benefits. They understand the importance of motivating clients to succeed.

“They want to. They want to be in this job because it is so meaningful!!! We are compassionate but we work with tough love. We want them to succeed.” Ricarte Rivera and Rebecca Kite, CWJC

Deviance

The term “deviance” has a specific connotation to nearly all, if not all, those we interviewed. It was universally viewed, not as different or unusual, but as problematic, negative, or violating accepted norms (third definition, Merriam-Webster). We found that we automatically rephrased our questions. We asked, “What do you do that we wouldn’t find in a text book?” “What do YOU do that others don’t do? How is your approach different?” And as we talked and visited, we noted differences that they hadn’t seen, but agreed with. “I never realized that I lean closer and hold someone hands!” or

“Doesn’t everyone tell others how wonderful and unique they are?” Not one provider wanted to think of themselves as deviant. All were happy to consider themselves unique.

**UNCOMMON
RURAL
PRACTICES**

Taking time to connect with the person

Being emotionally and physically present

Understanding true engagement is holistic

Giving more than what is expected

Treating clients as “not only as someone in need”

True care on a personal level

Positive gestures and personal touch

Empowering use of self

Affirmation of strengths

Ongoing communication not linked to office hours

Dignity of the person

Practice Implications or Suggestions

Now that we have a clearer understanding of how those most successful in-service delivery achieves their outcomes, we hope that we can help others achieve similar outcomes by sharing the insights we developed from positive deviance. Taking into consideration that “listening” is the most important, we need to re-think when, how and over what time period we communicate with clients/consumers based on positive deviance insights.

- ❖ We cannot change the environment and world our clients live in. We can change how they relate and react to it. We can help them adapt to address the challenges and barriers to the environment;
- ❖ Community and agency training are necessary in order to help people adapt to the challenges. The training should not only include “formal ways of helping” but also “ways to use self to continuously engage.”

- ❖ The client/consumer is the expert of his/her own life. This means the person is a “real person” to the service provider, not merely a case or number. The person is not only respected but treasured. Service providers acknowledge that they need the client/consumer, to do their jobs: “I can’t talk with an empty chair, it’s personal.” It is important to understand that each client needs to be treated in an individualized way. Though we often see the same type of situations, each person is different. A person may need food, like any other person and is served by a local food pantry. However, the person is not “just like the next person.” The person is unique, with circumstances different than the next person;
- ❖ Individualizing, adapting, being versatile in providing a service should take a specific form. What is this form and how does it translate to positive deviance? We should rethink this on agency levels.
- ❖ Listening is at the core of providing services. Providers understand that listening is more important than talking, sharing and giving advice. In rural areas, we value time. Time to sit and visit between friends, family and neighbors. However, this time to sit and visit extends to service providers.
- ❖ Service providers do not only see themselves as providers, people who help and leave. They say: “I love my job...it is more than a job.” Once it becomes more than a job, service providers are able to think outside of the box.
- ❖ We need to rethink our understanding of time in helping. There are many recommendations from other fields about having extended office hours, or availability after hours, but what is our concept of time with a client? Is intake a much longer process? If we devote extra hours establishing relationships, can this reduce hours in follow-up? Are texts and phone calls part of work hours? How will this impact service provider burnout? Weekend hours? Going to funerals? Visiting after hours? We need to understand the service providers do not only work during official hours.
- ❖ We have to “unlearn” certain aspects of professional outreach. It is important to understand how being genuine and authentic is beneficial. How do we unlearn certain professional behaviors we have been doing over many years?
 - Should we be proactive or reactive in working with clients? Helping is like a dance: when do we lead and when do we follow?
 - All of the providers showed true joy in helping. Are we teaching so much distance that we rob providers of joy, or suggest they keep their own gratitude and positive emotions to themselves? Do we inadvertently teach that joy is unprofessional?
- ❖ Communication is vital to effective service delivery. Again, communication is not only the formal ways that we use in reaching out to a client. The informal ways – sending a message, showing up when a family needs us are ways to communicate service provider authenticity.

- ❖ Finally, it is important to understand the interconnectedness between service provider satisfaction and client outcomes.

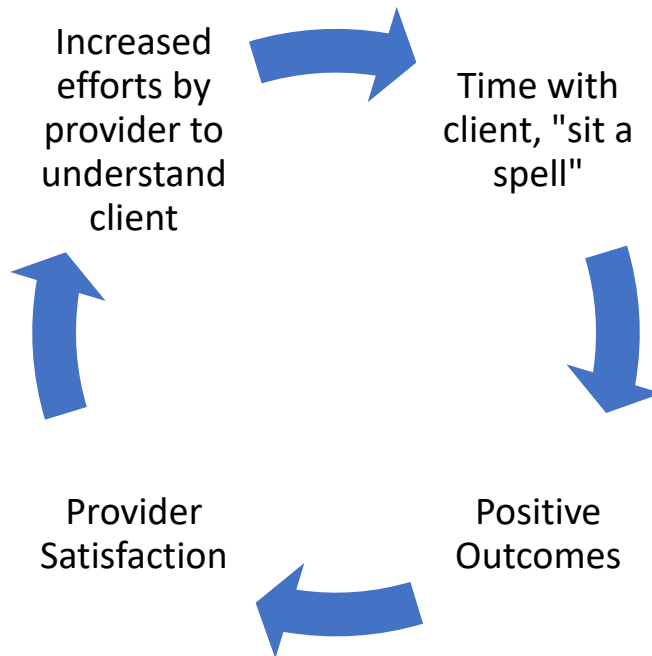


Figure 3: Interconnectedness Satisfaction and Outcomes

Self-reflection of Team Members

When I initially heard the words “Positive Deviance,” I thought this was a very strange use and combinations of words. How does the word “positive” correlate to the word deviance? After listening to Dr. Arvind and his many examples of the donkey story, (hidden in plain sight), Gandhi, and Mother Teresa, the light came on and my understanding was simply this--- positive deviance identifies uncommon practices that regular people were engaging in that contributed to sustainable positive changes in their lives. Most of the time, people were not aware that what they were doing was uncommon, but just part of normal everyday practices. So, my mission became to help service providers understand the meaning of positive deviance through personal interviews and informal conversations. Once providers were identified, interviewing these individuals brought much joy and hope to my soul. The energy, respect, and love for their clients were evident, and they were not hesitant to express they each go the extra mile for each and every client. The extra attention given to their clients was common to them, yet uncommon in a society or culture where the practice is to see as many clients as possible, meet your numbers or quota and move to the next one. Not that any client was mistreated, but the practices of spending the extra time doing something such as sending a card, providing a ride, providing a kid with a haircut, sitting down with gang leaders, listening to a client talk when you know you should be writing case notes, shaking a client’s hand or giving them a hug are very uncommon in a busy workplace environment. Actually, sitting a spell, slowing down, and demonstrating values that were integrated throughout our system years ago when our work was not so driven by quantity but quality is a great practice in this day and time. I think the positive

deviance approach really emphasizes and promotes quality relationships, mutual respect, awareness and care for others.

Lenola Wyatt



I was intrigued with positive deviance from the beginning. What do we do that might escape our awareness that results in positive outcomes? That question involves three other questions: What exactly are we doing and how are we doing it? What are the positive outcomes and the positive precursors to outcomes that we hope for in human services? And what do we normally teach--are we teaching these or suggesting that we avoid them?

If these are things we really aren't aware of, then I would have to approach this whole adventure with an open mind and an open heart. I placed my researcher brain in the closet. Well not all of the brain... the part that observes, the part that asks, that questions, that wants truth at all costs.... she came with me. This was not even exploratory research, not research at all. It was visiting with people I know so well, I admire so much, whose results I see every day, but getting to visit with them one on one so that they could share what they REALLY do. In all my years of social work I've never before had this opportunity. So, I sat with each person and listened to them pour out their hearts, give advice, touch my soul in the same way they touch the souls of those in need. And that's the first discovery. Even when I acted the "client" they didn't see me as a client. They didn't see me "in need". They loved me from the first minute. They looked deeply into my heart and saw what I had to offer. They touched my hand, they leaned closer. They wanted to be with me. I mattered. I was someone important. I could do it! Whatever it was, become independent, get a job, look nicer, take care of my children.... I could do it!!! And they would help me.

I wondered, how many times do I look into someone's eyes with love and hope. How are "services" set up to care for others. How do I teach this, or am I teaching the opposite? How is our city listening to those who live in it... who are we listening to? Do we really believe that all those who live in our city, who pay taxes, who need water and trash removal, who drive our roads, are they not only important because they pay taxes, or do they have real gifts to give that we simply ignore?

As a representative of all these people, I know they matter. I know many stories. I care deeply for each one of them. But that's not enough. We simply HAVE to care for each other. I have always bristled at the term "customer service" and hesitated to use it as a consultant, and now I know why. We/they are not customers, but treasures, many parts and all one body. We belong together, not separate, and we need to listen, celebrate, love one another.

That's not silly. That, I believe, is what brings about miracles.

Kathleen Belanger



The use of the positive deviance approach brought me back to why I decided to help people in the first place. Because, I know people are inherently strong and are equipped with skills to be resilient. I believe that we need much in life to survive, most of all hope, which is often deeply embedded in our faith. I know

and respect that it is different for all. I know that my own uniqueness as a helper is what drives my work. When I was younger, I was very focused on applying what I learnt in undergraduate and graduate studies. I tried to use the correct techniques, anticipate the best outcomes, apply the sophisticated theories. I soon realized that when we work with people, it is not a one size fits all scenario. With our East Texas positive deviance journey, I realized that we need to give very special attention to our rural service providers. They know and understand our communities, our people. They are able to look beyond the person, see the client as so much more than a person in need. They truly understand and live by the principle that each person is unique, one size does not fit all.

Dr. Arvind's training was received with great expectation and I knew we had to keep up his great work. The training resulted in many informal conversations with our community's service providers. We discovered uncommon practices, not only to food but to providing services in general. We understand now that discovering uncommon practices about food is more than just that. We also understand that these uncommon practices are common to so many service providers. I became aware again that rural people are extremely resilient. Whether they are helping or being helped.

The project reminded me that I am creative and I can always find ways to be innovative. This was an unexpected outcome. Making the video, trying to tell our story and sharing the uncommon practices was my own adventure.

Emmerentie Oliphant

The Way Forward: Positive Deviance in Practice

One of the very important observations in this pilot discovery is the use of deviance in the approach. Since we are moving away from challenges and barriers and focusing on positives, strengths and resilience, we have to reconsider the word “deviance.” The negativity in general language about the word “deviance” can definitely impact the application of the approach. We reflected on this during this pilot discovery. However, we do not have an answer yet.

The next steps of application should be a deeper dive in the application of the approach. As a team, we suggest training for all agencies who participated. We are hopeful that this training can go beyond the East Texas area. As a way forward, we need to think how we can apply this information to other audiences, other fields of practice. Rural health and behavioral health, child welfare, domestic violence, to name a few.

References

County Health Rankings and Roadmaps (2022)

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