Closing Plenary: Changing Mental Models, Changing Systems for Community-Wide Family Engagement

Shela Jooma: Hello, everyone, and welcome to our final session, Changing Mental Models and Changing Systems for Community-Wide Engagement. My name is Shela Jooma, and I'm a resource developer and project manager with the National Center on Parent, Family, and Community Engagement. Thank you to the so many of you who have joined us on the journey we've been on together during the last two days. I can't believe we're so close to the end now. For our final session together, I am delighted and honored to introduce Dr. Joshua Sparrow, the co-principal investigator of our center and the executive director of the Brazelton Touchpoints Center. Dr. Sparrow is going to leave us with some concluding thoughts about changing mental models and applying family engagement in a cross-sector and community-wide way.

Dr. Joshua Sparrow: Thank you so much, Shela, and thank you, everybody, for joining us today. Thank you for hanging in there with us over the course of our Family Services Manager Institute. I'd like to also thank all of my colleagues at the National Center for Parent, Family, and Community Engagement and all of my friends and colleagues at the Office of Head Start, and to all of you for the work that you do everywhere around the country to support families and parents to be the best parents they want to be. I'm going to talk about mental models today and how they keep systems stuck. I'm going to talk about how most of the way that we think is automatic and not deliberative and how that's really the root of implicit bias, and talk a little bit about trauma in systems and how reflective practice helps us face that trauma and uncover mental models. And then, I hope it's OK that I'm going to talk a little bit about love.

So, to begin with, what is a mental model? Well, take a look at this map. It may strike some of you as familiar and yet unrecognizable. And if you notice, even when it flips to ... Sorry, even when it flips to the more familiar pattern for those of us who live in North America, it's actually still what we would consider backwards and it's the view from someone who might be inside of the Earth looking towards the surface. So, mental models help people make sense of the world to interpret their environment and to help them understand themselves. In our mental models, we have our categories, our concepts, our identities. We have stereotypes. We have the stories we tell ourselves to explain the world to ourselves, and mental models come out into societies through a set of experiences that we share with each other. And we actually pass down our mental models from one generation to another, even when these mental models don't really serve our needs as they should. Sometimes, for example, these mental models can misidentify the causes of behavior, and that means we end up overlooking potential solutions.

So, here's one way of thinking about a mental model. We stand where we stand, we see what we see, and we then, with our automatic thinking, conclude everything else looks just like what we see from where we stand, when in fact, if we were to stand someplace else, we might see something very different. We might see, when we look out our window, the countryside, but the person standing somewhere else might see the city or might see rain. So, most of our thinking that allows us to make sense of and tell the stories about our perspective of what we

see and hear from where we stand is automatic. So, automatic thinking is based on what easily comes to mind, what we quickly jump to in our thoughts. These are the simple solutions and mental shortcuts that we make all the time. And this is true for all humans, simply because it is more efficient, it works faster, and in fact, in terms of our evolution, a lot of the decisions we have to make are based on interpreting what we perceive really quickly. So, if there's danger, we've got to quickly decide what we've got to do, whether we fight, flight, or freeze. So, we evaluate situations based on these kinds of associations that automatically come to mind, and they're based on the beliefs we have that we tend not to examine and that we take for granted. So, it causes us to simplify problems, which is often useful, but sometimes, that is the problem. It causes us to see what we see through a narrow frame. And often we fill information that we don't have with our assumptions about the world but without really a strong basis. In addition, as we use these mental shortcuts and think automatically to quickly make sense out of what we're seeing and hearing, we also turn to the perceptions of those around us. Most of us care about what other people around us think and how we fit into groups and how they fit into our group. So, we end up imitating each other's behavior almost automatically, and that means imitating what we think and see too. So, we're not ... We don't tend to think on our own or to make decisions on our own. And we're really strongly affected by what we sense other people are thinking around us, either where we work, or in our families, or in our communities. So, here you can see that this fellow has stopped looking out the window at his countryside there and look to see what other people are seeing. And because we are influenced by those around us, he decides it's raining too, even though where he is actually it's not.

So, the reason why we wanted to focus on mental models to close this institute is because mental models, as you can see in this iceberg diagram, are well known to keep systems stuck. So, they're way, way, way down below the surface, and that's why we often aren't aware of them. And yet, it is what we see, what we think, what we perceive that often keeps the system stuck to do what they were designed to do, they become deeply rooted in ourselves. We take some of our assumptions for granted and we assume that they're inevitable social facts. And they shape what we think is right in natural possible light, even though there might be other things that are possible too. And when in our groups, in our families, in our workplace, in our communities, we're influenced by each other, then we can end up coordinating what we think, what we see, what we do, what we believe around a common focus, even though sometimes it's really ill-advised and can be destructive. And here, we can certainly see that example in implicit racial bias.

So, to summarize, automatic thinking is really the brain basis. It's the way our brains are constructed to quickly assess what our situation is and quickly make decisions, leaves out a lot of information, depends on a lot of past experience, and based on a lot of assumptions. And so, it's the brain basis for implicit bias, for implicit racial bias. So, as a result, it's important to recognize that in addition to understanding racism as structural, systemic, historic, and current, racism is also a mental model and it's reinforced by the social networks in which we may find ourselves. So, here's an example of applying, understanding mental models to opioid use disorder. Now, we all know that stigma is a huge challenge for work in this area. We know that we have to carefully examine our own feelings about a parent when a baby is born, having been

exposed during pregnancy to opioids or other substances. And it's understandable that when we see the baby suffering, we tend to have pretty strong feelings about why that parent couldn't have protected that baby during pregnancy. So, we also know that parents are aware of these beliefs, this mental model that we may have that is stigmatizing. And that may discourage them from opening up about the challenges they have and feeling comfortable asking for the help that they need. So, in the old model for understanding opioid use disorders, we were punitive, and in many states still, there was a primarily punitive approach to families when an infant is born with a positive toxic screen, that is when an infant was exposed during pregnancy to opioids, we judge it as a moral failing. And in some states, there is systematic child removal when there's a positive toxic screen at birth. We also tend to see this as a moral failing in the adults alone, and we treat the adult alone in isolation. And much of our treatment services and healthcare and mental health are short-term fixes. We look for silver bullets. And it's the provider who makes the diagnosis and does the treatment plan rather than working in a partnership. Now, if we're going to shift our mental model, we can move from punitive to a therapeutic and facilitative approach to working with families where a parent is struggling with opioid use disorder. Instead of seeing it as a moral failing, we can see it as a relapsing brain disease, not something we're going to judge or lay blame for. Rather than systematically removing children, and sometimes, there really is no choice, I understand that, because the parent really isn't able during that period of time to provide safety and care for the child. But whenever possible, and even in those instances, to look for ways that we can support families and their efforts to strengthen themselves. And rather than focus on treating the adults alone, we focus on treating relationships. So, in the context of opioid use disorder, at the beginning of life and in the early years, we're really focusing on feeding, which is an interaction between the parents and the child, sleep where the parents are helping children learn to sleep. And these are hard things for babies who are exposed during pregnancy to opioids and to the attachment process, so we're focusing on the challenges in the relationship to support the recovery of the baby and the parent. And we see our efforts as a multi-generational and across the lifespan because we know that in many families, when a parent is struggling with substance use, for example, often grandparents step in to help. And it's also clear that because this is a relapsing brain disease, we have to be in this work for the long haul because relapses happen. And they may happen predictably when children go through developmental crises that we call touchpoints, when they temporarily become disorganized, and that puts more stress on the parent and the family system. And we see this work as systemic, family systems, community systems, and it's community driven because, really, if you think about the effects of opioid use, it really disrupts just about every function that an individual in a family has, not just health and mental health, but employment and even housing. There are housing systems where parents are booted out if they come back home from the hospital with a baby who tested positive for opioids. So, we need a comprehensive approach, so it's community-driven. So, this is just an example of the way in which an older mental model has kept us stuck in ineffective approaches to opioid use disorder, and how we can make this shift or what we would make the shift to for a new mental model that would be more effective in destigmatizing opioid use disorder so that we can treat it more effectively. Now in order to shift mental models, we have to discover our automatic thinking, the assumptions that we make, the beliefs that we may have that we don't examine, the things that we take for granted without really being aware of them. So, we use

reflective practice to uncover our automatic thinking and to build our capacity for deliberative thinking. And deliberative thinking means slowing down, stopping to notice the assumptions, beliefs, the things we take for granted, and to try to imagine other perspectives. Try to imagine what it would look like if we looked out those different windows that I showed you earlier, trying to imagine what we're looking at might look like from the perspective of others. And what we're really doing when we engage and to think deliberative thinking is we're recruiting other parts of our brains to really expand and enrich our understanding. So, reflective practice helps us uncover unproductive mental models, and then we can strengthen our social ties which reinforce more productive mental models. We saw just a moment ago, how we are social beings, and we reinforce each other's mental models. But with reflective practice, we can uncover not only our automatic thinking and the unhealthy mental models that go along with that, and we can also reflect on the social ties, the relationships that we have with others who may reinforce this to be able to step back and look at how can we strengthen those relationships so that together we can share more productive mental models to serve the changes that we seek, which will be transmitted over time, even over generations. So, in order to change mental models, we need to not only look within ourselves and within our peers and our social groups, our families, our classrooms, our organizations, our communities, we have to look at the different components of the systems that we're in and the different elements of the programs, of Head Start programs. So here is the Head Start Parent, Family, and Community Engagement Framework and this is the version that was designed for early childhood systems. And you can see in the outer rings that we are including cultural and linguistic responsiveness, equity, inclusiveness, and the components of systems so that we can look at each one of them to look at where unproductive mental models may live that keeps systems stuck. And similarly, in the framework that you're all familiar with now, in the yellow and the pink columns, you can look at the program elements there too to see where unproductive mental models may again keep our systems stuck, whether it's in program leadership or in the professional development that we use, or in program environment, or any of the program elements. So then, we bring in reflective practice to discover where are the mental models that are really based on this automatic thinking that keep us stuck, where we really don't want to be anymore, so that we can then align what we do across system components and across program elements so that we can move to the more productive mental models that we're looking for. Now, one of the reasons why systems stay stuck with mental models is because trauma shuts us down, keeps us pulled away, and numbs us, and makes it harder to do the reflective practice work of looking at ourselves and each other to understand our assumptions, our implicit biases. So, this comes from work that was done at Santa Clara County FIRST 5, and I'll just read a couple of these quotes because I think they're really powerful. "Like people, organizations are susceptible to trauma in ways that contribute to fragmentation, numbing, reactivity, and depersonalization. A system cannot be truly trauma informed unless the system can create and sustain a process of understanding itself." And there you have the whole concept of reflective practice. Trauma-informed systems principles and practices support reflection in place of reaction, and it's that reaction that's the automatic thinking. They support curiosity instead of numbing, and they support self-care instead of self-sacrifice, and they support collective impact rather than siloed structures. And that's this idea of bringing together all of the program elements in the Head Start Framework and all of the system components in that early childhood version, so that they

work together to move us to use reflective practice to discover our assumptions, our biases, and to move towards the more productive mental models that will bring about the changes that we seek. So, in order to engage in reflective practice, we need to assume our own ignorance. We need to expect to be wrong and to make mistakes, and that requires humility. And also, it requires safety and trust because if we are going to get comfortable with our ignorance, with the fact that we will make mistakes, we are going to get things wrong sometimes. We need to be in work environments and family environments and community environments where we all share this effort to grow our own humility and support each other's humility. It takes safety and trust to be able to do this. So, deliberative thinking that is shifting away from this automatic thinking, the mental shortcuts, the quickly making judgements, and interpretations, and decisions, and telling ourselves stories about what we see in here based on our past experiences, a fairly narrow view, our beliefs, our implicit bias to shift from that to engaging other parts of our brains, other perspectives and perspectives of others, it recruits other neural networks that is it recruits a broader range of connections between our brain cells. It helps us make associations to experiences beyond the ones that we first remember when we first see or hear something. We work to conjure up other experiences, other memories to think about other contexts, to think about how other people might think about this or see this, we work to step into other's shoes, into what they might think or feel. And to experience more broadly, what our own might be, often with automatic thinking, if you think about it as a flight or fight or freeze response to perceived danger. And in interpersonal situation, that could be when we feel criticized or injured or hurt or misunderstood or not seen. And so, the first set of thoughts and feelings we have often are protective ones. They're ones where we really have to defend ourselves against that hurt. But we then can go past that to say, "Well, gee, maybe I played some role in that. Maybe there's something I didn't consider. Maybe there's a set of beliefs or assumptions I had that were part of why we ended up where we are." So, it really does expand the parts of our brain that we engage as well as the perspectives of those around us. And here's where I just want to take a risk and talk about love because love also engages other parts of our brain than that fight, flight, or freeze part. It engages the same parts of our brain as the feelings that we have when we even look at a new baby or a toddler. I'm not talking about romantic love. I'm not talking about love that disappoints or love that hurts. I'm talking about the love that I think most of us experience when we work with infants and toddlers and young children and with the colleagues who we strive to see the good in and with the families that we work with, where we strive to look for the strengths and to look for what they aspire to for the goals they set for themselves. And I think we can say that when we work there, especially when we may be struck by the problems, by the things that we're worried about, when work to find the strengths and the things that families aspire to, their hopes and dreams and what we can admire in them, I think that that's where we engage these other parts of our brain that really layer on top of those parts of our brain that are involved in the experience of love. And the reason why I thought I would take this risk and talk about love and letting love in is I've been having conversations for the past couple of years about this. And one of the things that I've been finding over and over again is that, especially for people like all of us who have really devoted our lives to caring for others, we are able to find the love we feel for those we work with. It's a lot harder for many of us to let the love in that comes back at us, whether it's from children or families or our colleagues. And so, I would urge you all to just

notice as you move beyond your automatic thinking to your deliberate thinking, when someone is showing you their admiration, their appreciation, their respect, their love for you. And to notice how you may first tend to deflect it or minimize it or not truly be able to accept it, not be able to take the risk of believing in it, to just notice that and then to ask yourself, "Could I just accept it, be thankful, and let it in?" It's a part of taking care of ourselves together, letting in the love. And one of the most important features of love is unlike energy sources other than the sun, it regenerates itself. The more love we experience, let in, and give the more love there is. And love spreads love. And I think in the world that we're in now, this message is more important than ever.

So to conclude, I just wanted to note that as we strive to change mental models, we are going to be working hard to expand from our automatic thinking to our deliberate thinking, to our capacity to love, to letting love in, and we ourselves will be changed. And I wanted to share with you this photo of Dr. T. Berry Brazelton, my best friend and mentor who died a couple of years ago with a newborn baby who is reaching for him because what Berry Brazelton said after looking at thousands and thousands of newborn babies was, "It is not just that all caregivers shape babies, but they shape us." And that ultimately is what happens when we are able to love and to let love in is the risk and the hope is that we are able to allow ourselves to change and to grow and to learn. Thank you very much. And again, thank you all for the critical work that you do for our nation's children, I'm going to turn back to my good colleague and friend, Shela Merchant Jooma.

Shela: Thank you, Dr. Sparrow, for those insightful remarks. We hope that you have learned in these last two days many things that allow you to consider opportunities to think deliberately, to make paradigm shifts and systems improvements, and most importantly to let love in. There are so many rich ideas throughout this institute, and we hope that you will take some time to consider what strategies you will use to implement what you have learned during the last two days.