

Brazelton Touchpoints Center and the American Indian College Fund: Coming Together to Build Strength-Based Partnerships with Families, Providers and Communities

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Brazelton Touchpoints Center Vision:

IMAGINE a world in which all children grow up to be adults who can:

- strengthen their communities,
- constructively participate in civic life,
- steward our planet's resources, and
- cope with adversity,
- experience the joy of nurturing the next generation to do the same.

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Touchpoints Outcomes as Protective Factors

- Reduced parental stress
- Reduced risk of maternal depression and improved maternal mental health
- Increased initiation and duration of breastfeeding
- Improved understanding of child development and developmentally appropriate expectations
- Improved parent-child attachment and child development outcomes
- Improved relationships with providers and decreased social isolation
- Improved pediatric healthcare resource utilization

What is the Touchpoints Approach to working with children, families and communities? A Way of Being

- Arises from observation of the newborn and earliest interactions
- Developmental
- Relational
- Strengths-based
- Systems theory-based
- Culturally rooted
- Self-sustaining



The Touchpoints Approach: collaboration rather than prescription

A relational, strengths-based approach to working with children and families affirms parental expertise, and partners with parents to experience self-efficacy and empowerment as they raise their children.

Parental expertise and effectiveness derives from observation of the child, early experience, and internal, cultural, and community resources.

The Gardener and the Carpenter

Gopnik, A. (2018) Macmillan Publishing

- Parenting –as a verb- was invented in the 1970s
- There is and cannot be a blueprint for raising a child.
- Raising a child depends not on goals and outcomes, but on conditions and contexts.
- Parents learn to raise their children from their children, their own childhood experiences, from other parents and caregivers, in specific conditions and contexts, and within their cultures.
- What parents and children learn about childrearing is passed, through cultural beliefs and practices, from one generation to the next.
- Parents and children shape and change cultures in each generation.

Technical vs. Adaptive Challenges

Parenting is primarily an adaptive challenge

Adaptive solutions emerge based on

- specific contexts, e.g., the specific, parent, child and circumstances

Adaptive solutions depend on

- specific resources, conditions and capacities.

Technical challenges in parenting that can be handled with techniques that can be taught, learned and replicated, for example

- changing a diaper?

Childrearing: a social, culturally-rooted process

Professional cultures over-estimate

- universality of Western child development knowledge,
- possibility of a single “science of parenting”, and
- capacity of professional institutions and systems to promote healthy development

LeVine, R. (2010). Protective Environments in Africa and Elsewhere, In Lester & Sparrow, Editors. *Nurturing Young Children and Their Families: Building on the Legacy of T.B. Brazelton*. Oxford: Wiley-Blackwell Scientific.

LeVine, R. 2004. Challenging Expert Knowledge: Findings from an African Study of Infant Care and Development. In: Gielen, U.P. & Roopnarine, J.L., editors. *Childhood and Adolescence: Cross-Cultural Perspective and Applications*. Westport, CT: Praeger. 149-165

WEIRD

Behavioral scientists routinely publish broad claims about human psychology and behavior in the world's top journals based on samples drawn entirely **from Western, Educated, Industrialized, Rich, and Democratic** (WEIRD) societies. Researchers – often implicitly – assume that either there is little variation across human populations, or that these “standard subjects” are as representative of the species as any other population. Are these assumptions justified? Here, our review of the comparative database from across the behavioral sciences suggests both that there is substantial variability in experimental results across populations and that WEIRD subjects are particularly unusual compared with the rest of the species – frequent outliers.

Joseph Henrich, Steven J. Heine and Ara Norenzayan (2010). The weirdest people in the world?. *Behavioral and Brain Sciences*, 33, pp 61-83
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Touchpoints Paradigm Shift: Clinician-Parent Relational Principles



- Power-imbalanced
- Culturally exclusive
- One-way transmission of information
- Telling
- Generic child's theorized behavior

- Shared responsibility
- Culturally inclusive
- Co-construction of meaning
- Showing, modeling
- Individual child's observable behavior

Touchpoints: a common language

- **Break down barriers between service providers that fragment care**
- **Refocus health and human service workers on needs, strengths, problems, solutions *as* understood by those we serve**
- **Connect professional cultures through reflective practice with cultures of those we serve**

Intergenerational health/mental health effects of colonization, genocide, racially and ethnically-based economic injustice mediated by:

- Social isolation
- Disenfranchisement, disempowerment
- Trauma of racism and discrimination
- Disruption of protective factors situated in
 - traditional community and family structures
 - indigenous knowledge of childrearing and human development
 - continuity of cultural identity
 - hope, trust and community connectivity

Chandler, M.J. & Lalonde, C. (2009). Cultural continuity as a moderator of suicide risk among Canada's First Nations. In L. Kirmayer & G. Valaskakis (Eds.), *The Mental Health of Canadian Aboriginal Peoples: Transformations, Identity, and Community*. University of British Columbia Press. IOM (Institute of Medicine). 2013. *Leveraging culture to address health inequalities: Examples from native communities: Workshop summary*. Washington, DC: The National Academies Press.

Kuzawa CW; Sweet E; (2009) *Epigenetics and the Embodiment of Race: Developmental Origins of US Racial Disparities in Cardiovascular Health*. American Journal of Human Biology 21:2–15

Williams DR; Mohammed SA. (2013) *Racism and Health I: Pathways and Scientific Evidence*. American Behavioral Scientist 57: 1152

Yellow Horse Brave Heart, M. & DeBruyn, L.M. (1998). *The American Indian holocaust: Healing historical unresolved grief*. American Indian & Alaska Native Mental Health Research, 8(2), 60-82.

Finding Common Ground, Shared Vision

Through our collaboration with many different Native Peoples since 2001, we have learned that the Touchpoints approach, for whatever reason, seems consistent with and supportive of a range of indigenous worldviews

Native Cultures are Numerous and Distinct: A cautious list of commonalities

- respect, generosity, honesty, and kindness
- commitment to elders and to the earth
- the community raises the child
- an awareness of the complex interactions of all beings - the first systems theory

Beck, P. V., Walters A. L. & Francisco N. (1996). *The Sacred: Ways Of Knowledge, Sources Of Life*. Tsaile, AZ: Navajo Community College Press.

Perhaps this is because the Touchpoints approach began with quietly, respectfully listening to newborn babies who bring their wisdom from the other side.

Nation Building, Systems Building, Strong Partnerships: BTC-AICF Collaborations with TCUs and Early Education in Support of Community Self-Strengthening

Creating a Common Language to Strengthen Relationships that Promote Child Development, Learning and Health

- All parents have strengths
- Parents are the experts on their children
- Recognize what you bring to the interaction
- Value disorganization and vulnerability as opportunities for healing and growth

Nation Building, Systems Building, Strong Partnerships: BTC-AICF Collaborations with TCUs and Early Education in Support of Community Self-Strengthening

Creating Coherence, Continuity and Seamlessness to Strengthen Systems of Care

- Within TCU Departments
- Among TCU Faculty, Staff and Students over time
- Across Tribal Community and State Agencies
- Between Families and Providers

BTC – Tribal Nation Building

Collaborations

- Tribal Touchpoints in Early Care and Education
- Tribal Colleges collaborations for institutionalizing indigenous knowledge, building community social capital, and workforce development
- Native American/Alaskan Native Early Childhood Professional Leadership development

Funders and Partners

- USD ACF Office of Head Start, Office of Child Care
- USD HHS Substance Abuse Mental Health Services Administration (SAMHSA)
- USD HHS Health Resources and Services Administration (HRSA)
- Annie E Casey Foundation
- Buffet Early Childhood Foundation
- Cohen Family Foundation
- Kellogg Foundation
- The American Indian/Alaskan Native Head Start Quality Improvement Center
- National Indian Child Care Association
- National Indian Head Start Directors Association

BTC - Sovereign Tribal Nation Collaborations: Early Childhood Education

- Blackfeet Nation
- Confederated Salish and Kootenai Tribes
- Gun Lake Pottawatomini
- Iowa Tribe (Oklahoma)
- Leech Lake Band of Ojibwe
- Nisqually
- Nottawaseppi Huron Band – Potawatomi
- Passamaquoddy
- Pokagon Band Potawatomi
- Port Gamble S'klallam
- Prairie Band Potawatomi
- Pueblo Acoma
- Pueblo Laguna
- Pueblo San Felipe
- Rocky Boy Chippewa Cree
- Southern Ute
- Standing Rock Sioux
- Santa Clara Pueblo
- Santa Domingo Pueblo
- S'quamish
- Red Cliff Band of Lake Superior Chippewa
- White Earth Band – Ojibwe

BTC Sovereign Tribal Nation Collaborations:

Tribal Colleges

- Confederated Salish and Kootenai Tribes
- Ilisagvik
- Keweenaw Bay Ojibwa
- Menonminee Nation College
- Northwest Indian College – Lummi Nation
- Sitting Bull College
- Southwestern Indian Polytechnic Institute

Tribal Project LAUNCH (SAMHSA)

- Confederated Salish and Kootenai Tribes
- Gun Lake Pottawatomi
- Nottawaseppi Huron Band – Potawatomi
- Passamaquoddy
- Pokagon Band Potawatomi
- Pueblo Laguna
- Red Cliff Band of Lake Superior Chippewa
- Standing Rock Sioux