Barak Obama ran his presidential bid on a platform of “change.” This theme was received by the American public with relief (from the previous administration) and optimism (for a new future). During the campaign, banners and slogans shouted the singular chant: “Change!”

The call to change always begs the question: change what? Change by itself cannot be pursued without an understanding of the “something” that needs to be changed and why something needs to be changed. We pursue change for one of two reasons: something is broke and we need to search for a new solution for that which no longer works; or a new something has been developed which the creators believe is better than the old something. In this later case, change involves convincing the adherents of the old something that the new something is worth adopting.

The theme of the CAMHS conference is “changing practices in children’s mental health services.” This theme identifies three important components: children, mental health, and practices. Of the three, we can most easily come to agreement about the definition of “children,” although our definition may get fuzzy on the edges when we consider transitional age youth or adults who act like children. However, we may have greater difficulty in coming to agreement on the definition of “mental health” and “practices.” For mental health, do we take the disease perspective or the wellness perspective? For practices, is our perspective what practitioners do (treatment as usual), evidence-informed practices, practice guidelines, or evidence-base practices? Depending on the perspective we take, is there common agreement that something in the field of children’s services is broken and new solutions are needed; or have we identified new solutions in children’s services and our job is to convince the practitioners that the new something is so much better than the old something that the old something deserves to be abandoned?

We cannot pursue the strategy of changing to a new something without understanding the dynamics of stability in the old something. Why do practices that have no support in the
literature persist? Why don’t clinicians not only adopt, but embrace, practices with a strong evidence-base? I would submit that the process of change must be understood in the context of the dynamics of stability, and that the process of change must be viewed as a universal process that applies to a dynamical stability in all living systems. On this last point, a universal process of change implies that the dynamics of changing the behavior of a “patient” are the same as the dynamics of changing the behavior of a clinician. We can no longer maintain that the process of change in patients is disease driven, and the process of change in clinicians is education driven. This perspective of different processes of change sends us down two divergent paths that will never converge. A universal process of change removes the “white coat” that separates clinician from “patient.” A universal conceptualization of change considers both the “changer” and the “changee” to be living systems subject to the same dynamics of stability and change.

A dynamical living system is grouping of components that are interconnected and interdependent, wherein the behavior of one component changes the behavior of another component. As humans, we are living systems made up the subsystems of our bodily functions, which include our genes, epigenetic processes, and brains. As a collection of subsystems, we interact constantly with super-systems of relationships, families, work environments, and cultures. To the extent that these super-systems are a function of the behavior of people, these super-systems are living systems. I cannot address all of the principles of living systems in this brief paper, but two are worth noting here. One such principle is that living systems are dynamic systems, which are subject to disproportionality of effect. That is, little disturbances can have large effects or no effects on the behavior of the system, depending on its “initial conditions.”

We see this effect when a person might take a slight criticism with ease on one day, but a similar criticism can put the person over the edge on another day. The degree of stress in a system is a variable that changes the initial conditions of a system (person, family, organization) and make that system hypersensitive to perturbations, resulting in extreme behavior (chaos), versus being hyposensitive to perturbations under conditions of lower stress. To the extent that dynamical systems can experience disproportional responses to perturbations, living systems are “nonlinear” – trajectories of behavior do not always follow a logical, step-wise progression from point A to point Z. Parenthetically, we can define “fitness” as the ability to recover stable behavior in response to a perturbation, such loss, failure, or unexpected success.
A second principle of living systems is that we gravitate toward efficient solutions to our problems, even if those solutions are short-sighted. For lack of having global vision of the possibilities, we typically settle for “local” solutions that solve the problem at hand, but which may not be sustainable from a global perspective. For example, a chemical plant dumping toxic waste into a river is an example of an efficient and local solution. We express efficient solutions through daily routines. We are creatures of habit because that’s the way nature built us. In this regard, nature does know best. If we had to think about the trivial details of everything we do (if I had to think of where my fingers land on the keyboard while typing), then we would accomplish nothing. The good news about routines is that they free our minds to think beyond how we should position our next footfall when we are walking. The bad news about routines is that these patterns of behavior become hard-wired in our brains. Donald Hebb said that neurons that fire together wire together (Mainzer, 2004; Molter, Salihoglu, & Bersini, 2007). All neuroscience agrees that “Hebb’s Rule” is a fact of nature. Neuroscientists also know that the brain has plasticity, which is how we learn; but again, the bad news is this: what we do routinely must be “unwired” in order to allow for “new wiring.”

Our theory of change must take into account not only internal processes (neurodynamic), but also external (population) dynamics. Everett Rogers (Rogers, 2003) defines “innovation” as anything that is new to someone. He goes on to make the strong case that anything that is new creates uncertainty and uncertainty creates anxiety, more so for some than for others. This makes sense. When we, as researchers or policy makers, tell a clinicians that they should adopt a new treatment methodology, we, in effect, are telling clinicians that the practices they have developed over the years into a routine (treatment as usual) are wrong and the new practice is right. Rogers has shown us that some will receive this message better than others. Those who are more tolerant of newness and uncertainty are the “early adopters.” Rogers also tells us that early adopters change their behavior in response to a different set of parameters than do late adopters. Early adopters are responsive to distal sources of information – such as books, journal articles, or the internet. Late adopters are more responsive to proximal sources of information – a respected tribal elder. To sum up two decades of research by Rogers, people differ in their willingness to tolerate change, and they differ in what influences them to change. In other words, no two clinicians are the same with respect to their responsiveness to a call for change. Nor are two
clients the same. Rogers’ theory of innovation diffusion is completely compatible with a
dynamic systems theory of change (Rogers, Medina, Rivera, & Wiley, 2005).

It goes without saying that those of us who are interested in changing the landscape of
mental health services for children, adolescents, and their families have a long, nonlinear, and
bumpy road to follow. We see a tangled ball of yarn and it is unclear which piece of yarn we
should pull first to begin the untangling process. The pitch that I am making in this statement of
interest is that while we spend time identifying the domains that will become targets of change,
we need to spend time understanding the process of change itself. We need to approach the
process of change in the context of routines that we believe need to be changed, and we have to
appreciate that our change targets are living systems that may or may not be responsive to our
entreaties to change. I would add that our field needs to step outside of its silo thinking of mental
disorders as diseases. As a number of CAMHS conference participants have identified in their
interest papers, there are multiple factors, both internal and external to the child and family, that
relate to adaptive and maladaptive behaviors. I believe we need to broaden our view of disease,
disability, and dysfunction to consider environmental factors that support ways of life that are
replete with effective and sustainable solutions and that are within the reach of individuals who
need them. The movement to have children and parents be partners with clinicians in creating
new solutions to intractable problems is a good one. We need to find ways to strengthen that
approach and move away from the white-coat-as-expert mentality. Clinicians should be partners
with people who need to find solutions that will enable them to lead a better life – whether those
problems are internal (psychosis), external (poverty), or somewhere in-between (alcoholism).

My last pitch is that we need to move away from the idea that the process by which
children and families change their behavior is different than the process by which clinicians (or
researchers and policy makers, for that matter) change their behavior. We are all living systems
working within living systems. We need to better understand the principles of stability and
change that tie us and our institutions together. President Obama’s call for change is a clear
message; however, the implementation of such change is complex. Understanding the process of
change needs to be an explicit topic in our deliberations about how to change that which is we all
know is broken.
References


