

# FOCUS

Newsletter of the Foster Family-based Treatment Association



## Leaders: RISE UP! The Vital Edge of Leadership in Child Welfare



*At the Intersection of Emotional Intelligence and Emotional Regulation in Trauma Informed Care* —By Juli Alvarado, MA, LPC

Increased complexity and decreasing resources demand improved capabilities. We need courageous leaders who navigate through today's challenges, foster innovation and build trauma sensitive organizations through which both client and staff thrive. Research shows that the measurable and learnable skills of Emotional Intelligence (EQ) in leaders produce improved effectiveness, retention, organizational climate and bottom line. *Organizations change when their people change.* A good leader knows how to help everyone feel that they make a tangible difference in the success of the organization.

Integrating the basic human function of emotions into a viable plan for organizational change is the basis of this article; and the work of The Alvarado Consulting and Treatment Group.

If we are going to call ourselves leaders, we must be worthy of following. Growth will demand a temporary surrender of security. Before our staff will change, we, as leaders, must model a paradigm for successful change that results in a payoff worth the risk. Change is scary. If you want to know how scary, choose to go first!

Today, organizational transformation goes beyond the tangible outcomes to the intangible. Not only are we working toward improved quantitative outcomes, but we are also about making a difference in the lives of children and families. *A real difference.* Due to recent research in neuroscience, the demand to integrate a trauma-informed model of care is upon us. Yet the capacity for blending cutting-edge neuroscience with solid business logic continues to

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the FFTA 29th Annual  
Conference on  
Treatment Foster Care

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elude many child welfare organizations. At the intersection of Emotional Intelligence and Emotional Regulation is the key to this necessary change.

Working from a trauma informed paradigm looks very, very different than the service we have provided in days gone by. Confronting this reality creates fear in many of us—which can be helpful. continued on pg. 2

# EDITOR'S COLUMN

— by Gretchen Test, MSW

Fall is the season of changing colors. This *FOCUS* is all about change in individuals, families and organizations. First, you'll see a few changes in the look and content of *FOCUS*. In response to feedback from a member survey, we will now include regular FFTA chapter and policy updates. This issue highlights the Arizona chapter's effort to help members recruit and train more TFC foster families, addressing the shortage that appears to be a trend nationwide. Laura Boyd's "What's Up in Public Policy" column reports on rapidly changing developments in proposed child welfare financing legislation and describes her work helping state FFTA chapters.

Change is also the theme of articles by several popular FFTA conference speakers. Michael Place, sharing his own compelling story in "Making Foster Care Work for the Consumer", challenges us to teach youth to advocate for themselves, moving from feeling victimized to being empowered — in other words, the power of self-advocacy creates change and healing. Following up on a prominent conference topic, trauma, Amelia Franck Meyer's "Don't Forget the Ducks" reminds us that ducks' — and humans' — need for family is "hard-wired"; that abuse, trauma and constant change "disrupt our ability to connect with others." Juli Alvarado's "Leaders: RISE UP" applies concepts of emotional intelligence and trauma to organizational change, stating that leaders must possess an understanding of how trauma impacts themselves and their staff and that in order for an organization to change, leaders must change first. Finally, conference presenter Alistair Deakin's article "High Performance Decision Making vs. Death by Meeting," shares a few practical strategies

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Fear can be helpful to get people motivated to take action. However, fear is not a good long term motivator because fear over-uses the adrenal system and pushes us toward a short term solution which is not sustainable. Fear helps us to survive, but not for long and will never generate innovation. Remaining in fear will end us.

Although fear will compel us toward action, fear will not send us in a direction of healthy, regulated decision making. The vision of a better world is fueled by love. Love inspires and gets people excited. Love invites a desire to be part of something good, something better, something that gets ignited in us and creates energy like no other emotion can, even fear.

Fear and Love; those two emotions that never co-exist; those two emotions that ignite emotionally-driven debates about the appropriate place for each of them in the work of child welfare. They are the emotions that drive every decision that every one of us makes every day. Yet, most of us shy away from exploring, discovering and using these emotions in a way that brings the possibility of organizational transformation if, and this is a big IF, they are simultaneously grounded in solid business logic.

Across the continuum of child welfare and mental health, I continue to observe much more fear than love in our work with children and families. As a foster parent, I continue to see more fear than love in working within our system; and as a consultant I see fear in every organization that invites me in. *At the mention of love, I see fear.*

Healing without love is impossible.

### If a trauma-informed paradigm is not about healing, what is it?

Transformation to a trauma-informed paradigm of care requires an organizational model for change that provides learnable, measurable skills that improve leadership effectiveness, retention, healthy organizational climate and positive impact on the bottom line. This requires leaders to step into the ring of transformation first. IQ used to be the standard of excellence in life and at work, and in the past was unquestioned. Yet, with the exciting scientific findings over the past 20 years came the explosive field of affective neuroscience that has taught us that IQ is only part of the story of success. EQ uncovers how emotions are regulated in the brain. The degree to which we learn to recognize and label our emotions, and how they lead us to act, will determine the measurement of our EQ.

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for changing meetings, into events that help us "reach our full potential." All these articles provide great advice from our conference presenters on how to make positive change!

We appreciate the member input we received from our *Focus* survey, and we hope you like the additions we have made. If you have suggestions or ideas for articles, as always, let us know by contacting FFTA staff member Alexandra Koscielny (akoscielny@ffta.org). Happy Fall!

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## Leaders: RISE UP! The Vital Edge of Leadership in Child Welfare

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**Emotional Intelligence, EQ**, has taught us that emotions drive people and people drive performance. Emotions block or fuel actions. IQ is no longer sufficient for leaders in highly emotional fields of work, such as child welfare. EQ allows us to remain regulated in the times of crisis, and to teach our staff the same. Without this skill, the crisis of the client soon becomes the crisis of the clinician, which becomes the crisis of the leader, which becomes the crisis of the organization, which becomes the crisis of the board. This leads to organizations that are as traumatized, fragmented and crisis driven as the very clients whom they seek to serve.

**Emotional Regulatory Healing, ERH**, is a scientifically grounded, trauma-informed and love-based EQ paradigm that offers a parallel process of recovery for organizations, leaders, clinical teams and clients. The trauma, as well as the vicarious trauma, is tended to and the potential for long-term healing at all levels becomes the goal.

Combining IQ and EQ, and drawing upon the biological, neurophysiological, psychological, social and spiritual models available to us today, ERH, offers a comprehensive framework for organizational transformation, beginning with leadership.

Trauma shatters assumptions. Trauma destroys the wall of safety and invulnerability that we use to protect ourselves from the harsh reality of what humans are capable of doing to one another. Witnessing trauma second hand produces a similar effect on the bystander, the leader of the team, the clinician, the foster/adoptive parent, and the victim parent.

"We often turn our back repeatedly on the reality of victimization because it is too painful to bear. We blame the victim, we blame each other, we blame the clinician, the parent and 'other' team. Allying oneself with the powerful perpetrator becomes easier than emotionally containing the raw pain of innocent suffering and helplessness. True compassion for the victim leads to the need to change, to take action, to **stop perpetration at all levels**, and this means directly challenging the holders of power. This is scary business." Sandra Bloom, MD, *Creating Sanctuary*. This requires Emotional Regulatory Healing.

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The poster features the FFTA logo at the top, which consists of the letters 'FFTA' above a square icon containing three stylized houses. Below the logo is the text 'Foster Family-based Treatment Association'. The central image shows a pair of hands holding a tablet computer. The bottom half of the poster has a purple gradient background with white and black text. At the bottom, it says 'To stay updated visit FFTA.org/conference'.

FFTA  
Foster Family-based Treatment Association

Save the Date!  
July 10-13, 2016  
FFTA 30th Annual  
Conference  
on Treatment Foster Care  
Hyatt Regency, New Orleans, LA

To stay updated visit [FFTA.org/conference](http://FFTA.org/conference)

Pre-trauma-informed care, the landscape of child welfare and mental health fell into a black hole that often resulted in holding staff and clients responsible for the troubles they got themselves into. Children in foster care were somehow to blame for their troubles, and victims of domestic violence “chose” to stay substantiating claims that they were to blame, and staff were not controlling clients or “tough” enough to forge compliance. *If only staff and clients would do as they were told, they would get better.*

As we deepened our understanding of the impact of trauma, we came to understand that it is not always the trauma that determines the outcome, but the individual response to the trauma. The individual response is determined by the level of emotional regulation and secure attachment the individual enjoyed pre-trauma.

ERH calls for an historical understanding of the neuro-physiological development of individuals who present for help. We study their capacity for self-regulation and attachment style, because combined these will determine the response to experiences in life, love, family and relationships. Simultaneously, ERH calls for the provider to have worked through an understanding of their own capacity for self-regulation, their development and their attachment style prior to supporting anyone else in navigating these murky waters.

A program designed to treat traumatized individuals or families must be led by those who are capable of creating and sustaining an environment that will satisfy some important needs of the client **and** the staff. In this way ERH provides the framework for moving toward 1) healing of the client, 2) reducing recidivism in clients, 3) reducing turnover in staff, and 4) increasing the potential for healing through the parallel process of restoration and recovery for both, all of which positively impact 5) the bottom line.

**Organizational Stress:** In the past two decades both the social service and mental health systems have suffered significant losses in resources for “our” children, the children who have profound needs due to past trauma, abandonment and rejection. The number of attachment and trauma informed professionals is not nearly high enough to support the current need. Psychiatric hospitals, day treatment programs, residential treatment programs, the educational system and the public at large are mostly uninformed

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when it comes to caring for our vulnerable children. The transformation has led the way to community and home-based programs as well as adoptive and foster families needing to pick up the treatment and provision of care for some seriously disturbed and traumatized children.

In social services and mental health we tend to treat the ‘business’ as a machine, neglecting the consideration that chronic stress and continuous change at work will begin to deteriorate the core and the spirit of the business, analogous to the deterioration that we see in families suffering in this type of environment.

ERH responds by offering the following:

**1: Steps for Healing Organizational Stress:**

- The need for change may seem rational; but stressed out people are not rational! We begin the process with simple stress reduction for staff and clients.
- The level of resources allocated to training is equivalent to the level of change that will happen. Initial training must begin with secondary trauma relief in order to increase the capacity for retention of what is learned in trauma informed care training.
- Leaders must accept and step into a trauma informed style of leadership before their staff will adopt and maintain the same. We begin at the top. Staff are more likely to adopt changes when they see leadership go first.
- Change cannot start in policy and procedures. Real change begins with a commitment to the process, which will create acceptance for the policy/procedural changes.

**Healing Organizational Stress**

- **The Living Organization**
- **An organization simply cannot be truly informed and trauma sensitive unless the system can create and sustain a process of understanding itself thru relationships.**
- **A program cannot be safe for families if it is not first safe for its staff.**
- **You cannot give away that which is not yours to give.**

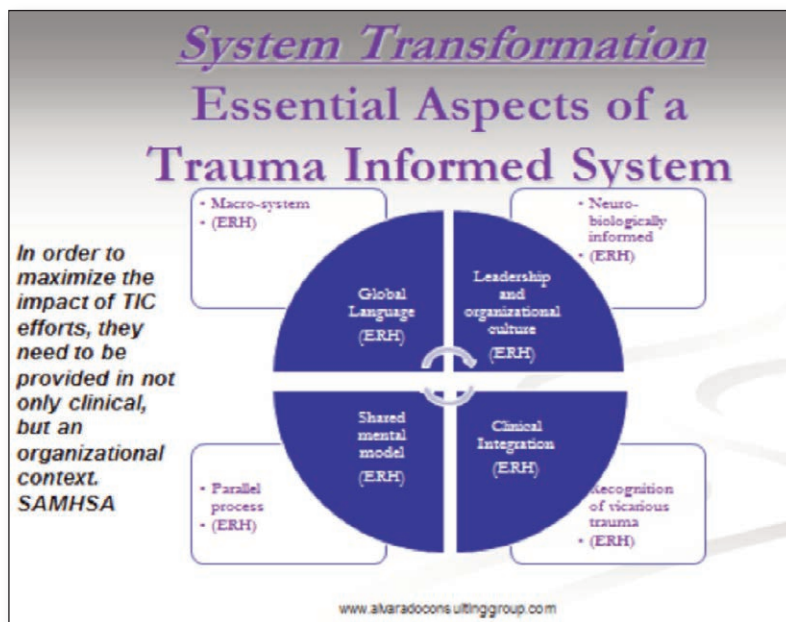
Adapted from: Check To Calm: Juli Alarado

The Living Organization™  
www.alaradoconsultinggroup.com

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## 2: System Transformation, Essential Aspects of a Trauma Informed System (SAMSHA)

- Training all staff and leadership in the impact and consequences of traumatic experiences for individuals, families, and communities.
- Engaging, activating, reflecting and planning during intensive trainings is necessary.
- Evaluating and initiating use of appropriate trauma-related screening and assessment tools.
- Approaching interventions from a collaborative strengths-based approach that acknowledges the resilience of trauma survivors.
- Learning the core interventions and relationship-based responses.
- Anticipating the need for specific trauma informed treatment planning strategies that support the individual's recovery.
- Decreasing the inadvertent retraumatization that can occur from using standard organizational policies, procedures, and interventions with individuals, including clients and staff members, who have experienced trauma or are exposed to secondary trauma.
- Providing intensive, experiential training for leadership, staff and parents in Emotional Regulatory Healing that offers the opportunity to work through secondary trauma while learning to implement Trauma Informed Care.



## 3: Leadership Training and Coaching in Vital Signs for Organizational Transformation

- Using both IQ and EQ, ERH provides a framework for leaders to introduce and manage optimal change based on a paradigm of trust.
- EQ leaders learn to transform resistance into adaptation; clinicians learn to help clients do the same.
- Change is hard, provoking a range of emotions. Learning to manage this fear is experienced in our deep dive training and coaching.



Organizations are a collection of people.  
Organizations change when people change.  
Leaders must change first.

As we develop EQ, we learn to integrate ERH as our trauma-informed paradigm of care. We become Leaders on the vital edge of recovery in child welfare. This parallel process of restoration provides for optimal outcomes at all levels. Healing Happens.

What are we waiting for?

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