



Organizational Stress

For Child Welfare and Mental Health Agencies

Awakening to Self, Awakening to Systems, Awakening to Support

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Summary

You can not give away that which you do not already have to give...

In the past two decades both the social service and mental health systems have suffered significant loss in resources for 'our' children; you know, 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 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.

At the same time research into and knowledge of the etiology of trauma in mental, emotional and behavioral disorders is exploding in a new field of neuroscience.

***Trauma Informed Care** is leading the charge in effective and efficient child welfare and mental health service organizations, and those organizations working to remain viable in the coming decade will be called to join this movement.*

The level of need met with the lack of resources has left our agencies vulnerable to the same chronic stress that our families experience on a daily basis. This article is an exploration of these adoption, foster care and service organizations and programs as *living systems*, just as the living family system that we seek to treat effectively. Agencies seeking to provide treatment and support to families will find that in order to move toward healing for the family system the larger system itself will need to move toward health.

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

Becoming a truly trauma informed system and providing truly beneficial services to a traumatized population will require macrosystem transformation at each and every level of the macrosystem. *Just as past experiences play out in the present day to day functioning of our struggling clients, past experiences will be played out in the present day to day functioning of our board members, executive staff, directors and front line service providers.*

It is the responsibility of staff and executive administrators to move into 'trauma sensitive' review of individual client, as well as team performance and outcomes; and most importantly, leadership styles.

Despite the most well intentioned training efforts, until a system can achieve a deep level of self understanding, whether a family or business system, it will not be capable of sustaining this level of understanding which is crucial for healing, growth and positive change.

At the macro level a service provider organization can not create a safe place for healing for its family clients, if it is not also a safe place for its employees.

Applying understanding of trauma informed care to organizational health serves multiple functions:

- ▶ Provides a framework for the organizational leaders to understand more deeply the frequently dysfunctional manner of dealing with organizational stress. *Organizational stress will lead to individual stress within the organization which leads to ineffective provision of treatment to stressed clients.*
- ▶ Heightens awareness of exposure to chronic stress and the manifestation of that at both the macro and micro level.
- ▶ Allows for healing at the organizational level while simultaneously providing that for our clients. Just as we are often heard to say that you can not provide healing for a child only to send the child back to a dysfunctional family and expect the progress in healing to be maintained; *we can not expect healthy employees to remain healthy in a sick organization.*
- ▶ Allows for the establishment of a social learning environment: an environment in which the student is both student and teacher at all times whether in the therapy office, the boss's office or at home.

A deeper understanding of the impact of trauma at the organizational level lends itself to a better ability to provide healing for the systems in their charge, internal and external.

Who we are in the office, must be also who we are in the kitchen, the living room and the boardroom. Who we are, is who we are, and a deep understanding of who we are will allow for more effective communication and understanding between family members, leaders and their teams... and managers and their employees.

Trauma informed paradigms as the core of our model, *Emotional Regulatory Healing* is providing a necessary framework for supporting agencies and organizations in making this vital transformation in the successful delivery of services to traumatized children and families.

How it came to be:

Trauma Informed-Emotional Regulatory Healing: At home and in the office

For the past 20 years, I have been a student, teacher, therapist, administrator, client, caregiver, foster parent, founder, board member, fund raiser, consultant and participant in both the private and public sector work of child welfare and mental

health systems. I have a deep belief that we must each work to leave this world better than we found it, following in the footsteps of both of my parents, and hopefully leaving that legacy to my 4 biological and numerous foster children. If we could only know, believe and live by the paradigm that we are each doing the very best we can in any given moment and that being kind to one another on a consistent basis could drastically change the society we live in, would we not live in a drastically better society? Sounds so simple, yet remains so complex.

There is a hopeful, healing presence in all that I do today, at home and in the office, however, truth be told, it emanated from a darker place. Over the past two decades I have witnessed profoundly disturbing events and settings.

I have witnessed children being held accountable for their admission into foster care, residential treatment, inpatient psychiatric units. I worked with Angela, a 6 year old found in a shopping cart in the parking lot of a local discount store, who ran away from every home she lived in, always back to that parking lot where she last saw her mother, and then punished in such a horrific and abusive manner by the very foster parents licensed to take care of her. And Gene a badly bruised, broken and burned little boy become the topic of every 'tuff to place' staffing at the county in which I worked, with whom nobody wanted to work; and then Anna, after 2 failed adoptions, and 17 disrupted foster care placements quickly diagnosed as reactive attachment disorder, and oppositional defiant disorder. I wonder, what would you and look like after 19 homes, 19 moms, 19 families, 19 communities, 19 sets of rules, 19 different menus of food? Would we too, perhaps struggle to attach to anyone else?

The complex manifestation of that level of trauma added to a complex system of traumatized services providers and we now find ourselves facing a crisis in effective service delivery that is pushing our programs to the brink of ruin. Both the financial crisis of our times as well as the antiquated healing paradigms still in use have caused a cascade of dysfunctional systems, broken teams, programs in ruins and spirits, souls, body and minds forced into nothing more than a mere existence both at home and in the office. We have known for centuries that the individual displaying dysfunction is certainly tied to a larger family, community, social, political and living system who is also displaying dysfunction upon close enough examination.

The complexity of the human mind/body system can only be fully understood in the context of the environment from which that human originated and now works and lives.

There is an individual as well as collective consciousness and unconsciousness tied to all that we each are and will become. Effective healing paradigms must include a deep understanding of this connection and potential for mind/body/spirit healing for all, individually and collectively.

At the foundation of a successful system is trust and utilization of power. Both are vulnerable to human relationships. There are inherent differences in power in all human relationships, however, it is the means by which we leverage that power that may create healthy relationships or potentially lead to abuse of power in relationship. Managing an ever shifting distribution of power in the system requires the development of trust, healthy communication, emotional intelligence and regulation. We, as the macrosystem, must model the hope in healing and change if we are to encourage and inspire that in our clients. When we come to terms with the challenge of change on us as the system we become more deeply empathic of the stress that change in our families systems create and the necessity to create treatment and healing paradigms that are both trauma sensitive and effective in the repair of past damage done.

We must work toward increased group confidence, allowing of vulnerable emotional and cognitive work required for change in each of us, as well as our clients, and we must realize that positive change in our clients will be manifested in much larger ways out of our group versus our individual ability. When the organization as a whole becomes the conduit to healing for each employee of the organization, the benefit to our clients is multiplied times over.

Trauma informed *Emotional Regulatory Healing*, used both in organizational and family systems, draws from an ever growing body research in disrupted attachment, and lack of social/emotional intelligence and regulation leading to a new understanding of the internal connection between healing and the therapeutic, or caretaker/child relationship.

We can not provide for a client that which we do not yet have for ourselves.

Sadly, I have watched and supervised staff in residential care facilities, inpatient psychiatric hospital settings, and outpatient offices and in foster care programs who have suffered both physical and psychological harm, lending itself to staff who become demoralized and even hostile. This often spirals into counter aggressive actions on the part of staff toward their aggressive clients, leading to a punitive and hostile work environment for staff, and living environment for clients in which we all suffer and little if any true healing takes place.

These overwhelmed staff turn to leaders who perceive and view the situation from their 'offices' very differently than their staff who are on the 'unit' or foster parents who are in the home, and those leaders end up perplexed, confused, often ineffective and authoritarian or even avoidant as they struggle to answer questions that really make little sense to them. Informed problem solving rarely takes place, as we have two different groups coming together with little shared knowledge, training or experience. And I will assume if you are reading this, that statement needs no further explanation.

Except to say that without a shared understanding the treatment plans, and the crisis intervention plans, and the discharge plans that come out of this type of treatment team provide little more than labels, prescriptions for medications to stop behaviors, and 'management' plans that rarely provide for long term healing of deep trauma.

So we go on, do the best we can, pray to be safe at work, move on to better and higher paying jobs as often as we can, but end up demoralized, angry at the children we came to serve, angry at the organization who promised us something they simply could not deliver and angry at ourselves that we choose to work in this field.

Emotional Regulatory Healing, (ERH) grounded in the most recent research and literature in trauma informed services, is a paradigm providing a biological, social and

emotional underpinning of the manifestation of trauma on both the organizational as well as the family system and provides a program of effective recovery for trauma survivors whether they be our clients or our employees.

ERH is based on solid neurological, psychological, biological, physiological and human development research. The past two decades and the new field of neuroscience have taught us that children whom have suffered even the most severe trauma and children, who present with even the most challenging behaviors, are not beyond the hope of healing. We find many children in the child welfare system, either in foster care, in adopted families, in residential treatment centers, day treatment programs and inpatient hospital settings, whom have suffered a life that few of us can actually comprehend at any real level. And that trauma has life long implications for those children; one of which is often a negative behavioral manifestation lending itself to

even more challenging implications such as diagnosis of mental illness, institutionalization, and few if any long term opportunities for healthy attachment. And this, then, lends itself to children who become adults in our society, with the same lack of internal ability to regulate emotions, behaviors, social situations and life. And we know what happens to those adults.

The amount of money that our child welfare system spends on treatments for this population is astonishing and the level of success in these programs is not nearly high enough to warrant continuing to treat difficult children with the therapy models most often taught. Outcomes based research projects are necessary and warranted, however, just as I learned in my graduate psychometric studies, you will find too, that outcomes can be manipulated and molded and reported in biased ways. If you want the truth of what is working in our system, just ask any therapist, social worker, foster or adoptive parent of difficult children-they will surely inform you that not much works long term with our very difficult children. Ask the children too; they too will inform you, as they have me over many years that most of us just don't get it! Therapy focused on the child is minimally effective in supporting the maintenance of difficult children in out of home care.

And if you ask most of these employees of child welfare, mental health or institutional organizations they will share with you how traumatized their programs, units and offices are. I can't tell you how many staff will approach me after a workshop and ask me how I know so much about 'their' work environment. It is not sufficient to believe that we can transform programs for our clients toward a trauma informed model, and not be as equally focused on the need for system transformation at the organizational level as well.

A program can not be safe for clients if it is not safe for its employees, emotionally, socially and personally.

While the goal of most child welfare programs is to protect children and families, many of their operations such as investigations, mandatory court appearances, removal from homes/families, foster placements, mandatory therapy etc, may actually reinforce the child's view of the world as hostile, threatening, scary, unknown and uncontrollable. These experiences actually contribute to a traumatized child's 'catalog' of threatening situations. In addition to this unintended outcome of our child welfare system, many county and states as well as private agencies have not yet created effective training programs for social workers and clinicians including development of brain, trauma manifestations, and parenting paradigms known to counter the child's earlier trauma experiences. This deficit in training and understanding leaves both the client and the provider with limited understanding and an increased propensity to avoid seeking support for both.

To the extent possible the child welfare macro-system must, now, not later, address deficits and reform practice and policy to provide consistent, repetitious, nurturing, and predictable trauma informed environments for every child for whom we take responsibility.

Trauma Informed Homes, and Trauma Informed Programs can only be created by Trauma Informed and Trauma Sensitive Teams.

It is incumbent upon each one of us, with this new research in hand, to diminish the fearful nature of child welfare as we know it today, for children. And accomplishing this huge, but necessary task, requires that stakeholders at all levels in child welfare receive specialized Trauma Informed training establishing outcomes that focus on long term healing from trauma, not just behavior modification. *We can no longer passively watch as we discharge children from our care for the very reason they were initially admitted.*

Judges, GALs, highest level administrators, managers, supervisors, all front line staff, and most importantly the parent/caretaker must be included in systemic training.

This article, all of my work and my model, ERH, is intended for those parents and professionals who have dedicated their lives to proving my point above; that *there is no child beyond hope of healing*. For the sake of the children, we must risk teaching about the cutting edge of healing opportunity for all humans. After 20 frustrating years of providing minimally effective therapy in foster care and adoption programs, in residential treatment centers, in day treatment programs and in inpatient psychiatric hospital settings, I am now listening with intention to the children. Even more importantly, I am listening to the foster and adoptive parents, really listening to them. And, not just with my ears, but with my heart, with my soul. I am listening to and understanding children's behaviors when the children have no words to communicate with just another adult who is nothing more at times than another threat of abandonment and rejection. And listening to the parents when they are at the end, angry themselves, lost themselves and now feeling close to the level of trauma that the very children they are caring for once felt-

AMAZING how that happens. How we, the caretakers and clinical professionals can actually end up feeling as hopeless, as incompetent, as isolated and as afraid as the children who we are working to care for. WE can not ignore this fact any longer.

Just as reminders of the past and recurring trauma of today can trigger a client into an insidious process of repetitive reenactment and a future of dark times, so too can the impact of chronic stress and loss on an organization take on the same insidious experience for those working in it.

Our organizations can become crisis oriented, unsafe, fragmented, authoritarian, disempowered and even abusive. *They tend to mirror the clients they were created to serve.*

Although I have the years of graduate and post graduate clinical studies that afford me many letters after my name, it is not in the title, the letters, the degrees or diplomas that I hold that prompts me to engage in a life of research on human healing and the diminishing of trauma impact. It is instead out of my own struggles, and my own pain; and it is out of the struggles and pain and abuse that the more than 65 foster children for whom I have cared for in my home and the multitudes of foster children with whom I have worked over the past 20 years that compels me to continue my own healing journey, and to travel that with the many children whom I have been so blessed to care for, to learn from and to suffer with. For I know, it is out of great suffering that the greatest healing can occur.

It is time, and we are now prepared to provide **an implicit paradigm with explicit, brain based strategies** for maintaining healthy organizations that support the health and recovery of our clients, as well as our employees. This parallel process of recovery and transformation has the potential to propel our system into a future of

- ▶ Improved Clinical Outcomes
- ▶ Improved Staff Satisfaction
- ▶ Improved Leadership competence

The numerous chronic stressors on each of us and the system at large are not to be immediately remedied. We must work toward an integrated and organized transformation of programs and policies. The in-fighting and even apathy of some groups are ever present. The flow of clients who need our services will not stop, nor will the flow of employees who look to us for safe, healthy and functioning work environments. We must mend a broken system while at the same time working to mend those who work in it.

If not you, then who? If not now, then when?

Emotional Regulatory Healing, a Trauma Informed Recovery Model provides a foundation for an alive, growing, changing and healing system to support those who are drawn to it for the same outcomes. The only way to create these trauma sensitive services is to become trauma sensitive yourself, at home and in the office.

Inquiries regarding this article, further Trauma Informed consultation, training and coaching can be directed to:

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