Episode 77 - Brian Farragher: The Sanctuary Model: Changing the Culture of Care - It Begins with Me (part 1 of 2)

[00:00:08] Welcome to living proof a podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. This is your host Adjoa Robinson and I'd like to tell you about a new feature we have at the Living Proof podcast series and that's the listener comment line. You can call us at 7 1 6 6 4 5 3 3 2 2 and leave a comment or suggestion. And who knows maybe in a future podcast we may feature your comment on the air. The number again is 7 1 6 6 4 5 3 3 2 2 Call us. We love to hear from you. Many of our listeners have heard the phrase trauma informed or trauma informed service delivery. But what is it and evidence supported model for organizational change and service delivery or simply the new flavor of the month. In today's podcast part one of a two part series Brian Farragher provides some answers. Brian Farragher is a social worker and the executive vice president and CEO of the Andrus children's center in Yonkers New York. The center provides a broad spectrum of preventive and restorative mental health services for children and families. Mr. Farragher has worked in the field of childhood mental health for over 25 years and during the past eight years has worked closely with Dr. Sandra Blum and the staff at Andrews Children's Center to implement the sanctuary model a theory based trauma informed evidence supported approach for creating or changing organizational culture.

[00:02:05] Mr. Farragher has expertise in developing trauma sensitive treatment programs and reducing the use of physical interventions in residential settings. He's recently published a book with Dr. Blum entitled destroying sanctuary a crisis and human service delivery systems. In Part 1 Mr. Farragher describes how the sanctuary model was implemented at the Andrus Children's Center. He also discusses the impact of trauma and repetitive stress on staff and organizations and quality of service. Nancy Smyth professor and dean of the University at Buffalo Graduate School of Social Work spoke with Brian Farragher by telephone. Brian I really appreciate you taking the time to speak with me. I heard you speak at that sort of joint work session that we were at for SAMHSA and the Center for trauma informed care last fall about the work that you all have done implementing the sanctuary model and I know you've been doing a lot of consultation work and training and helping other agencies do that. I thought maybe it would help to start with just a really brief if you could give a really brief overview of what the sanctuary model is because they don't assume that everybody who listens to this podcast might know sort of the specifics of that. Well the factory model is really a trauma informed system of care. So there's a lot of models out there that are you know trauma informed and trauma specific interventions. But this is really you know the sanctuary model is where the whole system approach that looks at not just you know the relationship between the therapist and the client but the relationships in the organization and the way the organization functions.

[00:03:42] So it's based on an understanding of neurobiology and trauma theory and the impact of trauma and stress on clients and the staff and the organization. So it really kind of applies. Trauma theory to really organizational development. So the whole idea is to think about how stress and trauma impact not just clients who are served by the organization but the organization itself. So you are what we see with a lot of organizations is you know under under stress the organization as a whole starts behaving very much like the clients that were supposed to be serving. So in many ways we end up recreating those traumatic experiences with clients if we're not if we're not careful. So the whole idea is to really move the system to a different place not just the treatment approach. How long have you been working with this model in your agency. Well we started working with Sandy Blum who is the Dr. Blum is the developer of the model. We've been working with her since 2001.

I would say that we've actually developed a consulting agreement with her in 2001. And then we spent probably a year you know a year and a half sort of reading ourselves for implementations. And then I would say since about 2002 2003 we've been at work trying to you know implement it like anything else that you do in your organization that is. I'd like to say you know we are fully a sanctuary now but you know people come and go. You know things change in organization since we've started working with Dr. Blum you've done a couple of mergers we've added You know lots of move staff through that process.

[00:05:25] So you're always sort of creating it and recreating it it's not a that's something you do and then you know it's done. It's it's a constant effort to sort of keep it fresh to keep it current and vibrant. Can you say something about what the process was for you in implementing this in your agency. Well you know the interesting thing was you know our process was sort of a we kind of walked this path before a lot of the people. So there wasn't a clearly thought out process and you know maybe later on we could talk a little bit about you know what we do through the institute in terms of process. Now with other agencies but we actually created the site cocreator this with you know with Dr. Bloom. So the process that we engaged in I think was a little more intensive and a little more time consuming than we currently do now we assemble the core team which is something we still do with agencies that we work with that we got together a group of about 20 to 25 staff who were there from all levels of the organization all departments so we tried to have a representative group and then talked about you know issues in the organization that were sort of contrary to what we what we believed you know. So where are the areas that we were struggling where were stress and trauma were impacting our our work. And then we did a lot of staff training we actually wrote staff training curriculum together we wrote psycho educational curriculum.

[00:06:57] So there was a lot of you know just nuts and bolts to that core team work which was a lot of it was which now is done. We just give that to agencies that we're working with so they don't have to do all of that work. And then what we did was we trained our staff on the model. We turned our staff on the psychobiology parallel process and really got everybody to the same place in terms of you know the language and the understanding of the model. And then we rolled out the tools that we use in the model that we started doing community meetings we started doing safety planning and those kinds of things which I can talk more about in a little bit and then and so we just over probably like you said about a two year period then we got everybody up to speed on the language and the tools and then we had to sort of refresh that as we've gone forward. So it's a as I said it's a constant sort of implementation. So you don't sort of implement them then and then you're done. You have to continue to do refreshers on training you have to continue to train your new staff learn from the mistakes that you make and the successes that you have and and embed it further and further into the organization as I'm listening to this and thinking about people who again may be broadly familiar with the idea of trauma informed Karen of this model remembering you had some wonderful examples in your talk that sort of made this brought it home and made it live for people really real examples of how issues come up and how you might implement addressing them in an agency from a trauma informed care sanctuary model perspective that really illustrate the differences.

[00:08:39] Can you give any sort of specific examples. Now you know just this types of issues that come up in an agency. But but how are how you have approached them. You know I can kind of talk about two things one is no one is more client specific issue and then one is more of a you know organizational wide issue on a on the client level. I think one of the stories I told them that in that presentation was about a boy who had come into our care who had been you know very aggressive had got into you know lots of conflict with staff had lots of trouble with no authority and the typical way that people respond to that in centers like ours is that you know it is about compliance it's about you know sometimes about coersion you know we have our rules and people must follow the rules and if you don't follow the rules as there's consequences. What we have found I think on on the

level with the kids is that that's where the re-enactment takes place. So are our kids you know have this grip that they come in with that they're they're trouble they're difficult they're unlovable and then they behave in those ways. What I think we did in this case this particular boy you know could be very aggressive and threatening. But what we found over a short period of time was that he was actually a different kid when he was engaged in work and in a lot of places too you know you've got to behave yourself before you can get a job or you know that's like a privilege that you have to earn.

[00:10:07] And what we found was that this boy was at his best when he was working. So we gave him a job and over time that job expanded. You know he actually became a really helpful kid. He helped out staff in that capacity he worked you know with maintenance though he had done a lot. He did a lot of things that really changed the way we saw him and the way he saw us. And at the end of that I think he left us last year and actually had made major improvements and not be you know you know we did some other good work with him we did some real trauma specific kinds of work with him. But but I think you know the idea that you know we were going to not fall into sort of his script but really try to help him recreate a script of his life that he could be helpful that he could be an asset that he could be somebody who who could be productive was was really important to him. I think really changed the trajectory of his life and his and his treatment here. And by the time he left here you know he was a kid who I think people the you know when he came in I remember just people were all in a twist because he you know he was so difficult and uncooperative and aggressive. And then he you know by the time he left us you know I think you know people really had made attachments to staff to and to peers. And it was the beginning of something I think you know hopefully you know will will follow him as he moves forward.

[00:11:42] I think on the organizational level you know what we have seen is good example of this I think is with you know I mentioned before we've had we've done a couple of mergers and we've we've emerged with a mental health service. Some years ago and you know we've had this ongoing sort of I think it's changed now the tone of it. But there was a sort of ongoing you know struggle between the parent agency and then the agency. We merged with around clinical productivity. You know that they weren't meeting their numbers. And that conversation that just became you know the organizational of the same kind of thing. That was a script about you know how they were under producing and they were a drain on our system. And what we found in that was that we had this re-enactment basically that was happening with the division and our agency and really understanding that it was a stress response you know we were we were concerned about financial losses. They were concerned about the loss of their their agents. You know and their their identification and their. So there was this constant sort of back and forth where we just became projections for each other when we were able to sort of talk about that and understand what was happening that we were caught in this really looping in the past. And I think we were able to change that script and I think we've seen certainly much better production ultimately but better morale and a better sense of you know sort of how we're going to work together.

[00:13:12] But but I think we had to acknowledge what was going on in the system and this was this was way up from clients. I mean obviously it trickles down to clients all the stuff trickles down to clients. But but I think you know this was a real system issue that I think we were able to apply. You know some of the sanctuary principles too around self safety I think management lost future and be able start thinking about you know what were the losses that we both sustained in this. And how do we think about our future going forward and start talking about what we can be rather than what what we used to be. And I think you know it made a major difference in our ability to sort of just move forward to a different different place and I think we're starting to make some real strides as an integrated organization at this point. But it's been you know it's been a real challenge for everyone not just for the administration here but for the division as well. So I think those are two cases where we've applied some of these principles not just to the treatment of kids but to the functioning of the organization. It really helps to think to make it alive and real for people to

understand that you know I'm struck as I'm listening to that as a leadership style in an organization. I think that sort of requires certain things a view in implementing this and I'm wondering if you can say a little bit about which any personal challenges you've had as a leader in implementing this and continuing to renew it as the organization has grown and changed.

[00:14:42] Probably the most significant thing I feel like I've learned something new you know almost every day. I think probably the biggest takeaway for me in the last year honestly in and out of them in this decade it's you know I'm finally learned something is that I was to really realize here is that you know one of the commitments we talk about in Sanctuary is is growth and change and that's really the business that we're in. So we're really about helping people to make really difficult changes in their lives. And it's become more and more clear to me that that begins with me in my organization when I change. I can't change anybody and I can't make anybody do anything differently. When you lead an organization somebody once told me that you know when you're when you're a leader that implies you have followers and followers choose to follow you. They don't you know you can't make them follow you. What I've come to realize which is is empowering. On one level and frustrating on another is that you know the only thing I can do is change me. But what I have discovered over the last couple of years is that when I make changes in how I behave. Things change in the organization. So I think what's interesting is that in mental health human services that we are we're always focused on trying to get the client to change and accommodate to the way we do business. And I think what I'm learning sometimes the hard way is that the first thing that I have to do that we have to do is we have to change. So if we're not getting the results that we want we have to do things differently.

[00:16:23] And that's a real hard thing to do. I can complain all I want about the way you know one of my staff members is behaving. But if I don't do something different you know to address that it won't change if I change my approach. It may not change it but it certainly certainly won't get any change if I keep doing what I've been doing. So I think that it's both humbling and empowering I think to know that when I do something differently it changes changes everything. People have to change or leave or whatever it is. But when I choose to do something differently it impacts everyone. And I think that's the whole issue in trauma and stresses that I think clients very often feel like no matter what they do. You know we will make a difference so if if it doesn't matter then it doesn't matter if I do it well or it doesn't matter if I do it differently. And I think what what we're discovering is that you know it all matters you know and we can always do better. We can all do it differently and if we're not getting the results we want we have to change. We have to do something different. I think certainly implementing this across even one program is a challenging effort to do it across an entire agency is especially challenging and has its rewards and benefits I would think as well. I wonder if you can say a little bit about ultimately the changes in the work that you all do the outcomes of what you're doing.

[00:17:47] What kinds of things you've seen happen as a result of implementing and continuing to implement this model. I think the outcomes and I probably not as prepared to talk about the whole quantitative you know we're seeing those in the know what we are seeing is that the kids who were serving certainly on our campus are moving back to less restrictive levels of care and sticking their last year. This time we discharged about 18 children and 17 of them went back home to their districts to their homes. One child had to know that we're on the same level of care you know because they age out of here we only go to ninth grade. So we're seeing you know that kids are growing changing what I think it's still in front of us is to do that in a much more purposeful way. What I think we see now is that when we don't get caught in struggles with these kids when we don't get absorbed into their script of how we should treat them which is often you know to be you know coercive and abusive. But if we just help kids understand that they can be something different that the future can be better that it doesn't have to be a repeat of the past and we create opportunities for that to happen that kids grow and change. So we're seeing that. I could tell you story after story

of children where they have come in and had you know just enormous difficulties and they leave and you're like Who is this kid. I mean so what happened here. They're you know they're they're really different people. And I think they're different because the opportunities for change were created. You know that.

[00:19:31] And I think a lot of programs and our program I think historically was that once you change you can get benefit. And I think I think what you have to do is create some benefits where kids can experience different things that will prompt change and that's risky business. The problem I think in many of our settings. Now is that they're so risk averse. You know because you're so worried about getting sued or you are worried about you know some kind of a disaster that we're so risk averse. And changers always change always implies risk. It's something that you haven't done before. And you have to you know you have to moderate that and you have to modulate that but you but you have to do it. And I think we I think we've gotten better at sort of taking calculated risks in terms of how much responsibility and autonomy and privilege you to have that children are afforded and care. It's a it's a very dicey road to walk but I think I don't think growth happens when you're you know it's all about containment and risk avoidance. I think it's counterproductive frankly. I would imagine that seeing growth in clients and also having their own gross enhanced and cared about must make a difference in how staff in your agency CIO staff morale issues like that which I think you know people struggle with in this field. People are getting burned out and feeling like nothing they're doing is make a difference.

[00:21:10] Well you know I think it's it's a tough line because I think you know what I'm describing to is that I think you know there's a innate instinct that people have for reciprocity and frankly retaliation. So deal with children who are very aggressive at times a very dis regulated. They can be you know really mean and nasty to people because they don't have they really don't have the kind of attachment to others that healthier folks do. And so they spend a lot of time trying to you know push us off. And I think it's really easy at times for staff to to respond in kind. So I think there's a maybe a tipping point in that where if you can get enough of your staff to the point where they understand that that is a phase that we go through that you know taking sort of your fair share of abuse and the work is necessary because that's where the kids are at right now and not responding in kind but helping them to a different place is really I think the challenge of the work. So when we talk about morale I think there are times when staff feel terribly aggrieved that they're getting mistreated by the children and nobody's protecting them or nobody's helping them. And then I think there are times where they're enormously elated by the results are seeing kids so I think you know the leadership role is to really help people contextualize that this is the way treatment run and it's OK. And we understand how hard it is. We support you through that and I'll be perfectly honest we have failed times in that regard. We left our staff twisting sometimes with some very tough situations that we should have been more helpful in.

[00:22:49] And I think there have been times when we haven't been as clear with staff about you know how we want them to conduct their business. So you know those are refinements that we're always making with our leadership. It's a very easy it's this notion of sort of punitive and coercive sort of responses is our default response really getting people to have unconditional love for kids is counterintuitive very often. You know that's a real challenge. We're getting better at it but you know we have a ways to go both from that point of view and from leadership. And it's an ongoing process. It sounds like you know it's it's it's not about achieving the perfect state. It's a process and when you mess up you acknowledge it and work to improve it. That's the whole idea. And I haven't talked yet about the commitments that we make but full commitment to growth and change is it is impossible to do this work perfectly. You got to make mistakes. This is not like Ikea furniture. You know we're putting together here and as a there's a book that can tell you OK here's what you say when your kids as you have to feel and you have to feel it out and you're going to make mistakes along that road. But we it's got to be OK. People can't feel like they're going to get killed if they

make a mistake but they have to learn from their mistakes. And that's a difficult balance too because you have to help people learn without feeling threatened. But creating enough heat for them to learn from it that they're not going to just keep doing the same things the wrong things every day.

[00:24:16] You've been listening to Brian Farragher discuss the sanctuary model. Look for part two of this discussion and a future episode. Thanks for listening. And join us again next time for more lectures and conversations on social work practice and research. Hi I'm Nancy Smyth Professor and dean at the University at Buffalo School of Social Work. Thanks for listening to our podcast. For more information about who we are our history our programs and what we do. We invite you to visit our website at www.socialwork.buffalo.edu. At UB we are living proof that social work makes a difference in people's lives.