California’s Integrated Core Practice Model for Youth and Family
Primer Series — 6 Leadership
Introduction and Background...

• **This is a primer about how the Integrated Core Practice Model can support leadership effectiveness and help build Trauma Informed care delivery.**

• **ICPM provides guidance and practice information about the practice values, principles and professional behaviors** which lead to high quality outcomes for at risk and system-involved youth.

• **California Welfare Director’s CPM Design Team created these Leadership Behaviors as part of its work toward a practice model.**
Goals for Today:

• Identify and discuss how the state’s Integrated Core Practice Model supports leadership practice.

• Understand the direct link between successful engagement and good leadership outcomes.

• Inform development of trauma-centric public services for youth and families in California.
“Your work around an integrated practice model is important for the field. As a result of your work, CA is in a leadership position in moving the field forward. While keeping all 58 counties going in the same direction is not easy, the state has come a long way in a relative short period of time.“

- Bryan Samuels, Chapin Hall, Former ACF Chief (2017)
A Shared Approach to California's Children, Youth and Families/
Integrated Practice Guide

California’s Core Practice Model is unique!

Shared Theoretical Underpinning

Shared Principles and Values

Shared Practice Behaviors (CFT)

Unique Probation Theories, Values, Principles and Practices

Unique Welfare Theories, Values, Principles and Practices

Unique Behavioral Health Theories, Values, Principles and Practices

Integrated Statewide Training Plan
10 Core Principles, applied to Leadership Relations

- Family Voice and Choice
- Natural Supports
- Collaboration
- Teaming
- Community Based
- Culturally Competent
- Individualized
- Strength Based
- Persistence
- Outcomes Based
ICPM Elements of Care

1. Engagement
2. Assessment
3. Service planning and delivery
4. Monitoring and Adapting
5. Transitioning

1. Engagement
2. Inquiry and Exploration
3. Teaming
4. Advocacy
5. Accountability

Leadership Practice
Engagement in Leadership

• Create opportunities to gain new knowledge and skills, try new things, *learn from mistakes*, and take time to use critical thinking and reflection, even in times of crisis.

• Establish and maintain regular and frequent communication to encourage an active partnership that engages staff at all levels in implementation and system improvement activities.

• Demonstrate that you care by listening to stakeholders (children, families, community members, and tribes) and staff at all levels to hear their successes, concerns/worries, and ideas for working together to both celebrate successes and overcome barriers.

• Create regular opportunities to explore and affirm the efforts and strengths of staff and agency partners, fostering leadership through gains in skill and abilities, confidence, and opportunities to mentor others.
Phase 1—Engagement’s Parallel Process

When families (staff) are engaged and supported to have a significant role in case planning (their own development), they are more motivated to actively commit to achieving the case plan (improved performance).

...And are more likely to recognize and agree with the identified problems; perceive goals as relevant and attainable; and be satisfied with the planning and decision-making process.

Key Questions in Leadership Engagement?

1. How do you know your staff are engaged with you?
2. Who has responsibility for my team’s engagement?
3. What supports from my supervisor/manager/director might assist me to create a more engaged workplace?
Inquiry and Exploration

- Track and monitor barriers and challenges. (Use your data)
- Be transparent with staff and stakeholders.
- Seek input and perspective to develop solutions at all staff levels and with stakeholders.
- Advance **mutually reflective**, supportive supervision at all levels.
- What is Appreciative Inquiry?
Inquiry and Exploration’s ”Best Practice”: 
Appreciative Inquiry

• Based on the work of David Cooperrider and Suresh Srivastva (1987)
• The questions we ask (and how we ask them) will focus our attention in a particular direction. If our focus is always problem oriented then we are focused on dysfunction, and we may fail to recognize the strengths in our performance or organizational culture.
• AI attempts to use ways of asking questions and envisioning the future in order to foster positive relationships and build on the present potential of a given person, organization or situation.
• It is “Strength Based” leadership.
**Teaming** for Leadership

- Develop partnerships with effective community-based service providers with cultural connections to families receiving services.
- Work with families, youth, communities, and other stakeholders and peers as active partners in implementation of best practices, policy development, and problem-solving to support the CPM.
- Model inclusive decision-making with staff at all levels across agencies and with partners using teaming structures and approaches to implement and support the CPM.
Advocacy

• Promote advocacy by providing frequent and regular opportunities for tribes, agency partners, staff, youth, families, and caregivers to share their voice.

• Advocate for the resources needed to support and develop staff, and to provide effective, relevant, culturally responsive services for families.
Accountability in Leadership

• Listen and provide timely feedback to staff and stakeholders and establish a shared expectation for follow-up.

• Support staff and hold each other accountable for sustaining the CPM by utilizing a practice to policy feedback loop that engages staff and stakeholders in data collection and evaluation. (Shared Accountability)

• Identify and implement a transparent process at all levels to track staffing gaps and plan organizational changes.

• Identify and implement a transparent process at all levels to monitor for practice fidelity and effectiveness.
Effective Leadership Behaviors support a Trauma Informed System
Engagement and Secondary Trauma

• When caring and engaged professionals spend long days working absorbing the traumatic stories and experiences of others, it becomes challenging to process that heaviness consistently and maintain objectivity and readiness for every day service.

• It is imperative that helpers invest in helping themselves to cope with the trauma they witness and absorb by caring for themselves routinely.

• How is your supervisory process and organizational culture “Trauma Sensitive”? 
When inadequate Trauma-attuned supports are in place for staff...

• Staff resign or reassign from service prematurely.
• Committed staff select alternative roles within social services, or careers with less stress and more meaning.
• High Turnover and Cost to Agency/County
• Higher Training Costs associated with turnover

Youth care and support can be inadvertently interrupted/Ineffective
Engagement-Based Compliance Activities

• Rule driven compliance can create risk of distracting providers and service personnel from the challenging job of healing youth.

• *Engagement driven compliance* (as a measure of provider effectiveness and commitment to high quality care) with sensitivity to trauma, can enhance provider capacity for “healing”.

• When staff are disempowered, it can, for better or worse, have a secondary traumatizing effect on youth in care.

• Some staff may be former foster youth or persons with lived experience (including severe trauma).

**Relationships > Business Rules**
Even the Experts are Confused as to Which Term is Best

- Post Traumatic Stress Disorder?
- Toxic Stress?
- ACES?
- Child Traumatic Stress?
- Complex PTSD?
- Acute vs. Chronic Trauma?
- Complex Trauma?
- Allostatic Load?
- Developmental Trauma Disorder?
Trauma Informed Systems principles and practices support reflection in place of reaction, curiosity in lieu of numbing, self-care instead of self-sacrifice and collective impact rather than siloed structures.”

Trauma affects organizations and systems as well as communities and individuals.
Trauma-inducing to Trauma-reducing

TRAUMA-ORGANIZED
- Reactive
- Reliving/Retelling
- Avoiding/Numbing
- Fragmented
- Us Vs. Them
- Inequity
- Authoritarian Leadership

TRAUMA-INFORMED
- Understanding of the Nature and Impact of Trauma and Recovery
- Shared Language
- Recognizing Socio-Cultural Trauma and Structural Oppression

HEALING ORGANIZATION
- Reflective
- Making Meaning Out of the Past
- Growth and Prevention-Oriented
- Collaborative
- Equity and Accountability
- Relational Leadership
Why do we need a TIS?

Providers are unable to deliver quality care in an organizational culture defined by chronic stressors and collective traumas.

- Fiscal Pressures
- Client needs vs. HMO models
- Technology and Documentation demands
- Lawsuits, reforms, task focus
- Feeling unsafe with co-workers
- Staff turnover, vacancies, understaffing
- Direct and indirect trauma exposure
- No time for collaboration or supervision

Providers are unable to deliver quality care in an organizational culture defined by chronic stressors and collective traumas.
What are the values of a TIS?

Wellness for both the workforce and the community served through relationships that practice TIS principles.

- Understanding Trauma & Stress
- Compassion & Dependability
- Safety & Stability
- Cultural Humility & Responsiveness
- Collaboration & Empowerment
- Resilience & Recovery
Trauma Informed Service Systems Require:

1. **Administrative Commitment to Change**—Trauma and its impact are part of how staff members understand people and their problems. (Parallel and universal throughout the agency)

2. **Universal Screening**—Even if the agency does not deliver Mental health services, an awareness of trauma and its impact on the world view of consumers is known and destigmatized.

3. **Training and Education**—Consistent and Clear; Modeled at every level; informed by awareness of effects of vicarious trauma.

4. **Hiring Practices**—Recruitment focuses on bringing professionals who are aware, mature, relational in their approach.

5. **Review of Policy and Procedures**—Each agency policy and guidance document is reviewed to identify how it might support TIC.
EMPATHY—Challenges the fundamental belief that I am alone in my grief
ENGAGEMENT—Forming of relationships that will contain the emotions and behaviors of my experience.
EMPOWERMENT—The acceptance of responsibility that I am not constrained to act as a victim of my experiences. Self Care must be policy based and Systemic.
Likely outcomes of TIC in community

• Increase in Positive Permanent Outcomes
• Less job turn-over
• Fewer personnel/HR investigations
• Increased communication
• Greater Job Satisfaction
Today’s Takeaway--

Consistent use of 10 Principles of ICPM in leadership practice not only enhance outcomes, but create trauma-informed agency and enhance job satisfaction.