



LEADING THE SANCTUARY CHANGE PROCESS

Brian Farragher, MSW,
Director of Campus Programs,
Julia Dyckman Andrus Memorial Center, Yonkers, NY

The Andrus Children's Center serves approximately 150 children ranging from 5 - 15 years of age. We have a Residential Treatment Program serving 73 children and a school-based Day Treatment Program with approximately 78 students. Andrus was founded in 1928, by philanthropist John E. Andrus, as a memorial to his late wife Julia Dyckman Andrus. Julia Dyckman was an orphan who was adopted as a child and raised by the Dyckman family. Since the beginning our credo has been "To Give Opportunity to Youth" and that continues to be our mission today. Over the years our children have changed and the field of residential care has changed as well. As an agency Andrus has always tried to stay on the cutting edge and our recent interest in childhood trauma was just the latest manifestation of this interest.

Our President & CEO, Gary Carman, was actually the first person to raise the compelling nature of research in brain development and the adverse impact trauma has on childhood development. We spent about 2 years reading, attending conferences and trying to figure out how to make what the research was telling us, fit with the programs we were running at the agency. We knew that over 75% of the children we worked with in the Residential Program & another 40% of the children in our Day Program were victims of serious childhood trauma. We also knew we were not doing enough to intervene in this area. As a result, many of these children were really stuck and despite our best efforts they were making only marginal improvements. Additionally, most of what we were learning about childhood trauma was quite theoretical and we were struggling with how to integrate the theory into actual practice.

We struck up a relationship with Dr. Bloom and her team in the fall of 2000 after one of our directors saw Dr. Bloom present at a conference in Philadelphia. What was most compelling about what Dr. Bloom was doing was that she had taken what was known about trauma theory and actually developed models for use in residential settings. We thought these models were worth a further look, so we traded phone calls and meetings and finally agreed on a rather elaborate consultative arrangement, which began in earnest in June 2001.

After an initial weeklong evaluation with the Sanctuary Faculty we were ready to begin



work. We were ready to learn a lot about childhood trauma and how to treat its effects. We were ready to learn all the newest treatment interventions. What we were not ready for was changing, or at least rethinking everything we were doing. We were not at all prepared for what the enormity of what we were actually undertaking.

We began on our path in the summer of 2001. We assembled a core team made up of our best and brightest. Dr. Bloom insisted the core team include representation from all our departments and all levels of the organization. Dr. Bloom and I did negotiate a little on this because I felt that, unlike at some agencies, our support staff have very little direct contact with the children. We ultimately decided not to include maintenance, custodial, food service or business office personnel in the process. Our core team is made up of 4 senior administrators (residential, education and clinical department heads & myself), 2 clinical supervisors, 2 line clinicians, the Dean of Students from Orchard School, 4 teachers, 3 school milieu staff, 2 cottage program managers & 3 cottage milieu staff. Once assembled, the plan was for the core team to sit in a room two days a month for the next year and hammer out the new vision for how our treatment program would work with traumatized children.

Early on there was a lot of talk about democracy and developing a constitution and other subversive ideas. Andrus has a long history of a very top down, hierarchical management style. The notion of doing something different, managing or leading in a more open and participatory fashion was both exciting and intimidating. Frankly, I have always believed this is the way to go, but the going has been rough in an organization that is culturally bound to a hierarchical system. As time passed it became more and more evident that this is the only way to go. My initial frustration with the process was not that it was tough for me to give up the reins of power; the hard part for me was that there was so little interest at lower levels of the organization in picking up the slack and taking more responsibility for decisions. No matter what leaders said or how they behaved, core team members had enormous difficulty with breaking away from old patterns. As a leader it is very difficult to struggle through this process. While core team members complain about the evil and punitive autocracy, they also took little initiative to take on projects and make changes. The difficulty for me early on was to resist the impulse to throttle everyone for their passivity. Doing so would not have advanced the group process but would have only served to confirm their belief that as a leader, I was a scary guy.

So the initial challenge for me was to work with this core group in such a way that indicated I was willing to be more democratic and willing to embrace a participatory management style. In order to demonstrate that I was so willing to embrace this style of



management I had to sit and wait patiently for their participation. Leaders usually become leaders because they are action oriented. Looking back, the early months of this process were excruciating for me while I waited patiently for something to happen. It is clear now that the patient waiting was essential to moving. It is entirely possible for leaders to get too far ahead of their followers. When it is all said and done, waiting for them sent a not-so-subtle message that I wanted them to come along.

What became apparent in this process is that we have a very entrenched culture at Andrus. I would not go so far as to say our staff are traumatized, but there is an awful lot of learned helplessness. The tendency for line staff is to kick all decisions upstairs and then complain about the awful decisions leaders make. Leaders happily make all the important decisions while they grouse about the impotence of the line staff. These are our roles, our patterns, our culture. I used to think that if leaders changed followers would quickly get in line. What I found in this process was that when leaders change the first response of the followers is skepticism, quickly followed by a frenzied effort to get leaders to behave the way they always have. As a leader I had to hang in there and maintain faith that we were going in the right direction even though we appeared stalled.

In addition to patience I learned that leaders need to role model appropriate behavior at all times. If we were going to move this core team to a place where they could believe we were serious about their participation it would be essential that we not control the process. We had to listen to opposing points of view, avoid stepping on people's thoughts, welcome dissent and do all of this in a respectful and civil fashion. This needed to happen for two fundamental reasons. First, as I pointed out before, line-staff initially want to maintain the status quo. They believe leadership is going to misbehave and we cannot validate that belief. More importantly this is where we begin to send powerful messages about the kind of organization and treatment program we hope to become. If we hope to develop a program based on respect and compassion, then leadership has to model these values for all community members. Power will always be unequally distributed in organizations like ours but power does not give us the right to misbehave. If we believe we can treat our staff badly because we are more powerful, then what kind of moral authority do we have to ask our staff to treat the children and families respectfully? Leaders always need to be the best-behaved people in the organization.

It was challenging for me to be patient with the process and let things unfold, while acting as the leader in what was ideally a democratic process. Ultimately, I had to get comfortable with managing what felt like a hopeless paradox. The first three months of the core

team meetings I felt like things were stuck, that we weren't really going anywhere. In retrospect we were exactly where we should have been. My impatience was the problem. Four to six weeks later, when we were in the same place, I finally came to the realization that, although I was a core group member, I was also the organizational leader of the process. As the leader I needed to take greater responsibility for steering things in the right direction. How do you do both? That is the million-dollar leadership question I continue to wrestle with.

Embracing this paradox was the most significant hurdle for me. As leaders we have to be in the process, listening interacting, feeling the vibrations of the group or the organization. This provides essential information for good decision-making and builds credibility with followers. At the same time leaders need to be able to look at process with a third eye and listen to the process with a third ear to determine when it is time to move. Although we need to engage in process with our staff, ultimately leaders have to lead. We sometimes mistake talk for action. If we talk about a problem we think we are doing something about it. Although talking about problems is crucial to finding the best solutions, you actually have to apply the solution to the problem. It is hard to know when there has been enough talking and when we actually have to move. Leading is a dynamic process. Leading implies movement, going from one place to another. If we are not going anywhere, what do we need leaders for? Good leaders listen, take the temperature of the group and then choose the right time to act.

What has been reassuring in this process is that as the core team has evolved and we have engaged in a more democratic process, the decisions about when to move and when to stay put get easier. Now, when I push too quickly for action the team slows me down and helps me reconsider. When I am slow to move someone on the team pressures me to act. As a core team we have made a shift in the way we interact and hopefully we have learned some lessons that will position us for making what is actually revolutionary change in the way we manage and provide treatment at Andrus.

The lessons learned in the core team are a start but our next step, introducing these concepts to the entire agency is the real leadership challenge. We are beginning to roll out what we have learned in the Sanctuary Core Group to the agency at large. As we do this I am looking at staggering leadership challenges. Challenges that make my head hurt, my teeth itch and my eyes pop.

The word going forward will be "leadership", which must replace "management". In our current system we have clear policies and practices to organize our work. Each department does what they are supposed to do (more or less) and on most days good things happen for



children and their families. However, we need to move the organization to one that is organized around shared values, beliefs and goals. We must be an organization where leaders articulate and cultivate these values and beliefs and all staff see themselves as leaders in some way or another. We need to create an organization with policies and practices are informed by our values, beliefs and goals. It needs to be an organization built around processes not departments. As we go forward we need to fully engage our staff in the change process. They cannot be viewed as roadblocks to change but need to become partners in change and eventually agents of change in their own right. As leaders we need to approach our work with greater conviction and courage. We have to remember why we are here and who we are here to serve.

We also have to avoid the standard model for change that we have used at Andrus over the years. We have always seen change as incremental. Tweak this, tighten that. As a result we have always been able to keep our feet planted while we stretch out to accommodate a new mandate, a more troubled child or more rigorous code. The changes ahead will require us to step off this dime we are standing on. It requires us to take a leap from what we are to what we can become.

I have countless thoughts and ideas about the treatment program that I believe we can become. I want to see a treatment program that is always organized around the needs of our children and families. A treatment program that is not afraid to hang in and honestly and compassionately face the terrible pain and the history of trauma that our kids deal with every day. A treatment program where staff are treated like and behave like responsible adults who can determine what is right and wrong based shared values and beliefs and the needs of the child, not the Master Manual of Operations. Ultimately, I want us to be a model treatment program that can not only help our kids, but also provide models that will help children in residential care everywhere.

But to get there, or anywhere, leaders have to jump first. If our staff see us jump and land safely, they will follow. Before we go we will be sure to pack a bag with all the important things from our history that must come with us. The bag has got to be light enough, however, to allow us to jump. So we need to choose its contents wisely. Ultimately, leaders will have to have the courage to jump, the wisdom to take with them only what is most important, the compassion to help others make the leap and the commitment to leave behind those who don't want to come.

Lately I find myself telling everyone on our leadership team that everything is going to change and nobody will be doing their job the same way a year from now. This prospect makes some people very anxious but is also very exciting for our most talented staff because they are



starting to realize they will be intimately involve in the process of change.

Getting everyone involved is new for us and I am sure there will be fits and starts but we have begun the process. A clear example of this is the current effort to redefine the role of the clinical staff at Andrus. Leadership has established a vision and overarching goals for the clinical department but is engaging with all clinical staff to actually flesh out the tasks and operationalize this vision. Thus far, the general consensus is this feels different and strange but much better. As this becomes the norm rather than the "new thing" I expect it will be a little rocky but quite positive.