LEADING CHANGE

Applications of ARC in statewide learning communities

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Hello, I am not a lawyer.
TENNESSEE
ARC Implementation

**TRAINING**
- 2012 ARC Learning Collab
- 2013 Advanced Supervision
- 2014 ARC Learning Collab
- 2015 Statewide Training
- 2016 TRANSform Collab

**ONGOING CONSULTATION**
- COE ARC Consultation
- Senior Leadership Consult
- Fidelity metrics
- ARC Teaming
IMPLEMENTATION MATTERS
APPLICATION IN YOU
APPLICATION IN SUPERVISION
APPLICATION IN TEAMING
IMPLEMENTATION MATTERS
APPLICATION IN YOU
APPLICATION IN SUPERVISION
APPLICATION IN TEAMING
Making the Connection

Effective ARC Intervention

Positive Outcomes Traumatized Children

Effective Implementation

EFFECTIVE BENEFIT

INCONSISTENT;
NOT SUSTAINABLE;
POOR OUTCOMES

OUTCOMES

UNPREDICTABLE OR POOR OUTCOMES;

POOR OUTCOMES;
SOMETIMES HARMFUL

(INSTITUTE OF MEDICINE, 2000; 2001; 2009; NEW FREEDOM COMMISSION ON MENTAL HEALTH, 2003; NATIONAL COMMISSION ON EXCELLENCE IN EDUCATION, 1983; DEPARTMENT OF HEALTH AND HUMAN SERVICES, 1999)
“... in some analyses, the quality with which the intervention is implemented has been as strongly related to recidivism effects as the type of program, so much so that a well-implemented intervention of an inherently less efficacious type can outperform a more efficacious one that is poorly implemented.”
TRADITIONAL IMPLEMENTATION APPROACH

- Single Training Event
- Passive Learning
- Individual Change
- Minimal Follow-up
- Minimal Accountability
- Minimal Consultation
INSTRUCTION AND DEMONSTRATION (TRADITIONAL)  
5-10% IMPLEMENTATION

INSTRUCTION, DEMONSTRATION, PRACTICE, COACHING/SUPERVISION  
95% IMPLEMENTATION

Joyce and Showers, 2002
LEARNING COLLABORATIVE APPROACH

- Training Process
  MULTIPLE TRAININGS
- Active Training
  COMMUNITY OF LEARNERS
- Individual & System Change
  SYSTEMIC CHANGE & INNOVATION
- Follow-Up Training
  BUILDING SKILL BASE & SHARED PROBLEM SOLVING
- Accountability
  ASSESSMENT, FIDELITY, & ORGANIZATIONAL CHANGE
- Ongoing Consultation & Supervision/Coaching
  MULTIPLE LEVEL CONSULTATION (LEADERS, SUPERVISORS, CLINICIANS)
IMPLEMENTATION STAGES

Kotter, J. Leading Change

1. Increase Urgency
2. Build the Guiding Team
3. Get the Right Vision
4. Communicate for Buy-in
5. Empower Action
6. Create Short-term Wins
7. Don't Let Up
8. Make it Stick

Exploration Installation Initial Implementation Full Implementation

2013-2015 Dean L. Fixsen, Karen A. Blase, Sandra F. Naoom and Michelle A. Duda, NIRN
LEADERSHIP MATTERS !!
LEADERSHIP EFFECTIVE IN...

Aarons et. al (2011)

Patient satisfaction/quality of life
Organizational staff commitment
Therapeutic alliance
Work attitudes

POSITIVE STAFF ATTITUDES TOWARD ADOPTION OF Evidenced Based Practices
IMPLEMENTATION MATTERS
APPLICATION IN YOU
APPLICATION IN SUPERVISION
APPLICATION IN TEAMING
PERSONAL WELLNESS
APPLICATION OF ARC in YOUR Relationships

CAREGIVING / CONNECTION
EMOTION REGULATION
PROBLEM SOLVING
PROBLEM SOLVING
Routines & Rituals
IMPLEMENTATION MATTERS
APPLICATION IN YOU
APPLICATION IN SUPERVISION
APPLICATION IN TEAMING
TURNOVER
ADMINISTRATIVE CHALLENGES
PRODUCTIVITY
NEW CLINICIANS
RECAPTURING ARC
REFLECTIVE SUPERVISION
8 Primary Skill Targets ARC

1. Support Supervisee Affect Management
2. Support Supervisee Attunement
3. Support Supervisee Consistent Response
4. Increase Supervisee Self Awareness (Identification)
5. Increase Supervisee Modulation Skills
6. Support Supervisee Relational Engagement
7. Improve Supervisee Problem Solving
8. Enhance Supervisee Self and Identity
Hangouts
KEEP CALM AND PARALLEL PROCESS ON
IMPLEMENTATION MATTERS
APPLICATION IN YOU
APPLICATION IN SUPERVISION
APPLICATION IN TEAMING
Child Specific systems plan example

<table>
<thead>
<tr>
<th>Clinician</th>
<th>Child</th>
<th>Foster Parent</th>
<th>Teacher</th>
<th>Case Mgr.</th>
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</thead>
<tbody>
<tr>
<td><strong>Increase Ashley’s ability to manage emotional arousal</strong></td>
<td>Clinician will support Ashley in identifying internal cues of distress, and identifying and practicing coping skills</td>
<td>Ashley will identify and practice 3 coping strategies to use when feeling unsettled</td>
<td>FM will (a) be sure coping tools are readily available; (b) cue Ashley in use of tools as appropriate; (c) Practice her own affect management so she can support Tim.</td>
<td>Teacher will (a) make available “fidget” tools in the classroom; (b) collaborate with Ashley, and school counselor in allowing Tim to “take breaks” as needed</td>
</tr>
</tbody>
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ADAPTED FROM: Blaustein & Kinniburgh, 2010; Kinniburgh & Blaustein, 2005
“It is important to go beyond education and think systemically about ways to build support and safety.

It is our assertion, that a child will be only as safe as his surrounding system – which means, the primary goal is always building systemic safety”

~ Blaustein & Kinniburgh (2010)
5 dysfunctions of a team

5. Inattention to results
   - Team is focused on the success of the project and getting results

4. Avoidance of accountability
   - Teammates must hold each other accountable to group decisions and vision

3. Lack of commitment
   - Team must buy-in and commit to decisions despite initial disagreement

2. Fear of conflict
   - Once trust is established, team is unafraid of debate about ideas

1. Absence of trust
   - Teamwork is founded in vulnerability

Patrick Lencioni
Child Welfare
Foster Parents
Foster Care Continuum
Therapists
ARC TEAMING PROCESS

5 STEPS TO ARC TEAMING
Teaming to build healthy system nests for attachment
affect management, attunement, and consistent response
PSYCHOLOGICAL

SAFETY FIRST!
STEP 1: **TEAMING BY REGULATING YOUR OWN EMOTION**

- Validate self and others
- Know your “hot spots”
- Monitor self
- “We” Wellness
STEP 2: TEAMING BY ATTUNING TO SELF & OTHERS

Attunement to self and others [perspective taking]

Cultivate curiosity

Observe what others see, validate, and express your ideas
be kind

for everyone you meet is fighting a battle you know nothing about
STEP 3: BUILDING A NEW AND CONSISTENT TEAM RESPONSE
STEP 3: BUILDING A NEW AND CONSISTENT RESPONSE

Incorporate the team’s understanding of child/youth behavior into their response to the behavior.

Build responses to behavior that are consistent, appropriate, & sensitive to trauma influences on youth responses.
STEP 4: IMPLEMENTING A SHARED PLAN ACROSS THE TEAM
ARC TEAMING PROCESS

STEP 4 - TEAMING PROCESS: DOCUMENTING A SHARED PLAN

ROLE CHILD

ROLE THERAPIST

ROLE FOSTER PARENT

ROLE PROVIDER SUPPORT

ROLE DCS
STEP 5: Closing Ritual
ARC TEAMING
Teaming to build healthy system nests for attachment
affect management, attunement, and consistent response

NEXT:
Identify Teaming Facilitators (Who)
Support in Training & Consultation
Parent and Child Outcomes
Identification of Partners
THANK YOU

PROTECTORS OF REFLECTIVE SPACES