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Sanctuary Model - Detailed Report

Scientific Rating:

4 - Acceptable/Emerging Practice - Effectiveness is Unknown

On a [scale of 1-6](#)

Relevance to Child Welfare Rating:

2 - Medium

On a [scale of 1-3](#)

Type of Maltreatment: Not specified

Target Population: This program is not a client-specific intervention, but a full-system approach that targets the entire organization. The focus is to create a trauma-informed and trauma-sensitive environment in which specific trauma-focused interventions can be effectively implemented.

Brief Description:

The **Sanctuary Model** is a Trauma Treatment for Children program. The **Sanctuary Model** represents a trauma-informed method for creating or changing an organizational culture in order to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed. It is a whole system approach designed to facilitate the development of structures, processes, and behaviors, on the part of staff, children, and the community-as-a-whole, that can counteract the biological, affective, cognitive, social, and existential wounds suffered by the children in care.

Program highlighted on other evidence-based related websites:

Sanctuary Model is currently not highlighted on other evidence-based related websites.

Essential Components

Group Format

Sanctuary Model was not designed to be conducted in a group.

Sanctuary Model has not been tested for use in a group setting.

Recommended Parameters

Recommended intensity: This program is not a client-specific intervention, but a full-system approach that targets the entire organization. The focus is to create a trauma-informed and trauma-sensitive environment in which specific trauma-focused interventions can be effectively implemented.

Recommended duration: N/A

Homework

Sanctuary Model does not include a homework component.

Delivery Setting

Sanctuary Model is typically conducted in a(n): Hospital and Residential Care Facility.

Parent Component

Sanctuary Model was not designed with a Parent Component.

Child Component

Sanctuary Model was not designed with a Child Component.

Sanctuary Model was not developed for children with developmental delays.

Sanctuary Model has not been tested for children with developmental delays.

Racial/Ethnic Diversity

Sanctuary Model was not designed for specific racial/ethnic/cultural groups.

Sanctuary Model was not tested in specific racial/ethnic/cultural groups.

Education and Training Resources

There is not a manual that describes how to implement this program.

There is training available for *Sanctuary Model*.

Training contact: Brian Farragher at Andrus Center for Learning & Innovation

Number of days/hours: The training lasts 5 days and is followed by a 30-month consultation period.

Training is obtained: Organizations interested in the program are encouraged to attend an information session. The information session provides an in-depth firsthand view of implementation of the model. If an agency deems itself ready to commit to the full implementation, the agency is subjected to a rigorous initial assessment. The assessment includes reflections from leadership on their readiness and willingness to implement the model, and an on-site visit from a trainer to better assess the organization's culture. Commitment to implement the model is a prerequisite for training.

Training then takes place on the grounds of the Andrus Children's Center. Agencies are asked to bring a core team of individuals who will be used within the organization to implement the model. Agencies and their core team take part in a 5-day intensive training process covering all aspects of implementation of the model. Agencies are then offered two additional years of consultation.

There currently are additional qualified resources for training.

List of additional qualified resources: Sanctuary Leadership Development Institute, Andrus Children's Center, Center for Learning & Innovation

Identified Resources Necessary to Implement Program

The typical resources for implementing **Sanctuary Model** are: The resources for implementation vary by organization. Organizational change can happen without direct dollars, however, a core team and leadership must spend time on process.

Minimum Provider Qualifications

The minimum qualifications for an organization to participate are a fundamental readiness to change the way it does business and an enlightened leadership team that is willing and able to lead this change process.

Relevant Research

Rivard, J. C., Bloom, S. L., Abramovitz, R., Pasquale, L. E., Duncan, M., McCorkle, & D. Gelman, A., (2003). Assessing the implementation and effects of a trauma-focused intervention for youths in residential treatment. *Psychiatric Quarterly*, Vol. 74, No. 2, Summer, 137-154

Study is ongoing and the baseline assessment data is presented in this paper. Future papers will report results of multi-level analyses that assess group differences while controlling for unit-level variation.

Rivard, J.C., Bloom, S.L., McCorkle, & D. Abramovitz, R. (2005). Preliminary results of a study examining the implementation and effects of a trauma recovery framework for youths in residential treatment. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26(1): 83-96.

Preliminary results are presented from a study that examined the implementation and short-term effects of the **Sanctuary Model** as it was being incorporated into residential treatment programs for youth. It was proposed that within the context of safe, supportive, stable, and socially responsible therapeutic communities, a trauma recovery treatment framework could be used to teach youth effective adaptation and coping skills. These skills would replace non-adaptive cognitive, social, and behavioral strategies acquired as means of coping with traumatic life experiences. By the final wave of data collection, residential units implementing the **Sanctuary Model** were significantly stronger on dimensions of the treatment environment that measured support, autonomy, spontaneity, personal problem orientation, and safety, in comparison to residential units not implementing the model. Over time, youth made gains in one measured domain, coping skills, and on another scale assessing the extent to which they had a sense of control over their lives.

References

Rivard, J. C. (2004). Initial findings of an evaluation of a trauma recovery framework in residential treatment. *Residential Group Quarterly* 5(1): 3-5.

Rivard, J. C. (2004). Initial findings of an evaluation of a trauma recovery framework in residential treatment. *Residential Group Quarterly* 5(1): 3-5.

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