



This document was printed from the website of the California Evidence-Based Clearinghouse for Child Welfare (CEBC), which you can access at <http://www.cebc4cw.org/>

## Sanctuary Model - Detailed Report

Scientific Rating:

**3 - Promising Research Evidence**

On a [scale of 1-5 \(http://www.cachildwelfareclearinghouse.org/scientific-rating-scale.php\)](http://www.cachildwelfareclearinghouse.org/scientific-rating-scale.php)

Relevance to Child Welfare Rating:

**2 - Medium**

On a [scale of 1-3 \(http://www.cachildwelfareclearinghouse.org/scientific-child-welfare-ratings.php\)](http://www.cachildwelfareclearinghouse.org/scientific-child-welfare-ratings.php)

**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 information in this program outline is provided by the program representative and edited by the CEBC staff.)

The **Sanctuary Model** has been rated by the CEBC in the areas of Higher Level of Placement and Trauma Treatment for Children. 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.

---

## Essential Components

The aims of the **Sanctuary Model** are to guide an organization in the development of a culture with seven dominant characteristics all of which serve goals related a sound treatment environment:

- **Culture of Nonviolence** - building and modeling safety skills and a commitment to higher goals.
- **Culture of Emotional Intelligence** - teaching and modeling affect management skills.
- **Culture of Inquiry & Social Learning** - building and modeling cognitive skills.
- **Culture of Shared Governance** - creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority.

- **Culture of Open Communication** - overcoming barriers to healthy communication; reducing acting-out; enhancing self-protective and self-correcting skills; and teaching healthy boundaries.
  - **Culture of Social Responsibility** - rebuilding social connection skills and establishing healthy attachment relationships.
  - **Culture of Growth and Change** - restoring hope, meaning, and purpose.
- 

## 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:** This question is not applicable for this program.

---

## 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.

---

## Languages

**Sanctuary Model** does not have materials available in a language other than English.

---

## 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 if 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 Published, Peer-Reviewed Research

**Sanctuary Model** is rated a "3 - Promising Research Evidence" on the Scientific Rating Scale based on the published, peer-reviewed research available. The practice must have at least one study utilizing some form of control (e.g., untreated group, placebo group, matched wait list) establishing the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate

comparison practice. For more information on the rating of a "3 – Promising Research Evidence," please see the [Scientific Rating Scale \(http://www.cebc4cw.org/scientific-rating/scale\)](http://www.cebc4cw.org/scientific-rating/scale).

---

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

**Type of Study:** Non-randomized control group

**Number of participants:** 158

**Population:**

**Age Range:** 12-20

**Race/Ethnicity:** 33% Hispanic, 47% Black, 13% white, 1% Asian or Pacific Islander, 6% bi-racial or other.

**Status (e.g., foster care, CW):** Youth in residential treatment

**Location/Institution:** Northeastern U.S.

**Summary: (To include comparison groups, outcomes, measures, notable limitations)**

Testing took place on a campus housing a number of residential units. Four of these units self-selected to implement the **Sanctuary Model** and an additional four units were randomly assigned to receive the intervention. Residents in eight further units served as control participants who did not receive the intervention. Measures were taken to evaluate the implementation of the **Sanctuary Model** and outcomes for youths receiving treatment. Youth outcomes were assessed using the *Child Behavior Checklist (CBCL)*, the *Trauma Symptom Checklist for Children (TSCC)*, the *Rosenberg Self-Esteem Scale*, the *Nowicki-Strickland Locus of Control Scale*, the peer form of the *Inventory of Parent and Peer Attachment*, the *Youth Coping Index*, and the *Social Problem Solving Questionnaire*. Assessments were taken at baseline, 3 months, and 6 months. No significant differences were found between groups at baseline or at 3 months. At six months there were a few differences showing a positive effect for the **Sanctuary Model**. Youth receiving the intervention scored lower on a measure of coping strategies that tend to increase interpersonal conflict or minimize or exaggerate interpersonal issues. They also exhibited a greater sense of personal control as measured by the *Locus of Control Scale*. Finally they reduced use of verbal aggression, while control participants scored higher on verbal aggression over time. Staff also completed the *Community Oriented Programs Environment Scale (COPEs)* which assesses aspects of the functioning of the therapeutic community. There were no significant differences between conditions at baseline and at three months. At 6 months, units using the **Sanctuary Model** scored significantly better on the total scale and on the subscales of Support, Spontaneity, Autonomy, Problem Orientation, and Safety.

**Length of post-intervention follow-up:** None.

---

## References

Bloom, S. L. (2005) Creating sanctuary for kids: helping children to heal from violence. *Therapeutic Community: The International Journal for Therapeutic and Supportive Organizations* 26(1), 57-63.

Farragher, B., & Yanosy, S. (2005) Creating a trauma-sensitive culture in residential treatment. *Therapeutic Communities: The International Journal for Therapeutic and Supportive Organizations*, 26(1), 97-113.

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

---

## Contact Information

**Contact name:** Brian Farragher, LMSW

**Affiliation/Agency:** Andrus Children's Center

**Email:** [bfarragher@JDAM.org \(mailto:bfarragher@JDAM.org\)](mailto:bfarragher@JDAM.org)

**Phone:** 914-965-3700x1273

**Fax:** 914-798-5544

**Website:** [http://www.andruschildren.org \(http://www.andruschildren.org\)](http://www.andruschildren.org)

---

Date reviewed: June 2008 (originally reviewed May 2006)