

Trauma-Focused Intervention Targeting Risk for Violence



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PROJECT SYM

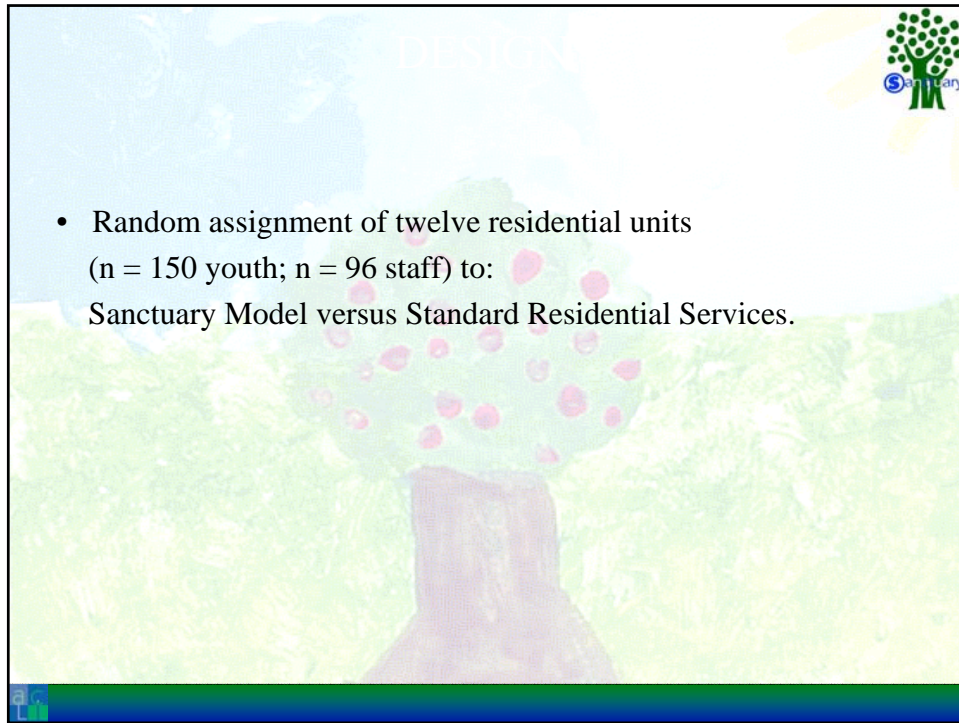


- The research examined the implementation and proximal effects of an intervention designed to reduce trauma-related symptoms of youth that place them at risk for violent behavior, poor adjustment, and serious mental health difficulties.
- The Sanctuary Model, developed by Sandra Bloom, M.D. (1997), is composed of two primary components:
 - Creation and maintenance of a non-violent, democratic, therapeutic community
 - Psychoeducation exercises and modules


The Children



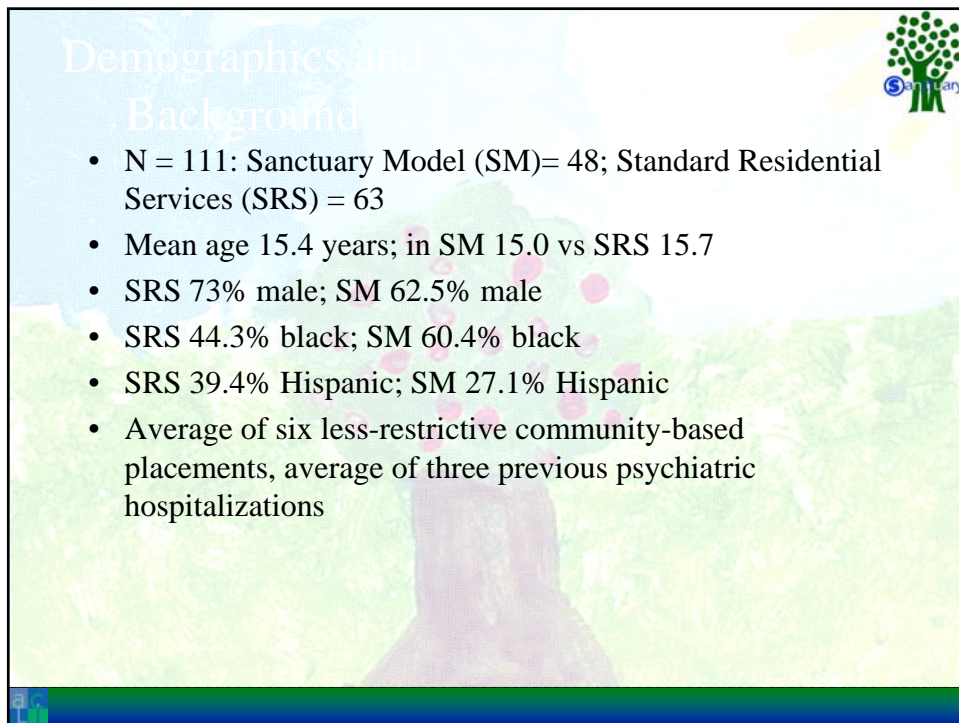
- Previous studies of population (Guterman & Cameron, 1999; Guterman, Cameron, & Hahm, 2000)
 - 66.9% of youth had a known history of child maltreatment (31.9% neglect, 37.3% physical abuse, and 20.5% sexual abuse)
 - 19.5% reported to have witnessed domestic violence
 - 30% entered the residential programs from a psychiatric facility
 - 30% came from other residential, group, or foster home care
 - 20.5% came from their own homes or another setting in the community
 - 62% were diagnosed with attention deficit and disruptive behaviors;
 - 11.2% had psychotic disorders
 - 14.3% had adjustment disorders, mood disorders or other disorders




DESIGN



- Random assignment of twelve residential units (n = 150 youth; n = 96 staff) to:
Sanctuary Model versus Standard Residential Services.



Demographics and Background



- N = 111: Sanctuary Model (SM)= 48; Standard Residential Services (SRS) = 63
- Mean age 15.4 years; in SM 15.0 vs SRS 15.7
- SRS 73% male; SM 62.5% male
- SRS 44.3% black; SM 60.4% black
- SRS 39.4% Hispanic; SM 27.1% Hispanic
- Average of six less-restrictive community-based placements, average of three previous psychiatric hospitalizations

Demographics and Background



- SM had significantly higher mean number of foster care placements 3.9 vs. 2.6
- 34.2% substantiated physical abuse
- 12.6% substantiated sexual abuse
- 45% substantiated neglect
- Across types, 70% of youths had experienced at least one incident of abuse or neglect.

Exposure to Violence



- 84% witnessing someone being hit, slapped, punched, or beaten up
- 73% directly experiencing being hit, slapped, punched, or beaten up
- 42% seen someone attacked with a weapon
- 23% have been attacked with a weapon
- 11% shot at
- 69% hearing gunfire close by
- 10% rape, molestation, sexual assault



Sanctuary Research

Child Measures (baseline & 6 months, N=87)

- Decreased verbal aggression (significant trend) *Imagine that you're in line for a drink of water. Someone your age comes along and pushes you out of line. What would you do?; You see your friend fighting with another person your age. What would you do?*
- Increased internal locus of control (significant trend): *Are you often blamed for things that just aren't your fault?; Do you believe that whether or not people like you depends on how you act?*
- Decreased incendiary communication and increased tension management (significant difference): *(.....Get angry and yell at people?.....Blame others for what's going wrong?.)*



Sanctuary Research (baseline & 6 months) *COPES Community*

Oriented Program Environment Scales

Significant differences in:

- Support: how much clients help and support each other; how supportive staff is toward clients
- Spontaneity: how much the program encourages the open expression of feelings by clients and staff
- Autonomy: How self-sufficient and independent clients are in making their own decisions
- Personal Problem Orientation: the extent to which clients seek to understand their feelings and personal problems

Sanctuary Research (baseline & 6 months) *COPES Community*

Oriented Program Environment Scales



Significant differences in:

- Safety: The extent to which staff feel they:
 - can challenge their peers and supervisors
 - can express opinions in staff meetings
 - will not be blamed for problems
 - have clear guidelines for dealing with clients who are aggressive.



Factors That Promote Implementation



- Staff training – the more the better, hands on, didactic and experiential, interactive, diverse, multidisciplinary
- Use of the word “safety”
- Community meetings
- Building in structured times for discussing implementation and team-building
- Proceduralizing use of the psychoeducation tools
- General openness of staff and children to change



Factors That Promote Implementation



- Keeping staff happy and motivated
- Small successes that build enthusiasm and constant reinforcement
- Helping the children to get a broader and deeper understanding of the SELF recovery framework
- Group cohesion among children and staff
- Providing community-level incentives for positive community behaviors

Factors That Promote Implementation




- The presence of therapists and administrators on the residential unit
- Less confusion for children about who the authority figures are
- Sanctuary facilitators perceived as helping in:
 - making change happen fast,
 - in “breaking the norm”,
 - in teaching staff how to incorporate trauma treatment strategies,
 - in facilitating implementation through problem-solving



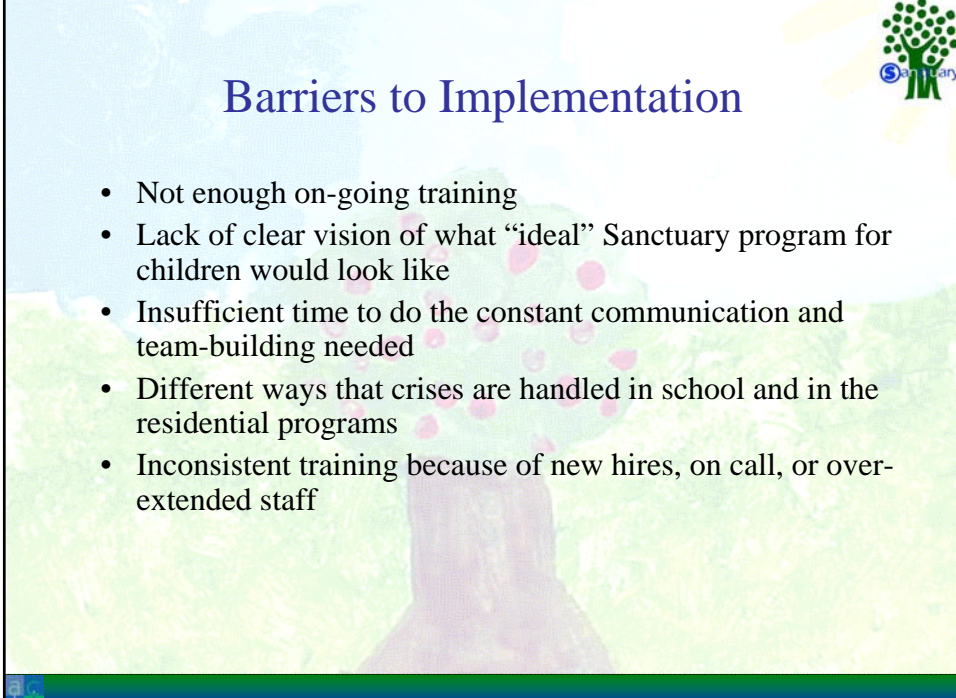
Factors That Promote Implementation

- Leadership
- Leadership
- Leadership



Barriers to Implementation

- Not enough on-going training
- Lack of clear vision of what “ideal” Sanctuary program for children would look like
- Insufficient time to do the constant communication and team-building needed
- Different ways that crises are handled in school and in the residential programs
- Inconsistent training because of new hires, on call, or over-extended staff



Other Barriers to Implementation



- Perceived lack of, or changing, administrative support and allocation of resources
- Regulatory agencies who may have regulations that are in opposition or a problem for Sanctuary methods, i.e. working through child accusations of staff.
- When the entire organization is not yet committed to Sanctuary methods