



Case Study

Vinita Alcohol and Drug Treatment Center and the Sanctuary Model®

(VADTC) is a state-operated facility located in Vinita, Oklahoma. In July 2005, the Center converted from a co-ed environment to an integrated behavioral health residential treatment program for women. This change to a gender-specific population necessitated a re-evaluation of the Center's functioning, philosophy, and programmatic needs, and to the development of a trauma-informed integrated treatment model including systemic organizational change.

The Center received approval from state leadership to begin the process of working with Dr. Sandra Bloom to implement the Sanctuary Model® as the overarching organizational change and guiding recovery philosophy of VADTC. This process entailed facility and state leadership commitment, leveling of the hierarchy, time intensive staff training, complete re-design of treatment programming, policy change, and continual role modeling of the Sanctuary principles to transform the organizational culture into a collaborative trauma-informed environment with the ultimate goal of supporting the staff and participant's growth and change process.

Although the implementation process is "not for the faint of heart," VADTC leadership has been impressed with the initial outcomes of the change process. While the implementation process at VADTC has been challenging, the initial benefits of: decreased staff resistance to change; increased staff cohesion; reduced critical incidents; increased staff/participant collaboration; improved participant functioning; increased staff understanding of trauma-related effects on the organization and participant population; increased capability of staff and participants to create/maintain a safe recovery environment; improved staff/participant emotional management; improved open communication/conflict resolution; and an observable increased hope for the future has created a synergy for continued progress not previously apparent in the organizational culture.

These results led to discussion on how to embed the model within the state system. The VADTC, along with the Oklahoma Youth Center (another state-sponsored project that has implemented the model), approached state leadership with a three-year pilot project proposal to expand the model to four additional residential treatment facilities throughout the state. State leadership approved the proposal and a selection process was conducted which included a statewide application process, agency self-assessment of readiness to change, and interviews with prospective applicants. Four residential substance abuse facilities applied and were accepted in May of 2006: one adolescent program and three programs serving women with children in residence. Requirements for participation in the three-year pilot project included: data reporting (demographics, the implementation process, environmental assessment, and standardized measures of the recovery environment) to track and trend outcomes; monthly consortium meetings including on-site training with Sanctuary faculty every other month; monthly group phone consultation with Sanctuary faculty; monthly individual agency phone consultation with Sanctuary faculty; and yearly on-site individual consultation and evaluation with Sanctuary faculty.

The six facilities participated in an intensive 5-day Sanctuary Leadership Development Institute in June of 2006 to educate the new agencies regarding the implementation process and to solidify the group support process. Since the training, all six sites have been meeting monthly, supporting each other in implementing the model and providing a "think tank" experience, which is, sharing ideas, resources, policy change examples, and dialogue regarding solutions to challenges.

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