Sanctuary Model Offers Promise for Residential Care

Identified as one of the most promising of “promising practices,” the Sanctuary Model® offers residential care programs a vision that can lead to system-wide change and healing. Based on the creation of a nonviolent community that understands trauma and its effects, the model is designed to shift the organizational culture from one of control to one of collaboration.

In April 2006, the NYS Office of Children and Family Services (OCFS) invited voluntary authorized agencies to apply for participation in the Andrus Sanctuary Leadership Institute (ASLI) of the Andrus Children’s Center in Yonkers. In doing so, agencies would have the opportunity to implement the Sanctuary Model in their residential care programs. Dr. Sandra Bloom, who created the model for use in a number of settings, worked with Andrus to develop a training module for agencies offering residential care.

To participate in the three-year institute, OCFS selected five voluntary authorized agencies—Astor Home for Children, Glove House, Jewish Child Care Association, Mercy First, and St. Catherine’s Center for Children—and two OCFS residential centers—Annsville (for boys) and Brentwood (for girls). After initial discussions, research, and training, implementation of the Sanctuary Model is underway.

Benefits of the model

The Sanctuary Model represents a trauma-informed method for changing an organizational culture in order to address the psychological and social trauma experienced by youth entering residential care. OCFS Executive Deputy Commissioner Larry Brown recently noted, “We believe the model supports our efforts to create safe, secure, and therapeutic environments in our residential facilities.” *

“We are very interested in promoting trauma-based initiatives,” said Phil Williams, OCFS Division of Rehabilitative Services (DRS). Citing statistics on children entering residential care, he said “Many of our adolescents’ behaviors are based on past events in life. The model helps programs and staff to be sensitive and change behavior, which will lead to a more positive discharge from care.”

Tom Hoeg, also from OCFS DRS, agreed: “This is a wonderful opportunity continued on page 4 . . .

* Testimony, New York State Assembly Standing Committees on Children and Families and Codes, December 18, 2006

Sandra Bloom, M.D., presents the Sanctuary Model at the training session for OCFS residential centers. From left to right, participants Valerie Fitts and Rebecca Piwinski, Brentwood Residential Center, and Craig Allen, OCFS
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Challenges & Solutions

Sanctuary Model

The first step was an intensive on-site review of each agency conducted by ASLI staff who asked hard questions about challenges and gaps in agency practice. In fall 2006, two five-day training sessions (one for agency staff and one for OCFS center staff) were held at Andrus. Each agency sent 4–9 staff members, who then formed a steering committee to bring the model back to their agencies.

Sarah Yanosey, ASLI Coordinator and OCFS liaison, noted that the faculty are staff at Andrus Children’s Center who were chosen for their experience, diversity of roles, and potential as good teachers. She said, “It was exciting to use our experience with the Sanctuary Model to help other agencies. It was also an opportunity to be open and honest about the things we didn’t do well. In that way, it was refreshing.” Some of the lecture topics by experts in the field such as Dr. Bloom included The S.E.L.F. Model of Trauma Treatment and Community Responses to Traumatized Youth.

Don Smith, Deputy Executive Director, St. Catherine’s Center for Children, appreciated the ASLI faculty. “They were excellent: very supportive, challenging, and honest. As people who have been ‘living the model,’ they could talk about theories and practice from the perspective of caregivers. We left the training all fired up and anxious to get started.” After a daylong retreat presenting the model to the agency’s board of directors, “the leadership responded enthusiastically and gave their full support to go ahead.” St. Catherine’s will be implementing the model throughout all programs.

The Jewish Child Care Association (JCCA) also has the full support of its board and administration to implement the Sanctuary Model. According to Mike Spindler, Executive Senior Vice President, “The model provides a lens for looking at young people.” As a long-standing family-centered agency, JCCA has used other models, but this one “resonates with us and lends itself beautifully to our current approaches.” While it represents “a sea change, an all-encompassing way of looking at residential care, it is also contagious.” Even at this early stage, other programs at JCCA are beginning to ask about using the model as well.

There is general agreement that the greatest challenge in implementing the model will be asking people to change. Letting go of old ways of perceiving and communicating will be difficult for some staff. The ASLI faculty provides ongoing support through monthly telephone contact and six on-site visits per year.

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Commitments of the Sanctuary Model

The Sanctuary Model is committed to a culture of:
✓ nonviolence
✓ emotional intelligence
✓ inquiry & social learning
✓ democracy
✓ open communication
✓ social responsibility
✓ growth & change

The Sanctuary Model works toward these outcomes:
✓ Create a truly collaborative treatment environment.
✓ Work more effectively and therapeutically with your traumatized clients.
✓ Improve treatment outcomes.
✓ Reduce restraints and other coercive practices.
✓ Build high-functioning multidisciplinary teams.
✓ Improve staff morale.
✓ Increase employee retention.
✓ Reclaim the commitment upon which your organization was built.