

## The California Evidence-Based Clearinghouse for Child Welfare Information and Resources for Child Welfare Professionals

This information was printed from: [www.cebc4cw.org/program/sanctuary-model](http://www.cebc4cw.org/program/sanctuary-model)

compare (?)

### Sanctuary Model

Scientific Rating:

3

Promising Research Evidence

Child Welfare System Relevance Level:

Medium

### About This Program

The information in this program outline is provided by the program representative and edited by the CEBC staff. **Sanctuary Model** has been rated by the CEBC in the areas of: Higher Levels of Placement and Trauma Treatment (Child & Adolescent).

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

**For children/adolescents ages:** 12 – 20

**For parents/caregivers of children ages:** 12 – 20

### Brief Description

The **Sanctuary Model**® is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek services, but equally on the people and systems who provide those services. Sanctuary has been used in organizations that provide residential treatment for youth, juvenile justice programs, homeless and domestic violence shelters as well as a range of community-based, school-based and mental health programs.

#### Program Goals:

The goals of the **Sanctuary Model**® are:

- Create a collaborative treatment environment
- Work more effectively and therapeutically with traumatized clients
- Improve treatment outcomes as determined by individual agency service goals
- Reduce restraints and other coercive practices
- Build high-functioning multidisciplinary teams
- Improve staff morale
- Increase measurable levels of hope, safety, trust, emotional intelligence and problem solving skills in both staff and clients

- Increase employee retention
- Support the mission and services of the organization by adding a trauma lens

## Essential Components

---

The essential components of the **Sanctuary Model**® include:

- The following four pillars:
  - A theoretical basis in trauma theory that provides a lens for understanding behavior and the impact of trauma on individuals as well as organizations and systems
  - A philosophy for creating safe environments through community adherence to Seven Commitments, each targeted to mitigate the effects of trauma for all those who work or receive services in the organizational community:
    - Nonviolence
    - Emotional intelligence
    - Social learning
    - Democracy
    - Open communication
    - Social responsibility
    - Growth & change
  - The trauma-informed problem solving framework represented by the acronym S.E.L.F., which stands for Safety, Emotions, Loss, and Future; four categories which represent major areas of disruption caused by trauma exposure and target areas for planning and measuring recovery
  - A set of practical tools, known as the *Sanctuary Tool Kit* which includes individual and community practices to build emotion regulation skills of individuals and build protective factors into the community
- Three Sanctuary Psychoeducation curricula for youth (*Learning through Film*; *Learning from our Leaders* and *S.E.L.F. Psychoeducation*) are offered as part of the implementation process or can be delivered as stand-alone groups
- Sanctuary Psychoeducation curricula for parents/caregivers (*Teaching Families about Sanctuary* and the *Sanctuary Multi-Family Group Curriculum*) are offered as part of the implementation process or can be delivered as stand-alone trauma focused groups

## Child/Adolescent Services

---

**Sanctuary Model** directly provides services to children/adolescents and addresses the following:

- Problems and symptoms addressed are those generally associated with a diagnosis of posttraumatic stress disorder (PTSD) or exposure to trauma, chronic stress and adversity, specifically in the areas of:
  - Safety (including physical, social, psychological, and moral)
  - Emotion recognition and management
  - Unresolved loss or complex grief
  - Foreshortened sense of future or feelings of powerlessness to create one's future

## Parent/Caregiver Services

---

**Sanctuary Model** directly provides services to parents/caregivers and addresses the following:

- Physical, psychological, social and moral safety in the home environment
- Certain childhood behaviors as manifestations of trauma exposure
- Trauma symptoms that manifest in disruptive behaviors
- Attachment and relationships between parents and children
- Traumatic reenactment in the home environment
- Emotion recognition and management skills for parents and children
- Loss and grief related to trauma in a family

## Recommended Parameters

---

### **Recommended Intensity:**

This is an organizational model that shapes the treatment milieu, offers some clinical tools and is used continually once it is implemented. See [Training](#) and [Implementation](#) sections below for more information.

### **Recommended Duration:**

Once implemented, clients receive Sanctuary model throughout their residence in the program. See [Training](#) and [Implementation](#) sections below for more information.

## Delivery Settings

---

This program is typically conducted in a(n):

- Community Agency
- Departments of Social Service
- Homeless Shelter
- Outpatient Clinic
- Residential Treatment Center
- School
- Domestic Violence Shelter

## Homework

---

This program does not include a homework component.

## Languages

---

**Sanctuary Model** has materials available in a language other than English:

Spanish

For information on which materials are available in this language, please check on the program's website or contact the program representative (contact information is listed at the bottom of this page).

## Resources Needed to Run Program

---

The typical resources for implementing the program are:

The resources for implementation vary by organization, but should include release time for employee training and core team meetings as well as funding for the three year training and consultation.

## Minimum Provider Qualifications

---

The minimum qualifications for an organization to participate are a fundamental readiness to engage in trauma-informed practices at the organizational level as a way to include a trauma component in their work or to complement and enhance other trauma specific treatment interventions.

## Education and Training Resources

---

There is a manual that describes how to implement this program, and there is training available for this program.

### Training Contact:

- **Sarah Yanosy, LCSW**, Director of the Sanctuary Institute  
Andrus Center for Learning & Innovation  
syanosy@JDAM.org  
phone: (914) 965-3700 x1117  
fax: (914) 595-0461

### Training is obtained:

The process of implementing Sanctuary begins with an On-site Needs Assessment at an agency's facility. A Sanctuary Institute representative will conduct interviews with leadership, staff, and clients to obtain baseline information about the organization. This first step will identify strengths and areas for targeted intervention.

Next, members of an agency's leadership team will attend a Five-Day Training session which includes a mix of didactic and experiential components. Participants will learn specific implementation steps and concrete tools for bringing the Sanctuary Model back to the site, and break-out times consisting of a series of activities and facilitated discussions will help participants explore the specific challenges and advantages that the agency may have in implementing the model.

At the conclusion of the five-day training, each agency will begin the process of implementing Sanctuary with scheduled Technical Support in person and by phone from Sanctuary Institute faculty for approximately three years of implementation. The institute will send faculty to the site periodically to make presentations and provide staff training and other consultation.

In addition to consultation, organizations join the Sanctuary Network, a community of shared practice including close to 300 agencies from around the world. The Sanctuary Network allows members to learn from the experiences and innovations of other organizations, share breakthroughs, and build relationships for long term support.

There are four elements that make up the implementation process in any organization:

- Evaluation: needs assessment and certification evaluations are formal, while S.E.L.F. evaluations are informal
- Training: initial supervisory and staff introduction to the material, orientation for new hires, booster sessions for staff as well as psycho-education for clients and families will be ongoing
- Planning: Core Team meetings, Steering Committee meetings, and execution of tasks that reinforce the seven Sanctuary Commitments will be ongoing
- Practice: concepts and tools will be used in the community at all levels of the organization

The four elements of evaluation, training, planning and practice interweave throughout implementation and are nonlinear in the way agencies use them. Staff at each level of the organizational hierarchy will become adept at using these four elements in bringing Sanctuary to all corners of the organization.

Sanctuary implementation is typically a three year process:

- Year 1 – Engaging
  - This year centers on training and inviting members of the organization to participate and test their comfort with the concepts of Sanctuary.
  - The areas of focus are the most concrete components of the model - the language and organizing structure of S.E.L.F. and the Sanctuary Toolkit.
  - The primary vehicles for engaging are training and planning through Core Team meetings with the beginnings of practice in using the tools and some evaluation of that process.
- Year 2 – Embedding
  - This year centers on adapting policies and practices to align with Sanctuary as the work that leads to intensive culture change.
  - The areas of focus are the more philosophical and potentially more abstract concepts – operationalizing the seven Sanctuary Commitments and S.E.L.F while honing a trauma informed environment by paying attention to culture and sharpening trauma treatment skills.
  - The primary vehicles for embedding are planning and practice with less emphasis on training and some increased use of evaluation at the end of the second year.
- Year 3 – Evaluating
  - This year centers on measuring the organization's progress against the Sanctuary [Implementation Standards](#).
  - The focus is on revisiting the [Implementation tasks](#), particularly the tools, to redirect any areas of drift.
  - The primary vehicles are planning through Core Team and subgroup work as well as formal and informal evaluation of [fidelity](#) and sustainability.

**Number of days/hours:**

The initial training for a select group of employees lasts 5 days and is followed by a three year agency consultation period.

All staff members participate in a minimum of 15 hours of in house training per year to maintain knowledge and skills for practice of the Model.

## Implementation Information

---

Since **Sanctuary Model** is highly rated on the Scientific Rating Scale, information was requested from the program representative on available pre-implementation assessments, [implementation tools](#), and/or [fidelity](#) measures.

### Pre-Implementation Materials

---

There are pre-implementation materials to measure organizational or provider readiness for **Sanctuary Model** as listed below:

Typically, one of the Sanctuary faculty members will visit the client agency and conduct an organizational needs assessment prior to training. This information is used to tailor the initial 5-day training to best address some of the client agency's specific needs. More information is available by request; see contact information at bottom of the page.

### Formal Support for Implementation

---

There is formal support available for [implementation](#) of **Sanctuary Model** as listed below:

Assignment to a faculty member, who is an organizational specialist in implementing the **Sanctuary Model**, is provided. The faculty member typically spends 3 years with each client agency providing both in-person and phone consultation several times a year. An annual conference is offered at which practicing agencies present workshops on innovations, research, challenges, successes and lessons from their use of Sanctuary in addition to presentations by national experts in the field of trauma.

## Fidelity Measures

---

There are fidelity measures for **Sanctuary Model** as listed below:

Fidelity tool checklists that assess how well client agencies are practicing 5 of the **Sanctuary Model** tools, specifically Community Meetings, Psychoeducation, Red Flags, Safety Plans, and Team meetings, are available. In addition, a peer certification process, using the Sanctuary Implementation Standards to monitor fidelity of the practice of the Sanctuary Model for organizations who have implemented it, is also performed. The certification evaluation is intended to be a collaborative exercise in social learning in which Sanctuary Institute faculty members observe program functions, interview staff and clients and review documentation. This review process is conducted by a minimum of two evaluators, uses a strength-based approach to evaluation, upholds a high standard of rigor, and attempts to engage the organization in a constructive partnership to achieve success. The Sanctuary Implementation Standards are available at <http://www.thesanctuaryinstitute.org/publications/75-sanctuary-certification-standards-2012> or by contacting Ms. Kamillah Francis at [KFrancis@jdam.org](mailto:KFrancis@jdam.org)

## Implementation Guides or Manuals

---

There are implementation guides or manuals for **Sanctuary Model** as listed below:

The Implementation of the **Sanctuary Model** is executed through a combination of trainings and consultations that are provided by the Sanctuary Institute Faculty members and are designed to align the practices, attitudes, and philosophies of an organization toward a trauma-informed perspective. There are a number of manuals available to organizations to assist in the implementation.

For Organizational Elements:

- The Sanctuary Implementation Guide
- The Sanctuary Implementation Workbook
- The Sanctuary Direct Care and Indirect Care Staff Training Manuals

For Clinical/Client Oriented Elements:

- The Sanctuary Psycho-education Manual for Clients
- The Teaching Families about Sanctuary Curriculum
- The Sanctuary Multi-Family Group Curriculum
- Learning through Film Psycho-education Manual for Clients
- Learning from our Leaders Psycho-education Manual for Clients
- S.E.L.F. Psycho-education Manual for Clients
- The Sanctuary Implementation Standards

## Research on How to Implement the Program

---

Research has not been conducted on how to implement **Sanctuary Model**.

## Relevant Published, Peer-Reviewed Research

---

This program 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 study) establishing the practice's benefit over the placebo, or found it to be comparable to or better than an appropriate comparison practice. Please see the Scientific Rating Scale for more information.

**Child Welfare Outcome:** Child/Family Well-Being

---

**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:** Nonrandomized control group

**Number of Participants:** 158

**Population:**

- **Age** — 12-20 years (Mean=15 years)
- **Race/Ethnicity** — 33% Hispanic, 47% Black, 13% white, 1% Asian or Pacific Islander, and 6% bi-racial or other
- **Gender** — 63% Male
- **Status** — Participants were youth in residential treatment center.

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

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

Testing took place in residential treatment center units. Four 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 included 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*. 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 a 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. Limitations include the relatively small sample size per unit and the lack of information on results at the unit or individual level.

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

---

## References

Esaki, N., Benamati, J., Yanosy, S., Middleton, J., Hopson, L. M., Hummer, V., & Bloom, S. L. (2013). The Sanctuary Model®: theoretical framework families in society. *The Journal of Contemporary Social Work*, 94(2), 87-95.

Rivard, J. C., McCorkle, D., Duncan, M. E., Pasquale, L. E., Bloom, S. L., & Abramovitz, R. (2004). Implementing a trauma recovery framework for youths in residential treatment. *Child and Adolescent Social Work Journal*, 21(5), 529-550.

Stein, B. D., Sorbero, M., Kogan, J., & Greenberg, L. (2011). *Assessing the implementation of a residential facility organizational change model: Pennsylvania's implementation of the Sanctuary Model*. Retrieved from [http://www.ccbh.com/pdfs/articles/Sanctuary\\_Model\\_3Pager\\_20110715.pdf](http://www.ccbh.com/pdfs/articles/Sanctuary_Model_3Pager_20110715.pdf)

## Contact Information

---

Name: **Sarah Yanosy, LCSW**

Title: Director of the Sanctuary Institute

Agency/Affiliation: Andrus Children's Center

Website: [andruscc.org/](http://andruscc.org/)

Email: [syanosy@JDAM.org](mailto:syanosy@JDAM.org)

Phone: (914) 965-3700 x1117

Fax: (914) 595-0461

Date Research Evidence Last Reviewed by CEBC: March 2015

Date Program Content Last Reviewed by Program Staff: August 2014

Date Program Originally Loaded onto CEBC: May 2006

---

© copyright 2006-2015 The California Evidence-Based Clearinghouse for Child Welfare ([www.cebc4cw.org](http://www.cebc4cw.org))