The Sanctuary Model – Innovative Practice

Sarah M. Yanosy, LCSW

Director of Sanctuary Institute

Andrus Children's Center

Abstract

Andrus Children's Center has a longstanding history in the New York metropolitan area for excellence in a range of services to children and families. Ten years ago, the campus programs became a proving ground for a trauma-informed organizational and environment-based care intervention called the Sanctuary Model. Within five years of introducing the model on campus, Andrus' leadership partnered with Sanctuary founder, Dr. Sandra Bloom, to construct a training institute to offer the innovative Sanctuary Model to other human service organizations. The model provides a roadmap for the integration of its novel service system into agencies to transform them into more effective, efficient and responsive organizations. The early successes sparked the birth of what is now the Sanctuary Institute at Andrus, which serves reciprocal roles as an innovative field laboratory to study organizational change and a premier training center to disseminate that knowledge. It does this by integrating three fundamental elements: 1. The Sanctuary Model - a blueprint for clinical and organizational change, 2. The Sanctuary Implementation Process - a non-hierarchical system-wide implementation strategy, and 3. The Sanctuary Network – a community of over 150 agencies worldwide who expand the knowledge base in the field of trauma-informed care.

Introduction

Currently, care giving and educational institutions within our society are stressed. Service providers are feeling pressured by the increased demands placed upon them "to do more with less". Simultaneously, the demands often appear to be contradictory. Treatment and education programs for children wrestle with how to fulfill the requirements of national testing standards while also needing to devote significant time, energy and resources to meeting the increasing mental health and social development demands of the children in their care. The role of staff has changed dramatically over the last several decades, but professional education has not necessarily kept pace with the changing demands of their roles.

As the numbers of abused, neglected, and otherwise traumatized children has gone up, and opportunities for community socialization experiences have gone down, the burden has fallen upon many programs to engage in the development of basic social skills that used to be performed by parents and families. The basic skills for getting along with other people, behaving responsibly, learning to control one's impulses, and managing one's emotional states are basic requisites for a safe and effective treatment environment. Building a child's skills in these areas is time consuming and requires a large commitment of human resources.

In an environment of increased stress there are only two basic routes to follow. The typical pattern of most stressed individuals and systems is to become more controlling in an effort to reduce stress and increase control over situations that feel like they are spinning out-of-control. Increased control is typically demonstrated through increased authoritarianism, a strengthening of top-down hierarchical organizational structures, increased use of coercion, discipline and punishment, and an increase in rules and attention to rule infraction. While this is

happening, little attention is being paid to the erosion of *norms*. Useful in an emergency, these attempts at increasing order by increasing control measures tend to backfire in the long run because fewer and fewer people in the organization are taking responsibility for the well-being of the whole and the establishment of normative behavior that promotes safety and health.

The alternative route to follow under stress is to become more democratic and inclusive rather than less democratic. Democracy is a method of nonviolence, changing the *norms* of expectable behavior rather than relying solely on rules and the use of punishment. Democratic processes compel every individual within an organization to shoulder more responsibility for the safety and well-being of the whole. Sanctuary urges moderation and requires a commitment of time and energy for vital players in the community to come together. They calmly evaluate the past and present situation, assess strengths and weaknesses, and through a collaborative exchange of various points of view, create new strategies for positive change. During this process, old conflicts must surface, problem-solving methods must be developed, unresolved problems need to be spotlighted, and new methods for working together must be established and creative solutions given the time to emerge.

This is what the Sanctuary Institute accomplishes. By delivering the model to dozens of agencies through an innovative implementation process that follows the tenets of the model and engages those trained to become a supportive and sometimes activist community, the Sanctuary Institute has created an international trauma-informed community of practice.

The Sanctuary® Model

The Sanctuary® Model is a blueprint for clinical and organizational change which, promotes safety and recovery from adversity through the active creation of a trauma-informed community.

Simply explained, the Sanctuary Model is comprised of three primary components:

- Theoretical values which form the underpinnings of the model
- The trauma-informed shared language represented by the acronym SELF
- A set of practical tools, known as the Sanctuary Tool Kit

These three components create a synergy that allows for entire organizations to transform their cultures. 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 treatment, *but equally* on the people and systems who provide that treatment.

- *Theoretical Underpinnings:*

The three theoretical foundations of the Sanctuary Model are drawn from of trauma theory, business theory, systems theory and perspectives from the work of Therapeutic Communities in the UK. The Sanctuary Model uses concepts from these sources to focus on the effects of trauma exposure, parallel process and the Seven Sanctuary Commitments as the basic tenets of the model.

<u>The Effects of Trauma Exposure</u>: Trauma is defined along a wide continuum that includes both discrete events and ongoing, cumulative and perhaps intangible experiences like racism and poverty. Trauma is defined as an experience in which a person's internal resources

are not adequate to cope with external stressors. Trauma theory suggests that many of the behavioral symptoms that we see in individuals are a direct result of coping with adverse experiences. What we identify as maladaptive behaviors are really misapplied survival skills.

Parallel Process: Sanctuary recognizes that just as human beings are susceptible to the misapplication of survival skills, organizations themselves are equally vulnerable. This understanding is reflected in the recognition that there is a parallel between the traumatic symptoms we see in clients and those that we see in an organization. Just as we see individuals who have experienced trauma responding with isolative behavior and withdrawal from the community, we also see organizations facing financial or political stressors respond with isolationism, rigidity and hierarchical decision-making. Intervening in this parallel process requires shifting behaviors and thinking to align with a specific set of values.

The Seven Sanctuary Commitments: The set of values that Sanctuary outlines as a way to lead individuals and organizations away from trauma-reactive behaviors are the Seven Sanctuary Commitments. These commitments, adapted from work done in the UK by Therapeutic Communities, are defined as follows:

- Nonviolence: building and modeling safety skills
- Emotional Intelligence: teaching and modeling affect management skills
- Inquiry & Social Learning: building and modeling cognitive skills
- Shared Governance: creating and modeling civic skills, self-discipline, and healthy authority

- Open Communication: reduce acting-out, enhance self-protective and self-correcting skills

- Social Responsibility: rebuilding social connections, establish healthy attachment relationships

Growth and Change: restoring hope, meaning, purpose

- *Shared Language of SELF*

Human service organizations often employ professionals from a wide range of specialized backgrounds and orientations. Sometimes these varied professionals speak in terms that are not clear to each other or to the people they serve. The Sanctuary Model has constructed an acronym, SELF, which stands for *Safety, Emotion Management, Loss* and *Future*. These four components are the organizing framework for treatment planning, community conversations and collaborative decision-making, and allow providers to focus on the most important aspects of helping people heal from trauma in a simple and accessible way.

- *The Sanctuary Tool Kit*

The Sanctuary Tool Kit is a set of practical and simple interventions that reinforce the language and philosophical underpinnings of the Sanctuary Model. These tools, *Community Meetings, Safety Plans, SELF Treatment Planning Conferencing, Team Meetings, Self-Care Planning, SELF Psycho-Education* are the daily practices for both staff and clients that support an organization's creation of a trauma-informed culture.

When an organization makes the commitment to implement Sanctuary, trains its staff in the philosophical underpinnings, embraces the language of SELF, and uses the Sanctuary tools,

its members can expect to see improved outcomes for clients, improved staff retention and satisfaction, and decreased violence. While many models address the individual and group treatment needs of vulnerable clients, Sanctuary is unique in that it instructs leaders and community members not only in the treatment of clients, but also in creating safer, better-functioning organizations.

Sanctuary Implementation Process

The Implementation of the Sanctuary Model is executed through a combination of trainings and consultations provided by the Sanctuary Institute Faculty members which move an organization through a series of steps to align the practices, attitudes and philosophies of an organization toward a trauma-informed perspective.

There are four elements that make up the implementation process: ***1. Evaluation*** (diagnostic and certification evaluations are formal, while self evaluations are informal), **2. *Training*** (staff training, orientation and boosters for staff and psycho-education for clients and families.), **3**. ***Planning*** (core team meetings, steering committee meetings, execution of tasks that reinforce the seven commitments), **4**. ***Practice*** (use of the tools and concepts in the community)

These four elements are constantly interweaving, and like the SELF model, are nonlinear in the way that we use them. We should always be evaluating, practicing, planning and training with different people at each different level of the organization. Implementation is a three year process

Year 1 – Engaging -- The year centers on training and moving through the ripples of the organization to introduce all members of the community to the vast undertaking of Sanctuary

The areas of focus are the most concrete parts of the model - the language of Sanctuary

(SELF and 7 Commitments) and the tools. 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 7 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 correct for slippage

The primary vehicle is ***planning*** through core team and subgroup work as well as ***evaluation*** in formal and informal ways and continued ***practice*** with the tools and concepts.

The Sanctuary Network

The Sanctuary Network is a community of shared practice with over 150 organizations in 16 states within the US and 7 other countries, including Canada, Australia, Northern Ireland, Mexico, Ecuador, Scotland and Israel. Today, after over twenty years of adaptation built on its original design, the Sanctuary Model has reached across the human services system. In an effort

to create safe and healing environments for children, families and adults who have experienced chronic stress and adversity, the Sanctuary Model is being used across a wide range of settings, including: residential treatment, juvenile justice, drug and alcohol treatment, school and community-based programs, partial hospitals, domestic violence and homeless shelters.

This community of shared practice gathers annually to attend the Sanctuary Network Days Conference, a two day learning session that consists of workshops, lectures and networking opportunities. The opportunity to interface with other trauma-informed care providers has played an important role in the success of the Sanctuary Institute in promoting its mission. The members of the Sanctuary Network have used their common beliefs in trauma-informed care to learn from each other's successes and mistakes and to build coalitions of providers who have pooled their talent and influence to change policy and practice at the local and state level. An example – the Pennsylvania State Core Team has been working with local managed care companies to use the SELF framework as an organizing structure for creating trauma-informed treatment plans. This action would embed a trauma-informed language into the documents used to plan for children in residential treatment in that state.

New York State's OCFS has engaged the entire juvenile justice system in the state to work with the Sanctuary Institute to implement the model and transform what is typically a very punitive and trauma-reactive system into a trauma-informed system. The goal is to reach all the residential facilities as well as the step down programs in order to ensure continuity of trauma-informed care for these children. Finally, the Department of Human Services in Philadelphia has used its membership in the Sanctuary Network to engage provider agencies in the Philadelphia area to adopt the model, as well as to work toward using it as an organizational intervention itself.

Outcomes and Results of Innovation

By promoting and disseminating the Sanctuary Model using a trauma-informed methodology and by creating a community of practitioners to support each other's work, the Sanctuary Institute at Andrus has had a significant impact on improving the experience of children in care. Organizations using the Sanctuary Model experience a decrease in physical restraints. Over a seven year period, the Andrus Children's Center (Andrus) experienced a sustained 50% drop in restraints (from 104 to 51 annually). From pre-implementation to one year post-implementation, organizations using Sanctuary also experienced impressive drops in restraints. The drops in restraints after one year of implementation ranged from 6% to 88%, with three organizations having a decrease greater than 80% and six organizations having a decrease greater than 33% as illustrated in Table 1.

Organizations using the Sanctuary Model experienced significant decreases in the number of critical incidents in their programs. Over a seven year period, Andrus experienced an 88% drop in the number of critical incidents (from 7518 to 842). Similar-sized organizations serving more than 100 children at a given time experienced about a 30% decrease from baseline to the end of the first year of implementation. An even greater decrease averaging around 60% exists for organizations serving less than 100 children at a given time.

Implementing Sanctuary through the Sanctuary Institute's implementation process also results in better academic and placement outcomes. In a school that has obtained certification in the Sanctuary Model, after two years of implementation, 64% of the students achieved realistic or ambitious rates of reading improvement, as illustrated in Table 3. In addition, 99% of the children were promoted to the next grade. With regard to hospitalizations, there was a 41%

reduction in the number of children requiring inpatient psychiatric hospitalization and a 25% reduction in days children spent in inpatient hospitalization. Table 4 shows the same school enjoyed a 56% placement rate in public and private school programs once the student graduated.

Summary

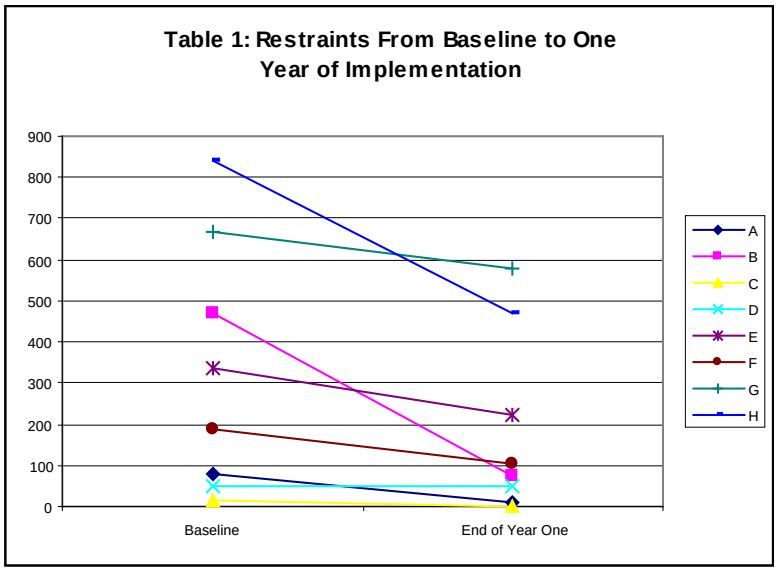
As cultural norms have changed and families and communities have become more stressed, fragmented and unresponsive to the needs of children, the critical role of adults providing treatment services has become magnified, and the role of residential treatment providers in impacting the lives of developing children has radically changed. However, the adults who comprise the stable structure for the children in residential care have not necessarily had the training or skills development that would enable them to cope with the increased demands placed upon them. The Sanctuary® Model addresses this critical need.

The unique aspect of Sanctuary is its emphasis on the need to understand the impact of psychological trauma on children's attitudes, emotional states, cognitive function, social adjustment and behavior. It provides a road map to integrate that understanding into the standard operating procedures for the treatment setting, including clinical treatment, programming for children, disciplinary policies, and other adult responses to problematic behaviors. Essentially, the purpose of developing a stronger, safer, and healthier residential treatment community is to enable that community to manage and contain the most troubled children by providing them with what is a corrective learning experience while simultaneously offering all children in care an environment conducive to learning and growing; in short, creating Sanctuary.

CHILD OUTCOMES

Table 1

Decrease in Restraints



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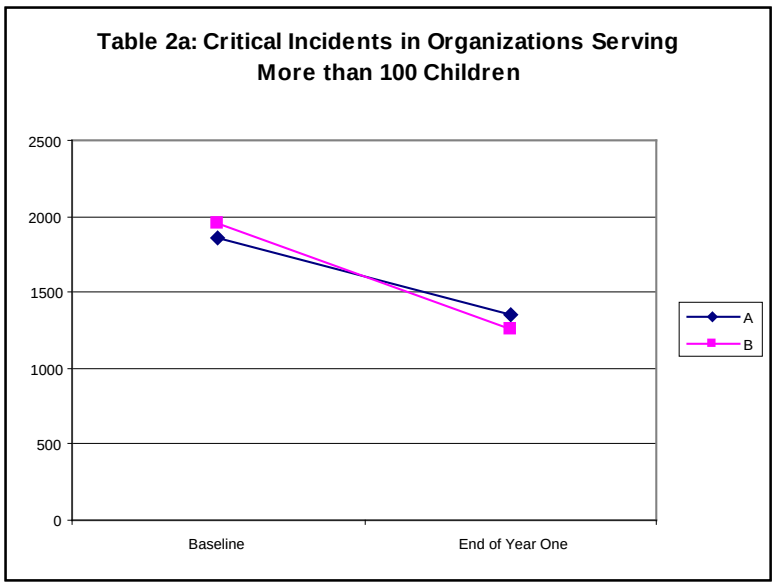
CHILD OUTCOMES

Table 2a

Decrease in Critical Incidents[1]

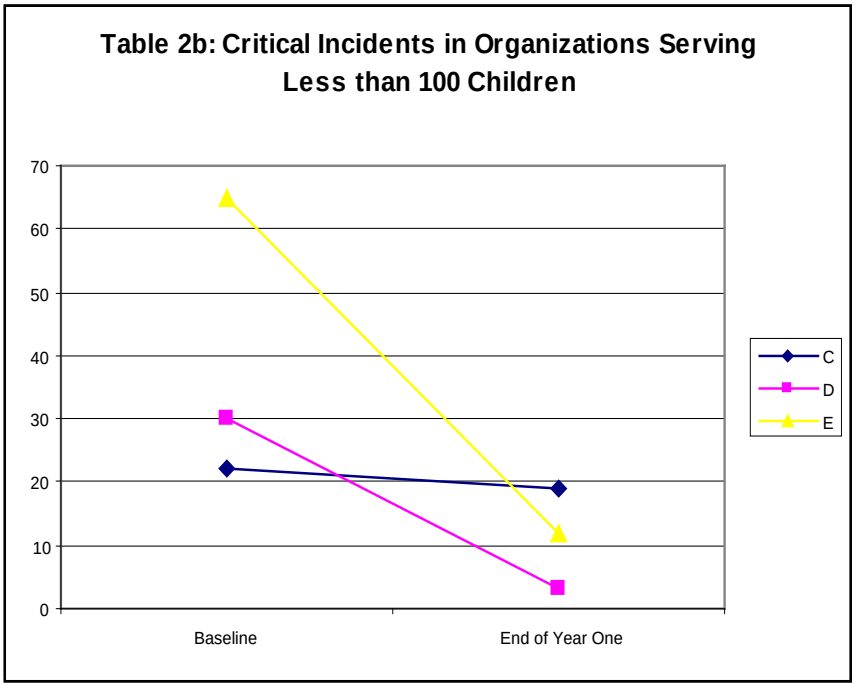


[1] Critical Incidents are defined as events requiring immediate staff response (e.g., physical aggression, property damage, etc…) but not necessarily requiring physical restraints by staff.

CHILD OUTCOMES

Table 2b

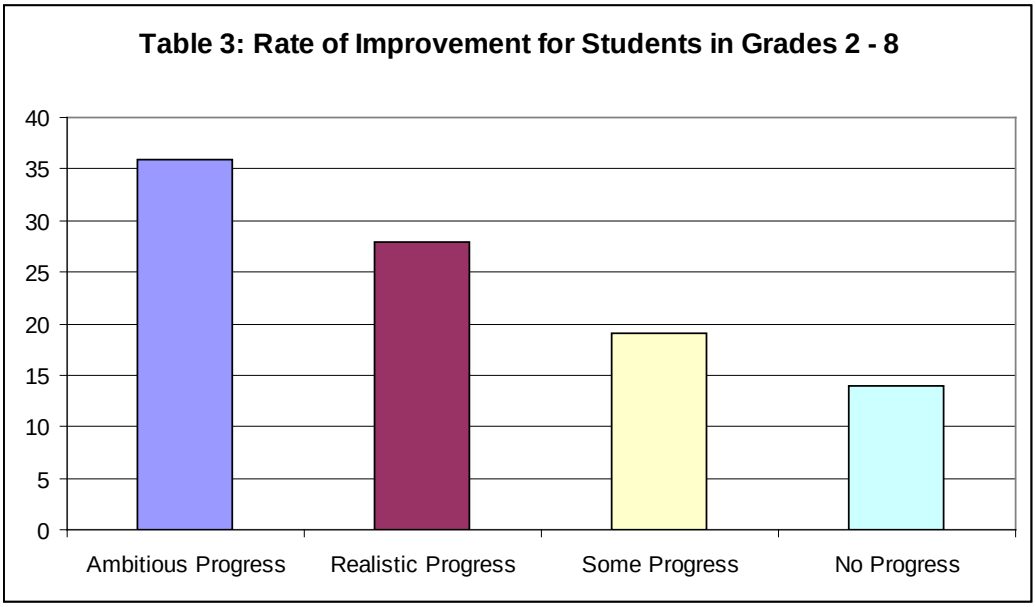
Decrease in Critical Incidents



CHILD OUTCOMES

Table 3

Improved Academic and Placement Outcomes[2]:



[2] Unless otherwise noted, chart source: http://paceschool.org/program/performance.html

ORGANIZATIONAL OUTCOMES

Table 4

Placement after Graduation