Trauma-Focused Intervention Targeting Risk for Violence

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PROJECT SUMMARY

• 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
• 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 Backgrounds

- 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