Press Release

Sanctuary Model demonstrates benefits promising results in treating children with histories of trauma for traumatized children AND in the therapeutic environment of treatment for the staff that work with them.

Hawthorne, NY. October 15, 2003: In the United States, there are over 200,000 children in residential facilities and over 100,000 children in juvenile detention facilities. Very little research has been done on the way services in these facilities are delivered to these children, much less if they are effective in reducing symptoms.

To address this knowledge gap, researcher Dr. Jeanne Rivard, obtained a grant from the National Institutes of Mental Health to study the implementation and early effects of an intervention, the Sanctuary Model, 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, formulated by psychiatrist Dr. Sandra Bloom, was first applied to the inpatient treatment of adults who had been abused as children as described in her 1997 book, Creating Sanctuary: Toward the Evolution of Sane Societies.

Dr. Rivard and her colleagues studied the children and the staff climate at the Westchester campus of the Jewish Board of Children and Family Services of New York. The three facilities located in Hawthorne New York, house over 200 children aged 8-18 years of age. Cottages that comprise the facility were randomly assigned to one of two groups – either the Sanctuary Model or “standard residential services”. Evaluations on the children showed that over 70% of the children had experienced abuse and/or neglect and their overall exposure to other forms of violence was very high.

The Sanctuary Model is directed at organizational change in an effort to create a treatment culture that counteracts the complex detrimental impact of exposure to violence on the psychological makeup of the children. As a result, the study also assessed the overall climate of the cottages. Changing organizational culture is known to be a long and often tedious task but results from baseline to six months into the project have demonstrated some interesting results.

There were two significant positive trends in the children associated with the Sanctuary Model cottages in decreasing levels of verbal aggression and increasing their willingness to take responsibility for their own actions, known as “internal locus of control”. There was an additional important factor demonstrating that the Sanctuary Model kids had a decrease in “incendiary communication” – the kind of talk that often leads to physical violence, and “tension management” – the ability of a child to calm himself or herself down.

According to the study findings, the overall staff culture experienced change as well. There were significant differences between the Sanctuary Model and non-Sanctuary Model cottages 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 and
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, and recognize there are clear guidelines for dealing with clients who are aggressive.

Dr. Robert Abramovitz, Chief Psychiatrist and Director of the Center for Trauma Program Innovation at the Jewish Board of Family and Children’s Services, says that “the study has demonstrated sufficient evidence thus far to convince us that the Sanctuary Model should be instituted across the entire campus”. The Sanctuary Model is also being implemented at another residential treatment program in Westchester, New York, The Julia Dyckman Andrus Memorial Center in Yonkers, NY.