Restorative Practices

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The Sanctuary Model: A Restorative Approach for Human Services Organizations

BY LAURA MIRSKY

The Sanctuary Model is a non-hierarchical, highly participatory, "trauma-informed and evidence-supported" operating system for human services organizations, which helps them function in a humane, democratic and socially responsible manner and thereby provide effective treatment for clients in a clinical setting. The model is entirely congruent with restorative practices, in that it is about working *with* people instead of doing things *to* them or *for* them.

Not a specific treatment intervention, the Sanctuary Model provides a structure and common language for people in human services fields to communicate and collaborate with each other. Said Dr. Sandra Bloom, developer of the model: "Social workers, psychiatrists and nurses don't share a common way of working with clients. The Sanctuary Model gets everybody on the same trauma-informed page."

Bloom is founder and "guiding light" of the Sanctuary Institute at Andrus Children's Center, in Yonkers, New York, USA (www.andruschildren.org/Sanct_Lead_Dev_Inst.htm), associate professor of Health Management and Policy at the School of Public Health and codirector of the Center for Nonviolence and Social Justice (www.nonviolenceandsocialjustice.org), at Drexel University, Philadelphia, Pennsylvania, USA. She summed up the Sanctuary Model:

Most clients who present to human service delivery organizations have been exposed to significant adversity, chronic stress, and frequently overwhelming trauma. … [But] they cannot heal within the context of traumatizing — or traumatized — organizations that

may actually create more, not less pathology. The goal of the Sanctuary Model is to facilitate the development of an organizational culture that can contain, manage, and help transform the terrible life experiences that have molded — and often deformed — the clients in care. But no one person can change an organizational culture — at least not for the better. Living systems are comprised of living people who tend to support what they help to create — and who fail to support change efforts that exclude them.

The Sanctuary Model came out of Bloom's 30 years' involvement in therapeutic settings, particularly her work from 1980 to 2001 in short-term, acute, inpatient psychiatric settings for adults traumatized as children. In these settings, said Bloom, "We didn't lock the doors. There were no seclusions or restraints, even chemical ones [i.e., mind-numbing medications]. We created a web of safety that contained the entire community."

In 10 days of inpatient psychiatric treatment, said Bloom, "People had a very different experience from the past. They were able to internalize an alternative that included respect and participation in a community. They learned that they were not sick, crazy or bad but injured, and as a result they had problems. They became part of a community based on shared responsibility that supported them in their efforts to stop doing the things that made them feel bad. Traditionally, they had merely been given a label and a diagnosis, but that didn't help them know what to do to help themselves. Our systems of care were not trauma-informed so we were pretty much at sea. As we became informed about the effects of trauma, we taught people what

their overwhelming experiences had done to their bodies and minds."

Bloom and her colleagues developed and taught clients how to use the S.E.L.F. tool (part of the Sanctuary Tool Kit), which represents four key aspects of recovery from bad experiences: Safety, Emotional Management, Loss and Future.

Staff also created and supported "ritual passages" to promote healing. "People need structured ritual passages to move through their lives — funerals, birthdays," said Bloom. So they devised a series of levels for people to move through, beginning with a ceremony of admission to the program, then marking a patient's movement into doing their own work, becoming a mentor for others and finally preparing to go home.

The Sanctuary Model worked so well in these treatment settings that Bloom decided to share it with other organizations. She and colleagues at the Sanctuary Institute developed the Sanctuary Model training and implementation process currently being adopted by over 100 human-service delivery organizations worldwide. Bloom said that the institute has trained over 100 programs, including large state programs funded by the Pennsylvania Department of Public Welfare and New York State Office of Children and Family Services; residential, children and family services, acute care, domestic violence programs, developmentally disabled and group home programs, juvenile justice facilities, voluntary agencies and homeless shelters. "Sanctuary can apply to any social services program," she said.

Essential to the Sanctuary Model is a culture of communication and collabora-

tion between members of an organization. The model's very implementation process cultivates collaboration:

Teams of five to eight people, from various levels of the organization, come together to learn from our faculty, colleagues from other organizations and one another and begin to create a shared vision of the kind of organization they want to create. …. This Core Steering Committee Team therefore not only plans together how best to share what they are learning with the larger organization, but also plans how to train all agency personnel and clients in the Sanctuary principles, how to integrate the Sanctuary Toolkit into the day-to-day operation of the organization and how to evaluate how these initiatives are taking hold in the organization. … By looking at shared assumptions, goals, and existing practice, staff members from various levels of the organization are required to share in an analysis of their own structure and functioning, often asking themselves and each other provocative questions that have never been overtly surfaced before. As this happens, the development of more democratic, participatory processes begin to emerge.

As the Sanctuary Model is implemented, said Bloom, organizations see "tangible improvement in morale, decreases in staff burnout, worker's compensation applications and vicarious trauma (transferred from client to staff), as well as violence and the need for seclusions and restraint."

In an organization implementing the Sanctuary Model, all staff, from top administration on down, must understand and uphold "Seven Commitments," which provide guiding principles, or, said Bloom, the model will not work. These include: Nonviolence, Emotional Intelligence, Social Learning, Open Communication, Democracy, Social Responsibility and Growth and Change (www.sanctuaryweb.com/Main/Seven Commitments/seven_commitments.htm).

Said Sanctuary Institute director Sarah Yanosy, "Everyone in the organization is regarded as a treatment provider and helps to create a positive experience, including maintenance staff and food services workers." In addition, she said, "We invite community members to be part of the treatment team, infusing our model into the entire community." She added: "We recognize that our staff is also vulnerable to the effects of trauma and that we need to mitigate stress through self-care, safety plans and community meetings. The Sanctuary Model provides safety for staff who care for people so they can provide safety for patients."

Regarding treatment at the Andrus Children's Center, the organizational home of the Sanctuary Institute, Yanosy said: "We believe that adversity and chronic stress are universal experiences. When we respond to people we respect their experiences. As one of the cofounders of the Sanctuary Institute, Joseph Foderaro, once put it, 'We change the question we ask them from What's wrong? to What happened?'"

Yanosy talked about working with a mother who was violent, abusive and angry and a son whose behavior reflected her own. He was in the care of the department of social services, and his mother thought he had been unjustly removed from her care. "Rather than reenact the experience she'd had with the department of social services, our treatment team re-scripted her experience by changing the question. We didn't ask why her son was here (a diagnostic question). Instead, we asked, 'What happened to your family?' We said, 'It must be hard for you.' But I was also blunt with her: 'When you curse out the judge, you confirm his beliefs about you. You need to show him who you can be for your son.' She was so angry that she was cutting off her nose to spite her face, just to make a point and be right." Yanosy said they helped the woman look at the experience of the removal of her son as a trauma to her family and taught her to use the S.E.L.F.

tool to explore her grief and loss and make herself a "safety plan" involving emotional management in court. The boy was able to come home. Three years later he's still home, and the family is still intact.

International Institute for Restorative Practices (IIRP) president Ted Wachtel, who has known Bloom for nearly three decades, called the Sanctuary Model "truly restorative," adding, "The model is non-hierarchical. Staff aren't the elite experts. They really create a community. They use the circle and talking piece every day."

Wachtel and John Bailie, assistant director of Training and Consulting for the IIRP, attended a recent training at the Sanctuary Institute. Bailie also noted the Sanctuary Model's strong connection to restorative practices: "The way they deal with people who have experienced trauma fits with the restorative perspective on counseling: not treating people as "sick" but honoring their experiences and giving them a chance to play an active role in solving their own problems and conflicts. The way they implement the model also seems restorative: very participatory ways of helping people buy in to the mind-set, from 'we're interested,' through tracking the model's results. People are encouraged to examine their beliefs in an organic way, yet with clear expectations and boundaries. It's a respectful and reliable way to implement a sustainable change of mind-set."

The Sanctuary Model, concluded Bloom, is still evolving. "It's meant to be an open system. We are codevelopers of the model with the organizations themselves. I never imagined it would grow to be so big." ◎

REFERENCE

Bloom, S. (in press). Sanctuary: An Operating System for Living Organizations. In N. Tehrani (Ed.), Managing Trauma in the Workplace — Supporting Workers and the Organisation. London: Routledge.