The Sanctuary Model

Given the extent of exposure to childhood adversity, we cannot rely only on specialized trauma treatment programs to address trauma-related problems in boys and young men of color. It should be possible for boys and young men of color to enter any health care, mental health, school, juvenile justice, social service or community environment and have experiences that are healing, rather than experiences that compound their injuries.

The health and human service systems that serve boys, young men and their families are fragmented, do not share common knowledge or language, compete for limited resources, and are under constant stress. When boys and young men of color interact with these stressed systems, their problems are often worsened. The complex stress-related problems affecting our health and human service systems can be compared to the problems of the clients they serve. In many ways, our social service network is largely functioning as a "trauma-organized system" (Bentovim 1992), often unaware of the ways that chronic stress negatively impacts providers and hinders the client recovery. What needs to occur is a transformation of these systems that moves them toward a trauma-informed approach (Bloom 2006).

The Sanctuary Model, developed by Sandra Bloom, MD, is a trauma-informed method for creating an organizational culture in which healing from psychologically and socially traumatic experiences can be addressed (Bloom 1997). The model is an "evidence-supported" practice according to the National Child Traumatic Stress Network (de Arellano 2008) and listed as a "promising practice" by the California Evidence-Based Clearinghouse (2008). The Sanctuary Model is currently being adopted by over ninety human service delivery programs nationally and internationally including: adult inpatient and outpatient mental health settings (Bloom 1994);

residential and acute care settings for children and adolescents (Rivard, Bloom et al. 2002; Abramovitz and Bloom 2003; Bloom 2003; Bloom 2005; Rivard, Bloom et al. 2005); substance abuse programs for adults and for children; schools (Bloom 1995); shelters for the homeless and victims of domestic violence; and community-based as well as school-based social service organizations (Bloom, Bennington-Davis et al. 2003; Bloom 2007).

The Sanctuary Model is based on more than twenty years of clinical experience in responding to the needs of traumatized individuals. The model is not a specific treatment intervention; it is structurally "deeper" than a specific intervention, although many interventions are compatible with it. Using a computer analogy, in much the same way as a computer has foundation software, the Sanctuary Model can be thought of as an *operating system* for a trauma-informed organization. When applied, it operates underneath all the other functions in an organization—the approaches, kinds of therapy, techniques—as long as those functions are compatible with the Sanctuary *operating system*. It is designed to get people, from diverse backgrounds, with a wide variety of experience, on the same page, speaking the same language, living the same values, sharing a consistent, coherent and practical framework.

The demonstrated outcomes of the Sanctuary Model include:

- increased sense of community through the active creation of a nonviolent environment;
- increased democratic decision-making and shared responsibility in problem-solving and conflict resolution;
- opportunities for clients and staff to experience a safe and connected community;
- opportunities for traumatized clients to have healing emotional, relational, and environmental experiences;
- reduced interpersonal violence, including verbal, physical and sexual forms of harassment, bullying, and violence among staff and clients;
- promoting recovery, healing, and growth.

As an extension of this model, we often refer to "Sanctuary" to describe the trauma-informed approach we wish to promote—one with the aim of creating safe environments that promote healing, inclusion, respect for differences, and positive social change. Sanctuary is what can emerge when groups of people come together, create community, engage in authentic behavior, share common values and a common language and make seven specific cultural commitments:

- commitment to nonviolence;
- commitment to emotional intelligence;
- commitment to social learning;
- commitment to open communication;
- commitment to democracy;
- commitment to social responsibility;
- commitment to growth and change (Bloom 2005; Bloom 2007).

A computer metaphor may be used to illustrate a fundamental aspect of the change that is required in our service delivery systems. In a sense, human brains and computer "brains" have some things in common: hardware, foundation software, and application software. In a computer brain the hardware is comprised of microchips, hard drives, monitors, and input devices like keyboards and mice. The human mind has hardware too—the DNA, proteins, neurons (and other types of cells), veins, and arteries comprise the brain. But hardware just sits there unless there is software installed.

A computer has foundation software that we have come to know as an operating system—a master program that controls a computer's basic functions and allows other programs to run on a computer if they are compatible with that system. The operating system is the *foundation software* for the computer. The programs that allow you to do all the things you want to do on a computer—word processing, spreadsheets, email, etc.—are called *application software*.

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We believe that human brains have something analogous to an operating system because we certainly have millions of applications that allow us to do all the things we do: movement, language, memory, etc. We assert that the operating system for the human brain is attachment because without *attachment*, human brains and minds cannot develop properly. This is where the issue of trauma comes in.

A computer virus is a small piece of software that attaches itself to useful programs. Each time the program runs, the virus has a chance to spread and wreak havoc on the entire computer. Traumatic experience is to the human mind what computer viruses are to computers. Trauma disrupts attachment and disrupted attachment wreaks havoc with a person's health, wellbeing and development. For people to heal from traumatic experience, it is not enough to just change their "applications." Changing things at a deeper level than that—changing their operating system—is what is required. Changing the operating system in a computer, is a metaphor for how complicated an issue that is.

We believe that our health and human service system as a whole is subject to chronic stress and may become engaged in recreating destructive parallel processes with the clients who seek our help. To change this, our systems need a new operating system. With a new operating system, each component could do its own job—use its own "applications"—but would all share the same underlying operating system—in this case, a trauma-informed approach.

Evaluation and Research: Developing an Evidence Base

Early Findings

The Sanctuary Model, as in other models of organizational change, is subject to many challenges—namely changing the way that staff conducts business as usual and changing the organizational culture. However, in general, investigators who have studied children's service systems have found that organizational climates with greater job satisfaction, fairness, cooperation, and personalization, and lower levels of conflict were associated with both service quality and positive outcomes in children's psychosocial functioning. We believe that these findings are relevant, not just to children's services but to services directed at all ages of people with complex behavioral and social problems.

Early assessments of the Sanctuary Model in children's residential programs found the model to have two primary components: 1) the creation and maintenance of a non-violent, democratic, therapeutic community and 2) a psychoeducational program. A study funded by the National Institutes of Mental Health (R21 mechanism) and conducted at the Westchester campus of the Jewish Board of Family and Children Services reported positive changes in staff perception of themselves and clients, founded on the following measures:

- **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;
- **safety** – the extent to which staff feel they can challenge their peers and supervisors, express opinions in staff meetings, will not be blamed for problems, and have clear guidelines for managing aggressive clients.

Staff became aware that the extent and nature of their own communication was integral to the creation of a safe treatment setting. Similarly, a more psychologically and socially safe environment encouraged staff to openly share their ideas, opinions, frustrations, and mistakes. There was a general observation that the quality of team meetings and case conferences had improved with more active involvement and communication of all staff, and that these meetings provided a forum for practicing how to deal with program issues in non-hierarchical and more complex ways.

Another study (McSparren 2007) measured changes in attitudes from staff at different agencies—those implementing the Sanctuary model and those who were not—and found that staff members in the Sanctuary agencies reported statistically more positive differences in their organizational culture than the staff members of non-Sanctuary

agencies. In short, the study found support for the use of the Sanctuary Model in positively impacting the culture of the workplace.

Success in creating Sanctuary in an organization depends on the development of a trauma-informed culture and a nonviolent, community-oriented environment. The examination of Sanctuary implementation must include looking at how the community members perceive their environment. Thus, one question becomes: do the members of the community perceive the environment as a safer and healthier place to work? One way to examine this is to look at staff turnover.

A detailed analysis of staff turnover found decreases in the number of direct care staff leaving their facility following training in the Sanctuary model. These results suggest that the staff began to see their facilities as places where they wanted to continue to work at. This may be due to the feeling that their workplaces were safer and more healing places. This is particularly important for direct care workers—individuals who are exposed most directly to the clients' trauma—who, after their training in Sanctuary, may better understand clients' behavior, and feel more equipped to manage it.

Another means of examining organizational culture change, as impacted by Sanctuary model implementation, is to measure whether community members perceive the climate of the organization as changing and developing in a more trauma-informed manner. Within a 12-month period, staff members saw statistically significant changes in how well members of their community were working towards creating a trauma-informed organization. This finding has two important implications. First, the findings indicate a greater awareness and monitoring by staff members of actions related to trauma-informed care. Second, and more importantly, staff members acknowledged that their organizational community (including administrators, managers and peers) was truly working toward making the Sanctuary model a reality at their facility and therefore creating a trauma-informed culture that is better able to serve clients and provide for the needs of its staff.

Ongoing Evaluation

Examination of the Sanctuary Model and its impact on the care and treatment of clients, the staff members who provide that care, and the larger organizational climate continues. Currently, Sanctuary trained facilities throughout the world are conducting individual and collaborative evaluations of this trauma-informed model. Of particular note are research endeavors being conducted at statewide levels. These projects involve state governmental agencies, leading academic institutions and the Sanctuary Institute of the Andrus Children's Center. Now underway through Stonybrook University and the Office of Child and Family Services, State of New York is a study to evaluate the implementation of the Sanctuary Model in a number of voluntary and juvenile justice residential programs for children in New York. Also underway through the University of Pittsburgh and the Department of Public Welfare, Commonwealth of Pennsylvania, is an evaluation of Sanctuary implementation in voluntary and juvenile justice programs for children. Consistent with the Sanctuary Model–these organizations and endeavors embody the commitments of 'Creating a Culture of Inquiry and Social Learning,' 'Social Responsibility' and 'Growth and Change' in their efforts to ask the important questions, report them in a responsible manner and continue the growth of this model.