Sanctuary Overview

February 2019

Orchard Place Sanctuary Overview Table of Contents

If you have questions about the Sanctuary Model or how Sanctuary impacts you, your clients or the services you provide, please contact your supervisor or a member of the Sanctuary Core Team. Additional Sanctuary materials are available in the Sanctuary folder on the Orchard Place Sharepoint site.

1. A BRIEF INTRODUCTION TO SANCTUARY

1.1. What is The Sanctuary Model?

The Sanctuary Model is an organizational and treatment intervention based on the principles of trauma theory. Sanctuary provides us with guiding principles and specific tools to address the ways in which trauma, adversity and chronic stress influence individuals as well as the whole organization.

Dr. Sandra Bloom and her colleagues developed The Sanctuary Model for traumatized adults in an inpatient hospital setting, and it has been adapted for child and adolescent residential treatment, school, group homes, foster care, juvenile justice, outpatient and community based settings.

The Sanctuary Model guides leaders, staff, children and families to share the same values and language. The Sanctuary Model is first and foremost a guide for creating a safe and nonviolent environment for the clients in our care and the staff that work in the organization.

1.2. Why We Use Sanctuary

Sanctuary is based on an understanding of trauma and how it affects individuals as well as whole systems or organizations. Most children who come for treatment in our settings have experienced trauma and can benefit from trauma-informed care. We believe working with traumatized clients is very stressful and can lead to agencies becoming "trauma-organized". Sanctuary helps to mitigate the harmful effects trauma has on individuals and the organization.

1.3. A Change in Perspective

The Sanctuary Model is a treatment and organizational model that is based on understanding trauma and its impact on individuals and organizations. The Sanctuary Model is a continuous process that creates a healthy, therapeutic environment for our clients, as well as a healthy, therapeutic working environment for staff and parents. It is very important to understand that although there are specific concrete tools used in the Sanctuary Model, it is a continuously evolving process. It challenges each individual to examine old models of thinking, behavior management, conflict resolution, and crisis intervention and begin to develop a trauma-informed view and approach to working with traumatized children. Below are some examples of the differences in beliefs between traditional models and the trauma informed Sanctuary Model.

Traditional		*Sanctuary*
Children are sick, others are just bad		Children are injured, but capable of recovery
Unlike other children, these kids cannot handle stress		These children have had normal reactions to abnormal stress
The proper focus is on treating symptoms – interpreting them is less important		Symptoms can tell us a great deal about the child's injuries
One never argues with the boss – his/her word is law		Organization is democratic
Children are helpless and powerless		Children are capable of acting responsibly
Institutional responsibility is to protect society from these damaged children		Together, with the staff and children, the organizational function is to create a "living learning environment"
The most important part of treatment is individual therapy		Everything is therapy and every experience a child has can be important in their recovery
Treatment decisions are made by a select few who are the experts		We do true multidisciplinary team work regularly
Physical safety is paramount – seclusion, restraint, and coercion is acceptable		Paying attention to psychological, social and moral safety prevents violence
Violence is accepted as a routine part of the work		Violence is the exception to the rule of non-violence
Children's problems are largely viewed as biological or genetic		Children's problems viewed as complex related to trauma and attachment problems
Emotional control is essential for an orderly environment		Learning to manage emotions is more important than controlling them

1.4. Introduction to the Four Pillars

The Sanctuary Model is organized around the four pillars: Trauma Theory, S.E.L.F. Model, Seven Commitments and Sanctuary Toolkit. These four pillars provide the shared knowledge, values, language and practice required to create a Sanctuary community.

2. PILLAR 1 – TRAUMA THEORY

2.1. Trauma and the Individual

2.1.1. Trauma Theory/Psychobiology

Traumatization occurs when both internal and external resources are inadequate to cope with external threat. This definition takes into consideration that it is not only the experience that defines something as traumatizing, but also the person's individual ability to cope with the experience that determines whether or not it is traumatic. External resources, like someone's family, friends or staff members, can prevent someone from experiencing the full impact of a traumatic experience.

Research completed in the 1990s by Drs. Felitti and Anda looked at the relationship between adverse childhood experiences (ACEs) and later health outcomes in adults. The study found that traumatic experiences in childhood have a strong relationship with poor physical, mental and social health in adulthood. It also demonstrated how pervasive early childhood adversity is and how widespread exposure to trauma and adversity is in our society.

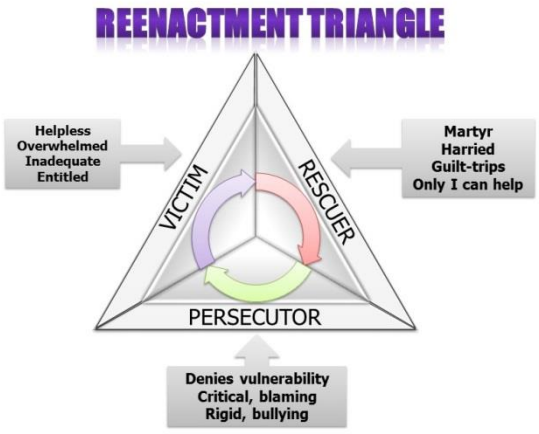
Repeated exposure to trauma can lead to disrupted attachment and serious behavior dysfunction. Exposure to trauma in early childhood has long lasting effects because it alters the course of the child's normal development and therefore can change the structure of the brain. Human brains are incredibly malleable—experiences shape the brain's development even more than genetics, meaning that trauma can change the brain's structure while it is still growing. When a child is exposed to chronic stress or continued crisis, the brain is flooded with stress hormones, creating a state of "chronic hyperarousal", a change in the central nervous system that the child cannot control.

In this state of chronic hyperarousal, the brain and body react by relying on their most basic survival skills. Unfortunately these survival skills seem out of context for the situations and can result in what appears to be very dysfunctional behavior. These changes in the brain can result in a number of symptoms such as a sense of helplessness, substance abuse, violence and aggression, self-harm, risk taking, impaired parenting or dissociation (dividing awareness and doing one thing automatically while focusing attention on something else).

2.1.2. Traumatic Reenactment

Human beings reenact their past constantly. Those of us who have chosen the human services field have usually chosen this work because of some relationship or experience that taught us this value. We try to recreate these relationships and experiences in our current lives with whoever is around us: our spouses, friends, children, etc. The desire to create familiarity is perfectly normal and healthy, except when what is familiar is danger and violence. Traumatizing experiences can become the norm for our clients; trauma is what they know. In their desire to recreate what they know, traumatized children tend to pull people in their lives into reenactments of their traumatic experiences. This is called traumatic re-enactment and usually involves three roles: the victim, the perpetrator, and the rescuer. Although in their histories most of the children were in the victim role in their traumatic experiences, they may not take on that role in their reenactments; roles may often change during the reenactment process.

Because we are all human, our clients are not the only ones who are vulnerable to falling into reenactments. As staff members, we are vulnerable as well. In order to avoid falling into reenactments, we need to be aware of our own instinctive reactions and know what our own triggers are.



It is critical that you remain aware of the roles that are being played out in a traumatic re-enactment, which almost always surface during crisis situations. Bringing awareness to the traumatic reenactment, and the roles of the participants in the moment, is an effective method for reducing the number of traumatic reenactments.

2.1.3. Vicarious Trauma and Self Care

Vicarious trauma is defined as the transformative effect on staff working with survivors of traumatic life events, both positive and negative. It can also be known as compassion fatigue, burnout, secondary trauma, indirect trauma, etc.

It is important to realize that our staff are secondary witnesses to trauma. As they listen to children tell about their trauma of incest, domestic violence, alcoholic families or memories of childhood abuse, our staff bear witness to their victimization. Our staff listens, supports and validates our children's feelings and their experiences. In listening, our staff offers our children the opportunity to let go of some of their pain and by doing so, our staff can't help but take in some of that emotional pain. By the end of the day our staff has collected bits and pieces of accounts of trauma. As a result of helping others, our staff has become a witness to the trauma experienced by the children we serve. Staff create and utilize a Self-Care Plan to proactively take care of themselves in order to mitigate harmful effects of these secondary trauma experiences. Self-Care plans are further explained in the Sanctuary Toolbox section.

2.1.3.1. Symptoms of Vicarious Trauma

In bearing witness to our children's pain and suffering, the following symptoms could result in our staff:

No time; no energy
Disconnection
Social withdrawal
Sensitivity to violence
Cynicism
Despair and hopelessness
Nightmares
Changes in identity, worldview, spirituality
Disrupted frame of reference
Diminished self-efficiency
Impaired ego resources
Disrupted schemas
Alterations in sensory experiences

2.1.3.2. Vicarious Trauma Causes: Macro vs. Micro

Macro causes:

Biological – What makes us good workers also makes us more vulnerable: empathy, emotional reactivity, ease in connecting emotionally to others, tendency to mimic the facial expressions of others.

Psychological – Exposure to the harsh and painful realities of others can shatter beliefs about fairness and justness in the world.

Social – Victim blaming, avoiding victims and shutting down when dealing with painful issues.

Organizational – Lack of supervision and support along with high caseloads and low pay.

Moral – With professions such as ours, care is compromised by the limited amount and quality of time we can effectively treat our children.

Micro causes:

Individual factors also play a key role in whether a staff member will more likely experience Vicarious Trauma:

Past history / experience of trauma
Workload
Poor respect for boundaries
High caseload of trauma survivors
High exposure to victims of trauma
High number of negative clinical outcomes

2.1.3.3. How Do We Protect Those Helping Others?

For persons working with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge that this work will affect you. Other protective measures to assist against vicarious trauma are:

Awareness of the potential impact of vicarious trauma
Strong ethical principle of practice
On-going training
Resolution of one's personal issues
Increased supervision and consultation
Competence in practice strategies
Good physical, emotional, social & spiritual self-care
Effective, open communication
Clearly communicated organizational support

The stress or symptoms may be manageable to a point, but if they persist without help, they can lead to what is often referred to as "burnout" among staff working with survivors of traumatic life events.

2.1.3.4. Vicarious Trauma Summary

We must find a healthy balance to cope with the effects of vicarious trauma in our personal and professional lives. We must also take care to avoid the repeated invasion of trauma into our lives and recognize the

warning signs when our work is consuming our thoughts, our workday and our personal lives.

We must first take care of ourselves. In going forward with Sanctuary, it is very important to recognize trauma both as it relates to children and the staff that work with them on a daily basis. We need to provide staff with the necessary tools to allow for the best treatment for the children and allow for our staff to work within an environment which will not be detrimental to their health.

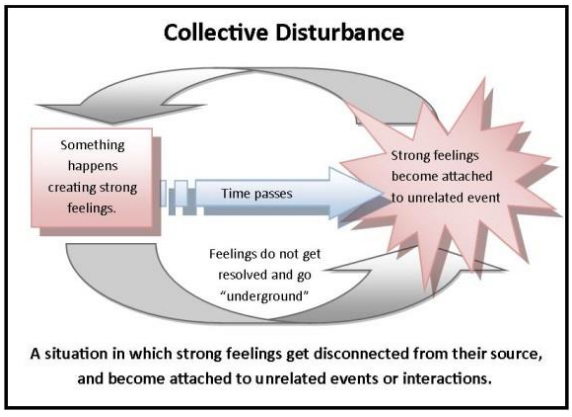
2.2. Trauma and the Organization

2.2.1. Parallel Process and Collective Disturbance

Our organization is a living, growing, changing system with its own unique biology. It is as susceptible to stress, strain and trauma as the individuals who live and work in the organization. The concept of parallel process asserts that the level of safety, stress, and trauma at the highest levels of the organization can directly reflect the level of safety, stress, and trauma at the level of the individual programs.

A collective disturbance is a manifestation of the parallel process. A collective disturbance is a situation where a strong emotion becomes disconnected from its original source and becomes attached to unrelated events or interactions. Essentially, a collective disturbance will arise when an individual or group of people have a strong feeling about something but do not connect the feeling to the original cause.

Because individuals cannot or will not connect the feeling to the original source, these feelings become connected to other events or interactions and everyone starts blaming various reasons or causes. People lose sight of the real cause and become frustrated and upset with each other.



Individuals will be stuck in the collective disturbance until the feeling becomes connected with the original cause. Once the right connection is made and

people's feelings are made clear, people can move on. Frequently, a collective disturbance occurs when people have negative feelings towards those in power but feel unable to express those feelings.

2.2.2. What Parallel Process and Collective Disturbance Looks Like

Clients	Staff	Organization
Feel Unsafe	Feel Unsafe	Is Unsafe
Angry/aggressive	Angry/aggressive	Punitive
Helpless	Helpless	Stuck
Hopeless	Hopeless	Missionless
Hyperaroused	Hyperaroused	Crisis Driven
Fragmented	Fragmented	Fragmented
Overwhelmed	Overwhelmed	Overwhelmed

2.2.3. What To Do About Parallel Process and Collective Disturbance

As a staff member, if you feel that your community is experiencing parallel process, the beginning of the solution is to determine the "problem behind the problem". It is imperative the individual, team, and leadership work together in identifying the underlying issues through the S.E.L.F. model analysis. Speaking with co-workers, supervisors, and leaders within the organization and asking for help is the first step to healing the collective disturbance.

3. PILLAR 2 – S.E.L.F MODEL

S – Safety: physical – safe from physical harm; psychological – safe with yourself; social – safe with others; and moral – safe and consistent with your conscience, beliefs and values

E – Emotions: giving words to feelings; neither suppressing or expressing, but managing; trading in actions for words

L – Loss: grieving, saying goodbye, moving on and refraining from reenactment

F – Future: how can things get better? making better/different choices, vision/imagination

The S.E.L.F. model is one of the many tools in creating Sanctuary in an organization. The S.E.L.F. model works as a way of structuring our treatment and interventions. In addition, S.E.L.F. creates a common language among staff, clients, and other caregivers to help with communication and create a mutual understanding.

Safety means physical safety, emotional safety, social safety, and moral safety. Safety is the foundation of healing.

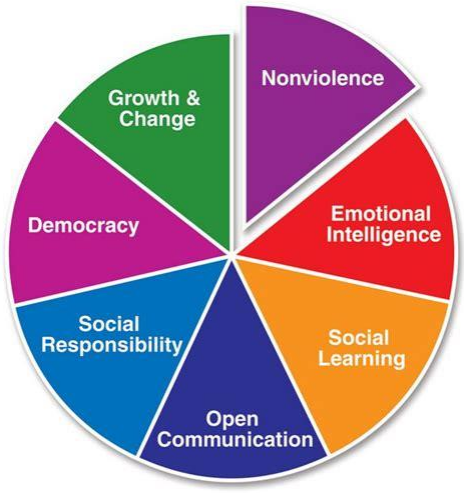
Managing emotions helps us to handle our feelings in a way that doesn't hurt ourselves or others. Many youth struggle to learn how they feel and what is causing them to feel that way, and how to handle their feelings safely.

Loss creates change, and it is important to learn how to cope with change and the feelings that go with it. Understanding loss allows individuals to acknowledge and grieve painful things in a safe way so the individual does not get stuck in the past. When an individual understands the loss and the feelings that go with it, that person can move to a healthy future.

Future is the belief that things can change and get better. Individuals have control over their destiny and can make their own choices rather than being stuck, feeling they can only make bad choices or continually repeat old patterns of decision making.

4. PILLAR 3 – THE SEVEN COMMITMENTS

Sanctuary Model aims to guide our organization in the development of a culture with seven dominant characteristics, all of which serve goals that are related to trauma resolution. We call our shared values Commitments because everyone in every part of the agency is expected to practice these Seven Commitments:



Commitment to Non-Violence: Living safely outside (physical), inside (emotional), with others (social), and doing the right thing (moral)
Commitment to Emotional Intelligence: Managing our feelings so that we don't hurt ourselves or others
Commitment to Social Learning: Respecting and sharing the ideas of our peers and teams
Commitment to Democracy: Shared decision making among clients and staff
Commitment to Open Communication: Saying what we mean, but not being mean when we say it
Commitment to Social Responsibility: Together we accomplish more; everyone makes a contribution to the organizational culture
Commitment to Growth and Change: Creating hope for our clients and ourselves

5. PILLAR 4 – THE SANCTUARY TOOLBOX

The Sanctuary Model has a "toolbox" to help us in achieving our goal of creating Sanctuary for the children in our care, their families, and our staff members.

5.1. Community Meetings

Community meetings reflect almost every value of the Sanctuary Model. The meeting reflects the first step of trauma recovery by creating safety in the group. All individuals present in the community, including staff and other organization members, participate in the meetings. All participants answer the following three questions:

How Are You Feeling? We ask this question to assist and encourage feelings identification and transfer feelings into words, as well as to support the importance of recognizing and managing emotions. We increase emotional intelligence by learning new words for feelings. Knowing the emotional climate of a group can help us feel safe. This is not a meeting to process, explain or justify the feeling; it is for identification purposes only. This part of the meeting is one sentence: "I feel _____."

What is Your Goal for the Day? The Sanctuary Model promotes self-recovery. The purpose of this question is to help focus on the future (remembering that many people who experience trauma get stuck in the past or can't envision a future). This question bridges the present to the future. Goals create structure and cognitive focus, help everyone stay on track and provide us with a purpose. Goal setting implies hope and a sense of being able to master or accomplish something, linking to self-esteem.

Who Can You Ask for Help? We ask this question to build relationships among community members and help foster a sense of community. Whenever possible, we should ask for help from a member in the room. Some people may indicate they will receive help from an inanimate object (i.e. "my computer/telephone will help me with that…"). This will not serve the purpose of building relationships among community members. It can be beneficial to reframe the question "if I run into a problem with meeting my goal, who will I ask for help?"

5.2. Safety Plans

A safety plan is a list of activities a person can choose when feeling overwhelmed so she/he can avoid engaging in unsafe behavior. Children and staff should carry their safety plan cards with them throughout the day and refer to them when necessary. With the staff's help, children make their own safety plans, a list of steps one can take when feeling overwhelmed or when symptoms are particularly distressing.

The safety plan is a small card that has 4 to 5 blank lines on it where a child or staff can write any suggestions for ways to keep them safe. These cards can be confidential, but

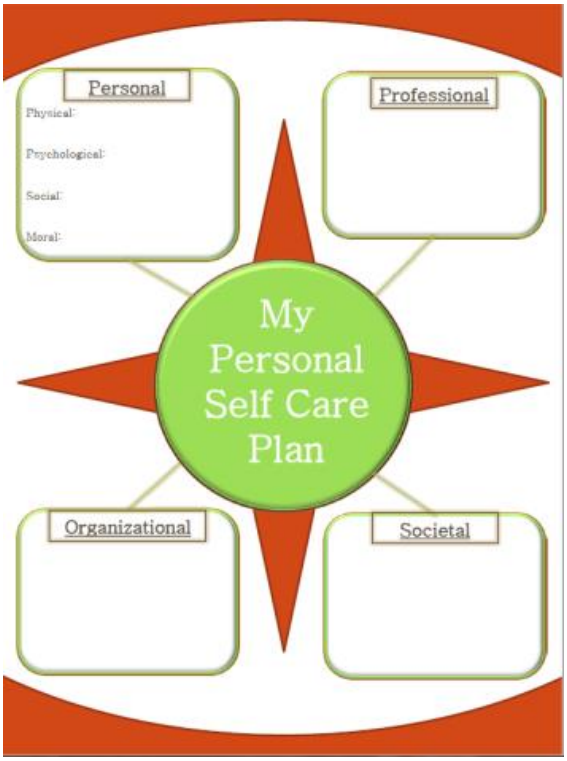
all are encouraged to share their safety plans with others who can help them. The following are examples of safety plan activities:

Take a deep breath	*Use positive self-talk*
Take a walk	*Think about being in a safe place*
Talk to a friend	*Listen to music*
Leave the room	*Write or draw*

Safety plans are a simple, but very effective way of keeping alive the message to children that our goal is to keep them and ourselves safe.

5.3. Self-Care Plans

Self-care plans are different from safety plans in that they are to be practiced regularly and proactively rather than as an in-the-moment intervention. Below are the components to self-care plans. Not every category will be applicable and not all suggestions will be feasible. When creating a self-care plan, staff should think outside the box and include only items that will work for them.



Personal

Physical - In order to maintain physical health, a Self-Care Plan might include some of the following:

- Physical activity, such as exercise, dance, or strenuous manual labor.
- Reconnection with one's body through massage or yoga.
- Maintaining a high-energy level through proper diet, sleep and exercise.

Psychological - Psychological care is essential to self-care and may include the following:

- Therapy for personal issues and past traumas.
- Using self-soothing capacities in a positive manner.
- A balance of work, play and rest.
- Engagement in practices that renew a sense of identity.

- Engagement in creative endeavors, such as journaling.
- Playing and laughing.

Social - In planning for personal social self-care, identify personal and social resources and supports and then plan strategies for their use. Some suggestions might include the following:

- Engaging in social activities outside of work.
- Garnering emotional support from colleagues.
- Garnering emotional support from family and friends.
- Spending time with children and pets.

Moral - The following are some suggestions for moral care:

- Adopt a philosophical or religious outlook.
- Do not take responsibility for the client's healing but rather act as a guide, coach or mentor.
- Clarify a sense of meaning a purpose in life.
- Develop a spiritual side as a grounding tool.
- Develop social activism skills.

Professional

Maintaining a healthy balance professionally involves both education and awareness:

- Become knowledgeable about the effects of trauma on self and others.
- Join a supervision/study group.
- Take breaks during the workday.
- Have hope in the ability of people to change, heal and grow.
- Practice mindfulness and awareness by acknowledging mistakes.
- Maintain collegial on-the-job support, limiting the sense of isolation.
- Understand the dynamics of traumatic re-enactment.

Societal

- General public and professional education about PTSD and secondary traumatic stress
- Find a mission – become politically and socially engaged.
- Community involvement
- Legislative reform/political action
- Social action
- Share and transform suffering through the use of the arts

Organizational/Work Setting

- Accept stressors as real and legitimate, impacting individuals and group-as-a-whole
- Work in a team
- Alter physical setting to be more secure, safe and soothing
- Obtain supervisory/management support
- Maximize collegiality
- The general approach to the problem is to seek solutions, not assign blame

5.4. Psychoeducation Groups

Psychoeducational groups are a key tenet of the Sanctuary Model. The group curriculum teaches youth why their past experiences affects the way they act in the present. Many youth have a hard time making sense of their current experiences, and once they are able to name and identify these experiences, then they can gain control of their own recovery. Although groups are therapeutic, the purpose is education.

The groups are divided into topics that include trauma theory, an overview of S.E.L.F., safety, emotional management, loss, and future.

5.5. Team Meetings

Team meetings happen regularly and give team members the opportunity to discuss client issues, new initiatives or events on the horizon, or staff concerns. The team meeting begins with a community meeting and should provide a safe place for staff to talk and listen, share insights and generate new ideas.

5.6. Red Flag Meetings

Red flag meetings are called to address critical incidents or identify possible collective disturbances. The following are examples that may trigger a red flag meeting: AWOLS, physical holds, increased aggression, injury, or a client/staff/family complaint. Anyone can call a red flag meeting and must choose a time and communicate it to those who should be in attendance. It may be appropriate to invite people who are not regularly part of the team to get a fresh perspective. Red flag meetings are short meetings that focus on coming up with solutions (rather than focusing on describing the problem).

5.7. Treatment Planning Conferences

Treatment planning conferences provide an opportunity for staff, clients and families to reflect on the therapeutic, academic, social and behavioral work that has been done. It is also an opportunity to discuss progress that has been made and further work to be done. Because it is the primary time the whole team has a chance to give and get feedback from the child, family, other treatment team members, partners or service providers, it is essential that the meeting itself be structured. The structure utilized in the treatment planning conferences is the S.E.L.F. model.

5.8. Professional Quality of Life Scale

The Professional Quality of Life Scale is an instrument to measure compassion fatigue or burnouts as well as satisfaction and secondary trauma. This tool is important as a gauge of how we are doing individually in regard to our experience of our work, especially in light of what we know about the effects of trauma and the extent to which many of us have been exposed.

6. CLARIFYING THE MYTHS AND MISPERCEPTIONS OF SANCTUARY

As with any model, there are myths, or mistaken beliefs, about Sanctuary. Some of these myths, and clarifying principles, are:

6.1. Unsafe vs. Uncomfortable

"Unsafe" means our basic needs as an employee are jeopardized such as a threat of losing our job without cause, feeling threatened physically, emotionally, socially, or morally.

"Unsafe" does not mean discussing or participating in typical daily conflict resolution, differences of opinion, or uncomfortable situations. It is the responsibility of all employees to participate in difficult discussions without shutting down, being passive-aggressive, or not fostering healthy communication.

To use the phrase "I do not feel safe" when one really means "I feel uncomfortable" is a misuse of Sanctuary.

6.2. Question vs. Challenge

Questioning authority means we all have the responsibility to respectfully question why a particular decision was made.

Questioning authority does not mean disrespectfully challenging directives, ignoring directives, or being insubordinate to supervisors or staff. Once a response is given regarding the question, employees and clients must be responsible enough to acknowledge the decision.

6.3. Accountability vs. Repercussions

Accountability means all employees and clients are responsible to every other person they encounter and the role they play within the organization. Whenever someone voices a concern, they must also assume the social responsibility of participating in the resolution of the issue.

6.4. Open Communication vs. Saying Anything Without Recourse

Open communication means all staff have the responsibility to communicate with our supervisors and our supervisors have the responsibility to keep us in the communication loop.

Open communication does not mean we can say anything we want when we want to. This also means no gossip or "meeting after the meeting". Whenever someone voices a concern, it is their responsibility to then take part in the resolution process.

6.5. Shared Governance vs. Equal Authority

Democracy means staff and clients share responsibility to participate in the decision making processes most appropriate for their group.

Democracy does not mean we all have decision making power in every decision or that all participants have equal authority in the decision making process.

6.6. Sanctuary Does Not Allow For Rules or Consequences

Clients and employees cannot do whatever they want. There are rules and consequences, but both should be aimed at restoring community and building broken trust, rather than punitive measures.

7. SANCTUARY OUTCOMES

With a commitment to Sanctuary, administration, staff, clients, and partners will experience the benefits of a trauma informed environment. Some of the indicators that will be apparent in the environment are:

- Less violence, including physical, verbal and emotional forms of violence.
- Systematic understanding of complex bio-psychosocial and developmental impact of trauma and abuse.
- Less victim-blaming, less punitive and judgmental responses.
- Clearer, more consistent boundaries, higher expectations, linked rights and responsibilities.
- Earlier identification of and confrontation with perpetrator behavior.
- Improved ability to articulate goals and create strategies for change.
- Greater understanding of and reduced re-enactment behavior, and resistance to change.
- More dramatic processes at all levels, including organizational structure.
- Reduced physical restraints.
- Reduced AWOLS.
- Reduced staff turnover.
- Increased knowledge of trauma.
- Increased knowledge of conflict management.
- Increased level of staff-child-family-organization teamwork.