

# The Sanctuary Model of Care

Bethany Christian Services  
Refugee and Immigrant Services



## Four Pillars of the Sanctuary Model of Care

- I. Trauma Theory
- II. SELF
- III. 7 Commitments
- IV. Sanctuary Tool Box

*If you want deeply rooted change, you  
need to apply deeply rooted methods.*

J. Goldstein, 1994  
*The Unshackled Organization*



## THE SANCTUARY MODEL



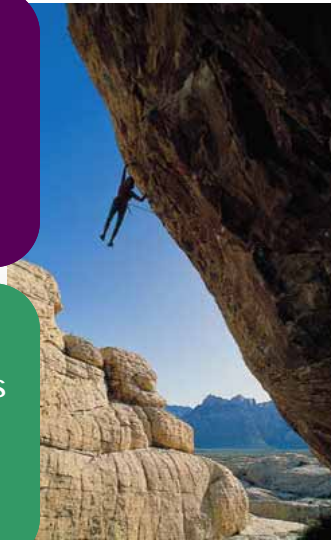
Provides a basic blueprint for developing trauma-informed, therapeutic communities that promote recovery.



## BASIC BELIEFS OF THE SANCTUARY MODEL

A belief that adversity is an inherent part of human life, and that many of the behaviors that lead clients to care are directly related to those experiences – and that people and groups of people can heal from those experiences

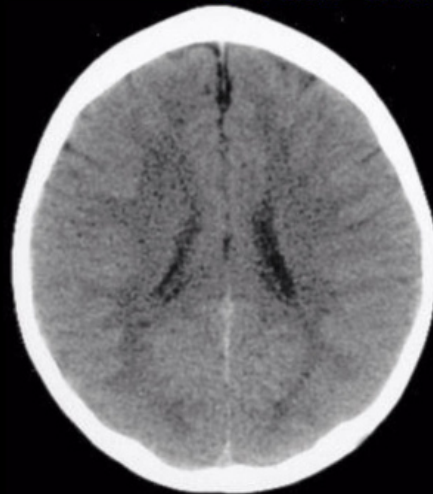
A perspective that asks: “what’s happened to you?” rather than “what’s wrong with you?” when organizing goals and assessing strengths and challenges



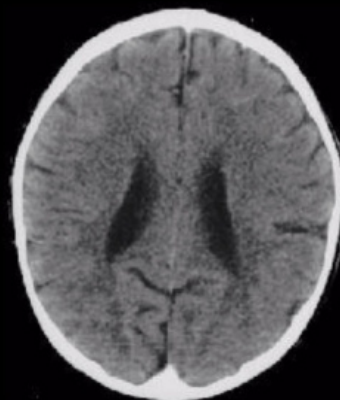
## ORGANIZATIONS AS CULTURES



### 3 Year Old Children



Normal



Extreme Neglect

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"The lizard brain is hungry, scared, and angry.

The lizard brain only wants to eat and be safe.

The lizard brain will fight (to the death) if it has to, but would rather run away. It likes a vendetta and has no trouble getting angry.

The lizard brain cares what everyone else thinks, because status in the tribe is essential to its survival.

A squirrel runs around looking for nuts, hiding from foxes, listening for predators, and watching for other squirrels. The squirrel does this because that's all it can do. All the squirrel has is a lizard brain.

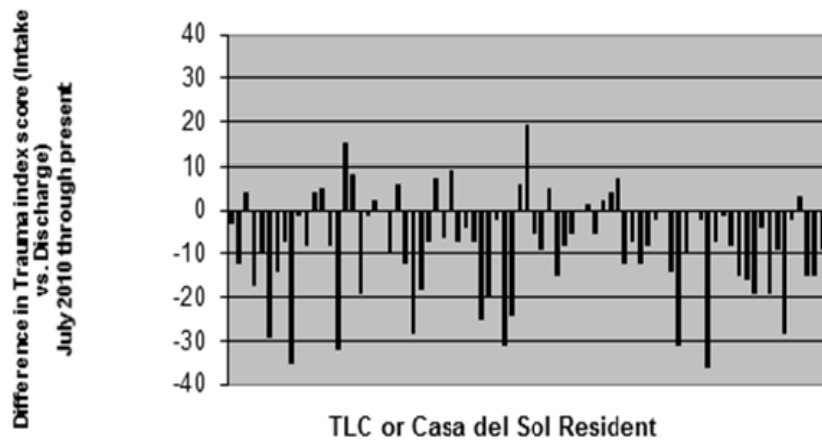
The only correct answer to 'Why did the chicken cross the road?' is 'Because its lizard brain told it to.' Wild animals are wild because the only brain they possess is a lizard brain.

The lizard brain is not merely a concept. It's real, and it's living on the top of your spine, fighting for your survival. But, of course, survival and success are not the same thing.

The lizard brain is the reason you're afraid, the reason you don't do all the art you can, the reason you don't ship when you can. The lizard brain is the source of the resistance."

– [Seth Godin, \*Linchpin: Are You Indispensable?\*](#)

### UCLA Trauma Index Comparison



## TRAUMA IS THE CENTRAL PROBLEM

*Many providers assume that abuse experiences are additional problems for the person, rather than THE central problem...*

*Dr. Gordon Hodas, 2004*

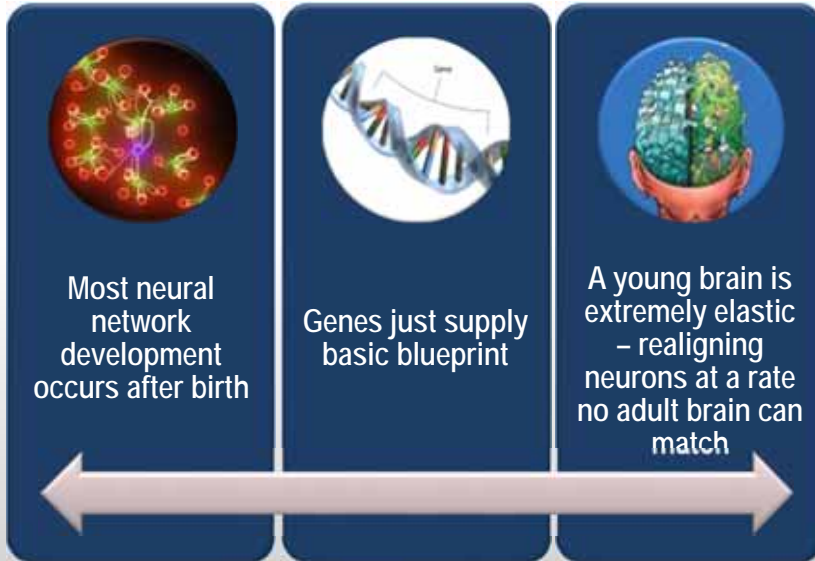
*"Responding to Childhood Trauma: The Promise and Practice of Trauma Informed Care by Dr. Gordon Hodas. Pennsylvania Office of Mental Health and Substance Abuse Services*

CHILDHOOD ADVERSITY AND OTHER  
FORMS OF TRAUMA ARE TO THE HUMAN  
OPERATING SYSTEM....

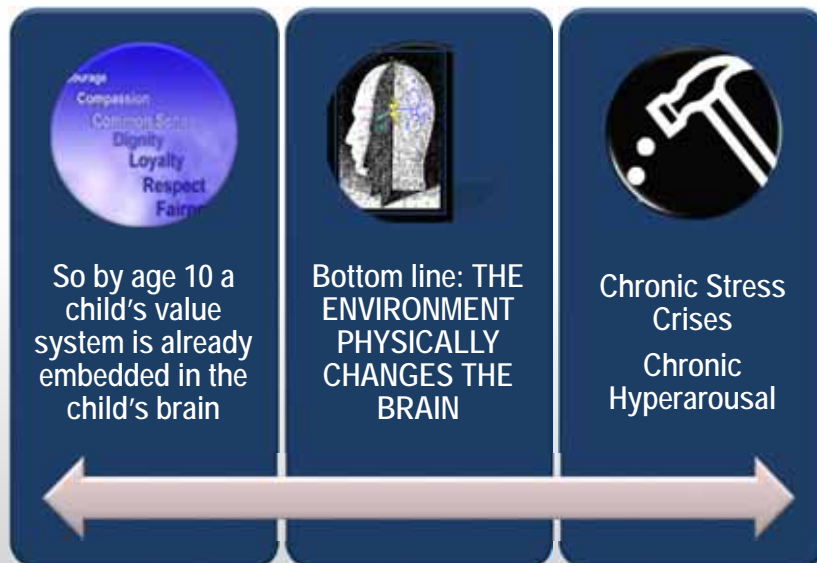


WHAT VIRUSES ARE TO THE COMPUTER  
BRAIN

## TRAUMA ALTERS THE WAY THE BRAIN WORKS



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## POOR EMOTIONAL MANAGEMENT LEADS TO:



## DISSOCIATION



Disruption in the normal integration of thoughts, feelings, memories, identity

Normal life process – autopilot; Very efficient – let's us do two things at once

Important response to trauma

State of shock – buffers and protects central nervous system

Prevents death from overwhelming feelings

Amnesia

Prolonged "shock" : Emotional numbing

In extreme cases beginning in childhood – splits in personality

## TRAUMA ALTERS THE WAY THE BRAIN WORKS



## THE RELATIONSHIP OF ADVERSE CHILDHOOD EXPERIENCES TO ADULT HEALTH STATUS

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.  
Robert F. Anda, M.D.

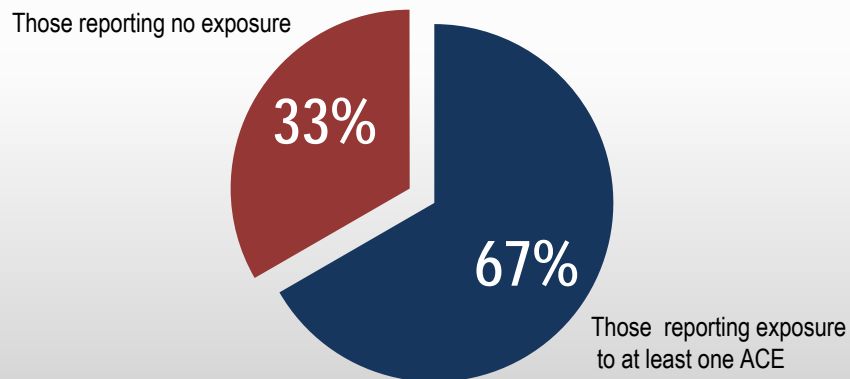


### CHILDHOOD ADVERSITY BY CATEGORIES (18 years or younger)

| <i>Abuse</i>               | <i>Household</i>            |
|----------------------------|-----------------------------|
| Psychological (by parents) | Substance Abuse             |
| Physical (by parents)      | Mental Illness              |
| Sexual (anyone)            | Parental separation/divorce |
| Emotional neglect          | Mother Treated Violently    |
| Physical neglect           | Imprisoned Household Member |



### PERCENT OF PARTICIPANTS EXPOSED TO AT LEAST ONE ADVERSE CHILDHOOD EXPERIENCE



## ADVERSE CHILDHOOD EXPERIENCES (ACE STUDY)

Two Thirds

*of the participants had at least  
one adverse childhood event.*

*With such a large sample size,  
we might extrapolate...*

## ACE SCORE

These numbers may suggest that 2/3 of the U.S. population may have been exposed to at least one adverse childhood experience!

These numbers may suggest that 2/3 of the people who come to us for services may have been exposed to at least one adverse childhood experience!

## ACE Study

Strong, graded relation to childhood adversity in childhood:

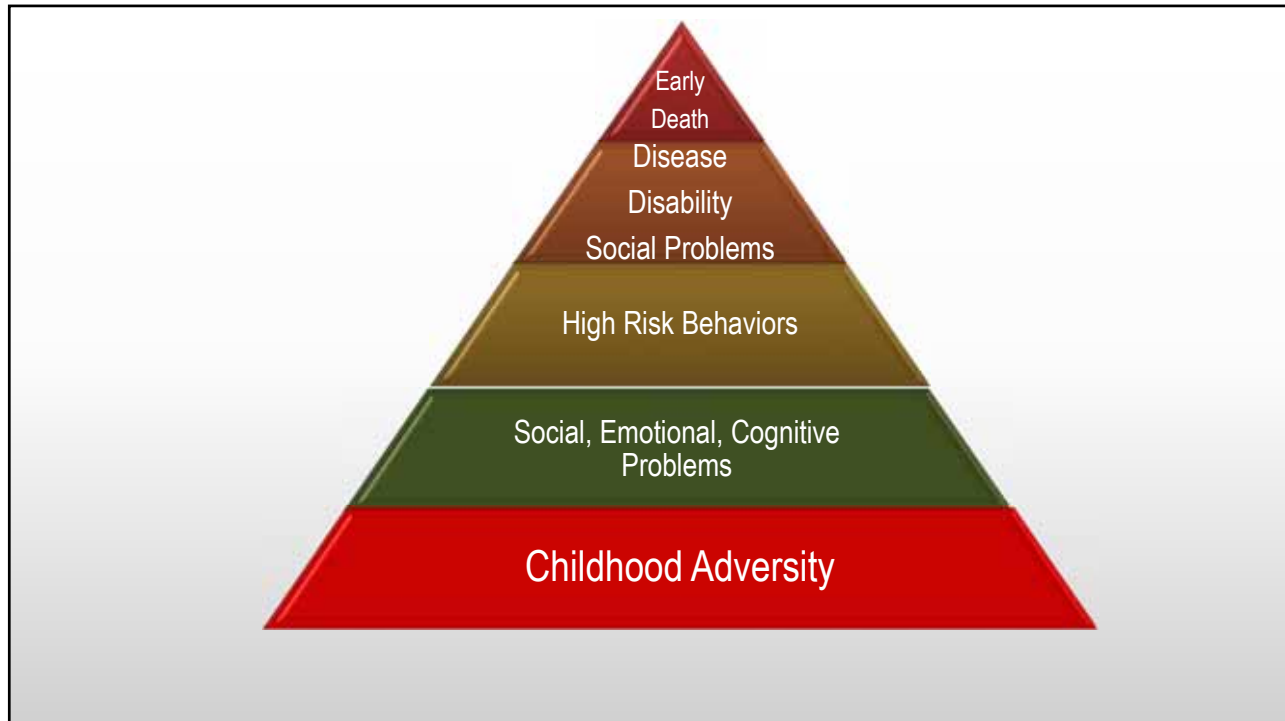
|                       |                              |
|-----------------------|------------------------------|
| Smoking               | Attempted suicide            |
| COPD                  | Revictimization              |
| Heart Disease         | Teen pregnancy               |
| Diabetes              | Fractures                    |
| Obesity               | Promiscuity                  |
| Hepatitis             | Sexually transmitted disease |
| Alcoholism            | Poor job performance         |
| Other substance abuse | Poor self-rated health       |
| Depression            | Violent relationships        |

## ACES & INTERPERSONAL VIOLENCE

As the number of ACE increases the number of co-occurring or “co-morbid” conditions increases.

As the number of violent experiences increases, the risks of victimization among women and perpetration by men also increase by about 60% to 70%.

As the ACEs score increases the likelihood of revictimization – of being raped, of being assaulted - increases steadily



| Out of 350 people working in social services |     |
|--|-----|
| Psychological abuse (Parents)                | 37% |
| Physical abuse (parents)                     | 29% |
| Sexually abused                              | 25% |
| Emotional neglect                            | 35% |
| Physical neglect                             | 12% |
| Substance abuser in household                | 40% |
| Separated from one/both parents              | 41% |
| Witnessed DV                                 | 21% |
| Imprisoned household member                  | 10% |

*It's Not Just the Clients*

## WHAT IS A COLLECTIVE DISTURBANCE?

### Collective Disturbance

- a situation in which strong feelings get disconnected from their source, and become attached to unrelated events or interactions.

## WE SEE THIS IN THE INDIVIDUALS:

Bob is berated at work for turning in a project late.



When he comes home, his spouse asks if he remembered to pick up the dry cleaning.



He had forgotten and responds by yelling, "You are always so critical!"

## WHAT HAPPENED?



His emotional response of anger and embarrassment was played out with his spouse.

## WHAT MIGHT HAVE HAPPENED WHEN THE KIDS CAME HOME?

His spouse has now had this experience of being yelled at and called critical.

She nor her husband really understand that this is about his feelings of shame at work.

If she doesn't manage her emotions, she may act out her feelings on the next person in the room.



## COLLECTIVE DISTURBANCE



When a whole system (classroom, unit, program, organization) begins to act on the unconscious feelings of the group

## SYMPTOMS OF COLLECTIVE DISTURBANCE

People feel generally disgruntled...

Are frustrated with each other...treat each other badly...

Make "stupid" mistakes... .. blame clients...

Forget to pass on information or messages... miss meetings

Ignore "little" rules and procedures...

## AN EXAMPLE ON THE SYSTEM LEVEL:

Leaders learn their program is closing.

They tell the staff but ask them to simply do business as usual until closing.

They continue to do their best to work with the clients and support their staff.

## AN EXAMPLE ON THE SYSTEM LEVEL:

Three weeks later – staff meeting is a disaster.

Staff think the clients are worst ever – feel hopeless.

Client self harm behavior and incidents of aggression have spiked.

## AN EXAMPLE ON THE SYSTEM LEVEL:

A team member raises the idea that their feelings about the clients might have something to do with their feelings about the unit closing (Parallel Process)...

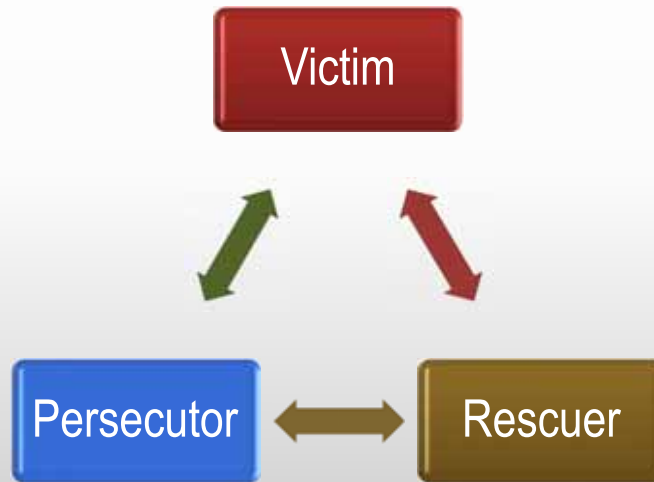
## AN EXAMPLE ON THE SYSTEM LEVEL:

Staff then take the time to acknowledge the LOSS that they are feeling.

They were able to connect the feelings to their true place.

The next week, the team reports they were the best clients ever!

## REENACTMENT: NEVER HAVING TO SAY GOOD-BYE



## OUR ROLE IN REENACTMENTS

*We* have our own histories, our “stuff” can sometimes intersect with their “stuff”

By being in their reenactment we experience it ourselves

We have to be very aware of our own visceral reactions because we can get pulled in unconsciously...

## SO WHAT DO WE DO????

We teach them about this reenactment:  
psycho-education

Sometimes it takes a village!

We give them a different experience:

- Re-scripting reenactment
- How we talk about them
- Who we talk to them – “What’s happened to you” instead of “What’s wrong with you?”
- How we talk with each other

## DISCUSSION: HOW IS THIS A REENACTMENT?

A child who has had a long history of sexual abuse was told by a worker that she would have to go to the doctor because she had injured her leg.

This appointment was particularly important, since the child is diabetic and had recently had surgery.

Without proper medical care, the child could potentially lose her leg. The worker was adamant that the child go to the doctor, knowing that this was in her best interest.

Rather than understand that the social worker was trying to help, the child responded with severe aggression, grabbing the worker’s hair and throwing her to the ground.

Other staff people came to help and ended up physically holding the child.

**DISCUSSION:**  
**HOW IS THIS A REENACTMENT?**

A child with a history of physical abuse by his mother tells his father that the staff are being mean to him.

Without speaking with the staff or getting more information, the father races to the RTC and demands to take the child home.

**DISCUSSION:**  
**HOW IS THIS A REENACTMENT?**

A man who grew up in a home with chronic domestic violence sees a staff person demand that another client clean up some papers he left strewn on a table.

The first man immediately steps in and offers to clean up the papers and states that he is the one who left them out.

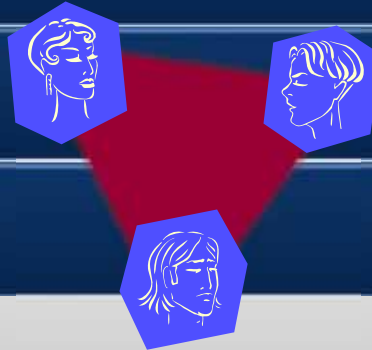
## DISCUSSION - REENACTMENT

Often, when someone enters the triangle, he/she plays all the roles.  
How might that have happened in the previous examples?

How might you re-script the reenactments in the previous examples?

How do reenactments  
get played out with  
clients in your work?

How might you re-script  
those so that you don't  
fall into the triangle?



# BREAK – 15 minutes

## **COMMUNITY MEETING: WHY ?**

Structure/Routine (Group norm)

Predictability

Caring for others

Bridging

The power of the Circle

Shared Responsibility

Trauma Recovery-Creating Group Safety

## **COMMUNITY MEETING: THE QUESTIONS**

How are you feeling today?

What is your goal for today?

Who can you ask for help?

Thought for today



# S.E.L.F.



# S.E.L.F.

A way of organizing complexity

Dynamic and nonlinear

Phases you move in and out of, not stages you climb

An accessible language

Gets everyone on the same page

Applicable to children, adults, families, staff and organization

## THERE ARE FOUR KINDS OF SAFETY:

### Physical safety:

- Your body is safe from physical harm

### Psychological safety:

- You are safe with yourself

### Social safety:

- You are safe with other people

### Moral /ethical safety:

- You and other people in your community are safe and consistent with your conscience, beliefs, values

## PHYSICAL SAFETY

No violence to others in any form: physical, emotional, verbal, or sexual

Absence of suicidality / self-destructive behavior

Absence of substance abuse

Healthy, safe, relational sexual behavior

Avoidance of risk-taking behavior

Good health practices

Healthy, nonviolent disciplinary practices



## PSYCHOLOGICAL SAFETY

Self-protection

Self-knowledge

Self-efficacy

Self-esteem

Self-empowerment

Self-control

Self-discipline



## SOCIAL SAFETY

Safe attachments

Safety in the group

Exercise of responsible authority

Social responsibility

## MORAL SAFETY

("Everything I Ever Needed to Know, I Learned in Kindergarten" by Robert Fulghum)

Share everything  
 Play fair  
 Don't hit people  
 Put things back where you found them  
 Clean up your own mess  
 Don't take things that aren't yours  
 Say you're sorry when you hurt somebody  
 Wash your hands before you eat  
 Flush



## EMOTIONS

Giving words for feelings: Mad, Sad, Scared, Glad, Shamed

Neither expressing nor suppressing, but managing

Trading in actions for words



## LOSS

Grieving

Saying goodbye

Refraining from Reenactment

Moving on



## FUTURE

Changing trajectories

New attractors

Different choices

Imagination

Vision



## THE SEVEN COMMITMENTS



### Commitment to Nonviolence



Restore  
safety



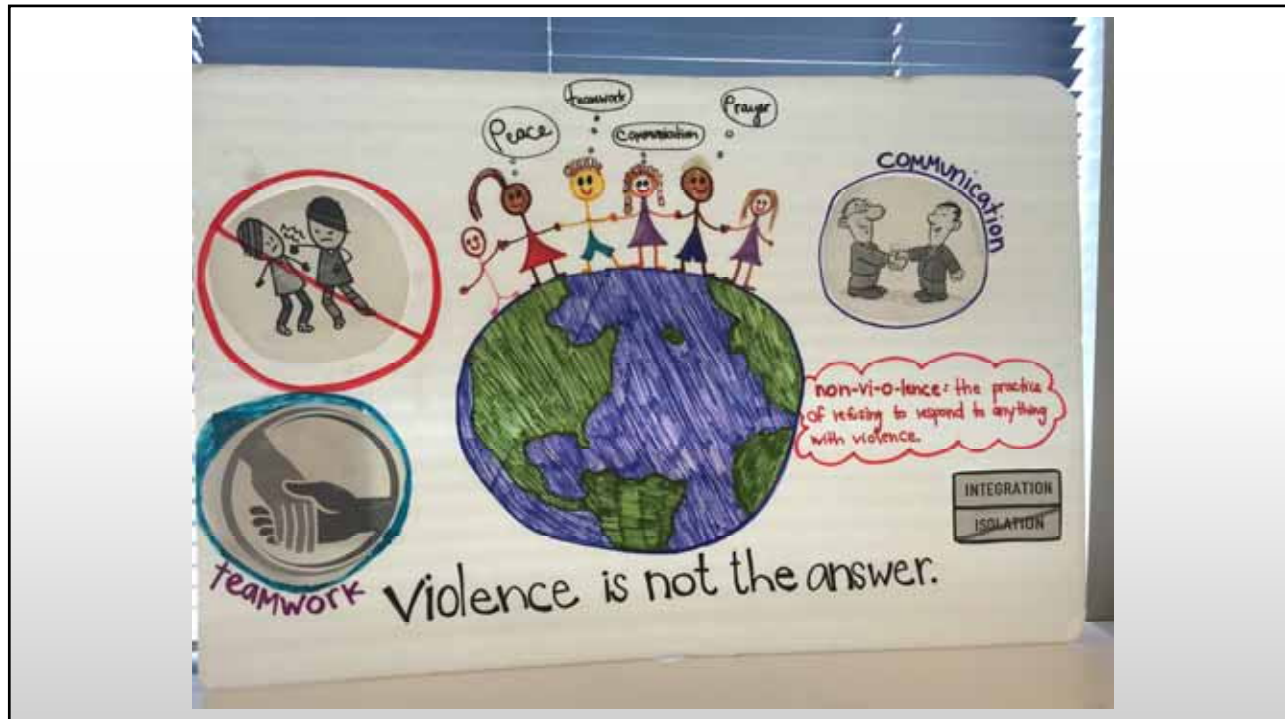
Universal  
knowledge  
about  
effects of  
violence



Eliminate  
punitive  
aggression  
in all forms



Minimize  
sources of  
stress  
Develop  
social  
immunity



## Commitment to Emotional Intelligence



Recognize  
repeated  
patterns



Self-awareness  
and self-esteem

Become  
self-aware



Become  
curious  
about what  
sxs mean



Learn and  
teach  
emotional  
manage-  
ment skills

## Commitment to Social Learning



Encourage  
discomfort  
Dialogue not  
discussion



Learn from  
mistakes –  
learn what  
works



Learn from  
conflict  
resolution  
and  
reenactment



Learn as  
part of  
complex  
group  
processes

## Commitment to Open Communication



Nonviolent  
communication



Direct and  
open  
communication  
Uncompromising  
Straight talk



Increased  
Transparency



Discuss the  
undiscussables



## Commitment to Social Responsibility



Retrieve  
organizational  
memory



Responsibility  
for and to each  
other  
Promote  
accountability



Confront  
abusive use  
of power and  
results of  
exposure to  
injustice



Respond to  
vicarious  
trauma

## Commitment to Democracy



Minimize  
abusive use  
of power



Leadership  
&  
Participation



Dangers of  
authoritarian  
behavior



Complex  
problem  
solving

## Commitment to Growth and Change



Resolve  
losses



Recognize  
stages of  
change



Promote  
DIS-  
equilibrium



Manage  
from the  
future

“Stuck” on an escalator



## A very important message from Bob Newhart

<https://www.youtube.com/watch?v=Ow0lr63y4Mw>

### RED FLAG MEETING: HOW TO LEAD ONE

People in the room are assigned tasks and report back at the next meeting about progress.

Families, client administrators, social workers, nursing staff, psychiatrists, milieu therapists, teachers, and anyone else who is involved in the client's treatment should be invited.

This team discusses the incident, the client's history in relation to the incident, factors contributing to the problem and makes a plan for a response.

## RED FLAG MEETING

Hold a brief community meeting with the three questions focused on our feelings regarding the child and the situation

State reason for Red Flag

Describe recent history, triggers, or other factors related to safety, emotions, loss or future contributing to the problem.

*This is important because we all have information that may or may not be known to all*

## RED FLAG MEETING

Identify any reenactments that might be happening

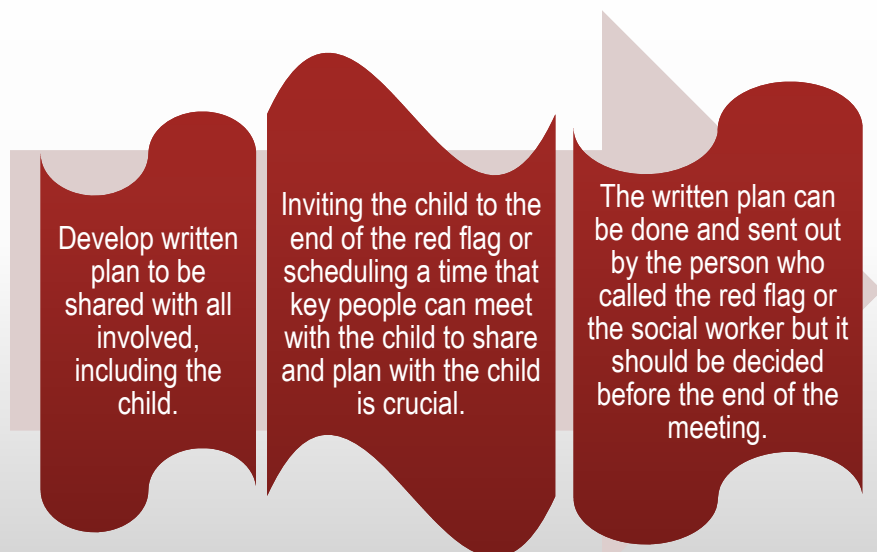
Use triangle to identify any roles that are being played out unknowingly.

Plan for response

## RED FLAG MEETING



## RED FLAG MEETING



# RED FLAG MEETING: WHY IS IT IMPORTANT?

No one of us is as smart as all of us.

The more hands helping to solve a problem, the more likely it is to be handled well (especially if each person is given a specific task or role.)

Sometimes voicing a problem with a team relieves unspoken tension or fears – the problem may not be the client's, but the team's problem.

It places the responsibility of working through the problem on the entire team.

BELLAVIEW

BETHANY.  
CHRISTIAN SERVICES

| Plan De Reconciliación |   |
|------------------------|---|
| Fecha/Hora:            | Nombre(s) de los Joven(es):<br>██████████, Natalia<br>Nombre(s) del Personal:<br>Cassandra<br>Mediador Principal:<br>Cassandra  |
| 5 minutos              | Explicación del incidente y los nombres del personal/joven(es):<br>El personal permite que cada persona explique lo que creen que pasó sin interrumpirlos o corregirlos.<br>This worker addressed the fact that both girls left school to get lunch at McDonald's. Both girls immediately stated that they knew this was wrong + that they would not do it again.   |
| 10 minutos             | Reflexión de SELF (Seguridad, Emociones, Pérdida, Futuro)<br>¿Perdieron la seguridad?<br>¿Cuáles emociones sientan?<br>¿Ha perdido o podría perder algo?<br>¿Cómo podría afectar el futuro?<br>Both girls understood that this was a poor decision, that they could get more detentions or suspensions if they were to repeat this, + that this could affect their ability to graduate. This worker also addressed the idea of choosing friends who help them do positive things rather than negative things.<br>5 minutos<br>¿Cuáles son las soluciones posibles para crear reconciliación y seguridad?<br>Both girls agreed immediately that they deserve one week of loss of privileges. Natalia will complete the assignment that Julissa already completed, which is to research jobs that do not require a high school diploma + choose two that she would be willing to do to support herself. |

BELLAVIEW

BETHANY.  
CHRISTIAN SERVICES

| Plan de reconciliación:                                   |   |         |                   |                  |           |
|---|---|---------|-------------------|------------------|-----------|
| 5 minutos   | ¿Cuál es la solución en que todos están de acuerdo?<br>1 week w/o privileges. Natalia will complete the previously mentioned assignment |         |                   |                  |           |
| 5 minutos   | PLAN DE RECONCILIACION ACEPTADA   |         |                   |                  |           |
| ¿Quién accede hace qué para cuándo?                       | Acción  | Persona | Personal ayudante | Fecha de término | Iniciales |
| ¿A quién puede preguntar del personal si necesitan ayuda? | Complete job search assignment  | Natalia | Citelli           | 1 week           |           |
| ¿El personal ha firmado que completaron su parte?         | no  | Natalia | all staff         | 1 week           |           |
| Plan de Seguridad   | No changes to be made   |         |                   |                  |           |
| ¿Necesita hacer cambio al Plan de Seguridad?              |   |         |                   |                  |           |
| ¿Necesita una nueva Plan de Seguridad?                    |   |         |                   |                  |           |
| Nombre(s) del/los Joven(es):                              |   |         |                   |                  |           |
| Nombre de Mediador: Cassandra                             |   |         |                   |                  |           |
| Fecha: _____  |   |         |                   |                  |           |

## WHAT IS A SAFETY PLAN?

A Safety Plan is a list of activities that a person can choose when feeling overwhelmed so that she/he can avoid engaging in unsafe behavior.

## DOMAINS OF SAFETY



## WHAT ARE “SELF-REGULATING OPTIONS”?

You can do them yourself

They are RELATIONAL tools

They can be done anytime anywhere!

Examples: Breathing, silently counting backwards, massaging one's hands, silent prayer

## MIRROR NEURONS



**Clients who struggle with managing emotions learn from others who can manage their emotions.**



## 5-Step Safety Plan

An sample list might look like the following:

- Listen to some folk music for one hour,
- Take a walk outside with my dog for thirty minutes,
- Clean and polish all of my shoes,
- Call my best friend,
- Call the crisis number.

## 5-Step Safety Plan

List 5 things you can do when feeling unsafe to maintain your own safety.

The list should always include fail- safe items such as calling 911 or your therapist. These should be at the end of the list.

Include things that can be done without much thought.

Carry this list in your wallet, post it on your refrigerator, mirror or keep it in your pocket.

Show your list to our contact person, therapist, and doctor.

Start practicing it now while in the hospital where you can get support to use it.



## SELF CARE PLAN

- The “Personal” section is divided into the four kinds of safety: physical, psychological, social and moral/spiritual
- Not every category will be applicable
- Not all suggestions on the form will be feasible
- Don’t write in things that don’t really work for you – you won’t use them!
- Think outside the box!



# SELF CARE PLANS

Make a Commitment to Each Other



Make a Commitment to Yourself



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