



SANCTUARY REFERENCE HANDBOOK

SANCTUARY REFERENCE HANDBOOK

Table of Contents

I. A Brief Introduction to Sanctuary	
What is the Sanctuary Model?.....	3
Why do we use Sanctuary?.....	3
A Change in Perspective.....	4
II. Trauma and the Individual	
Trauma Theory/Psychobiology.....	5
How the Human Brain Responds to Stress.....	5
Human Survival Dynamics.....	5
Flight, Fight, or Freeze Response.....	6
Traumatic Re-enactment.....	7
Learned Helplessness.....	7
Vicarious Trauma and Self-Care.....	8
Symptoms.....	8
Causes: Macro vs. Micro.....	8
How Do We Protect Those Who Help Others?.....	9
Vicarious Trauma Summary.....	9
III. Sanctuary Language, Commitments, and Values.....	10
A Shared Language: S.E.L.F.	10
The Seven Commitments.....	11
IV. Trauma and the Organization.....	12
Parallel Process and Collective Disturbance.....	12
V. The Sanctuary Toolbox.....	13
Safety Plans.....	13
Community Meetings.....	13
Psychoeducational Meetings.....	14
Team Meetings.....	14
Red Flag Reviews.....	14
Treatment Planning Conference.....	15
Self Care Planning.....	15
VI. Sanctuary Outcomes.....	15

A Brief Introduction to Sanctuary

What is the Sanctuary Model?

- Dr. Sandra Bloom developed the model over the last 20 years. It was developed for traumatized adults in inpatient hospital settings and has been adapted for residential treatment, schools, group homes, foster care, juvenile justice, outpatient, and community-based settings.
- The Sanctuary Model is the way we organize both our treatment and the way we run our organization. We call Sanctuary an EVERYBODY model because it is a way of guiding leaders, staff, children, and families to share the same values and language.
- The Sanctuary Model is a guide to the way we provide healing to children and those that care for them. It is also a guide to the way we run our organization.
- The Sanctuary Model is first and foremost a guide for creating a safe and non-violent environment for the clients in our care AND the staff that care for them.
- The Sanctuary Model is a guide for forming and maintaining a therapeutic community that promotes safety and non-violence as the basis for everything we do to help people heal.
- The Sanctuary Model is the way we organize and maintain organizational culture.
- The Sanctuary Model guides everybody across an organization, from the leaders to every person who provides direct care. Organizational Safety is the way we help clients and their families and the way our staff maintains our working environment.

Why do we use Sanctuary?

Sanctuary is based on an understanding of trauma and how it affects individual clients as well as whole systems or organizations.

- We believe that most children who come for treatment in our settings have experienced trauma and can benefit from trauma-informed care.
- We believe that working with traumatized clients is very stressful and can lead to agencies becoming "trauma-organized."



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 healthy, therapeutic living communities for our residents, as well as healthy, therapeutic working communities for staff and partners. 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 involved in the life of a child 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.

<i>Traditional</i>	<i>Sanctuary</i>
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 symptom - interpreting them is less important	Symptom 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 or the experts	We do true multidisciplinary teamwork 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

Trauma and the Individual

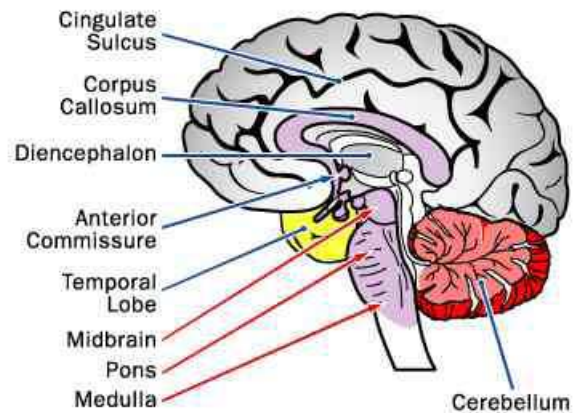
Trauma Theory/Psychobiology

The word "trauma" originally comes from the Greek language where it means "wound." Trauma is defined as an event or series of events that defies an individual's ability to understand or make sense of what they have experienced. Trauma impairs the individual's capacity to process, correct, or let go. This is due to the fact that exposure to trauma changes the way the brain functions.

How the Human Brain Responds to Trauma/Stress

- Our basic brain (lower region of the brain) is what takes over when we are faced with a fight or flight response which is an automated, biological survival tool.
- When trauma occurs and threatening events unfold they are processed and stored in the primitive brain (lower region of brain).
- The higher or intelligent brain and the primitive brain do not share information.
- The lower brain not receiving information from the intelligent brain does not allow one to logically respond to the traumatic/stressful situation.

Major Parts of the Human Brain
Major Internal Parts of the Human Brain



Human Survival Dynamics

As human beings we have three major advantages over other species:

1. Humans have bigger and better brains than other species.
2. Humans are capable of social bonding and emotions.
3. Humans have developed language to communicate.

These advantages can be to our detriment:

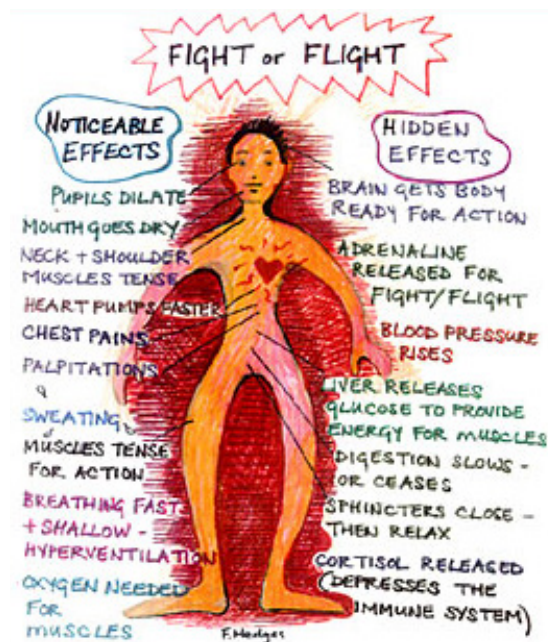
- Humans are more vulnerable to the effects of trauma.
- Humans are born dependant and remain dependant for a long time.
- What begins as a life-saving coping skill ends up creating compulsive repetition. Humans are destined to repeat what we cannot remember.
- Humans rely on social bonds; we are devastated when they go wrong, especially if they involve abuse or neglect.
- Language is rooted in the higher or intelligent brain, making it more difficult for us to access it during stressful or threatening situations.
- Humans lose the ability to articulate the experience as traumatic experiences are stored in the non-verbal part of the brain.

Flight, Fight, or Freeze Responses

From the beginning of time, man has been distinguished from other species in his ability to survive and adapt. The human brain is wired to ensure survival at the most basic level. The three human responses to stress are: fight, flight or freeze.

Trauma and many of life's stresses trigger a fight, flight, or freeze response. The surprises and shocks of modern living leave us in a permanent state of arousal that takes its toll on our bodies. This can occur when a creative new idea makes us feel uncertain about things of which we were previously certain, or when we are faced with a stressful event. The biochemical changes in our brain make us aggressive, fighting the new idea, or make us timid, fleeing from it. When we freeze, it is like running with one foot on the gas pedal and the other one on the brake. In the process you get nowhere but you burn out. When one can't decide in which direction to turn, no decision can be made or no change can occur.

Can you site examples of when a resident or you personally have shown this type of response to stress or trauma?



Research has shown, the more trauma a person is exposed to, the more the primal survival skills are evident. In our residents, "bad" behaviors often manifest as maladaptive coping skills such as: fight, flight or freeze, dissociation, addiction to trauma, trauma bonding, chronic hyper-vigilance/startle response, flashbacks, reenactment, and fragmentation, just to name a few. It is imperative to view the behaviors as a survival response. As a staff member or care provider, understanding trauma theory changes the question we ask our residents from "What's wrong with you?" to "What happened to you?" Residents are not sick or bad, but they are injured and are capable of healing. This fundamental change in perspective is the beginning in the process of understanding Sanctuary.

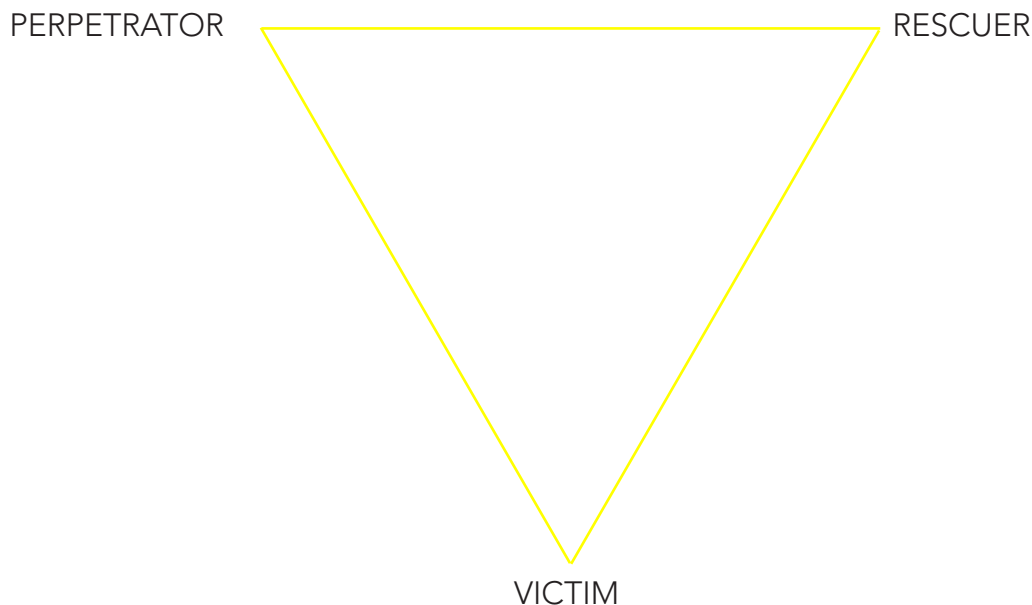
Traumatic Reenactment

Human beings reenact their past everywhere. Those of us who have chosen this field-seeing ourselves as helpers-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 residents; trauma is what they know and what is comfortable. In their desire to recreate what they know and what is comfortable, traumatized children tend to pull people in their lives into reenactments of their traumatic experiences.

This is called traumatic reenactment, 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.

Traumatic Reenactment (Trauma) Triangle



It is critical as a caregiver 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.

Learned Helplessness:

It is possible to learn helplessness from only one traumatic event, but more often than not, people learn helplessness from consistent exposure to traumatic events during which they feel a lack of control. If people are subjected to a sufficient number of experiences teaching them that nothing they do will affect the outcome, they give up trying. In a sense our children run back into cages of aggression and victimization even when they have been placed in a relatively safe environment like our program. Children are particularly vulnerable to learned helplessness. Children who are repeatedly emotionally, sexually or physically assaulted or whose needs are neglected, learn that there is nothing they can do to adequately protect themselves or escape from the situation they are in.

Vicarious Trauma and Self Care

As it pertains to our agency, vicarious trauma is defined as the transformative effect on our staff working with survivors of traumatic life events, both positive and negative.

It may be difficult to find the best words to define it, but anyone in a profession assisting others, such as The Crossnore School, can describe it. Just ask any of our staff who works with our children on a daily basis these four questions:

- How do you do it?
- How do you cope with the pain and suffering of our children day in and day out?
- How hard is it to let go of the terrible things you see and hear on the job?
- How do you turn off your work when you go home?

Although our staff may not be fully aware of it or be able to clearly articulate the text book definition, they all know too well about vicarious trauma because they have all seen it in their colleagues and have experienced it themselves in the work they do each and every day.

It is important to realize that our staff are secondary witnesses to trauma almost everyday. As they listen to our 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 listen, support and validate 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 cannot help but take in some of that emotional pain and 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 rape, incest, domestic violence, alcoholic families or memories of child abuse experienced by the children we serve.

Symptoms

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

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

Vicarious Trauma: Causes - Macro vs. Micro

Macro causes:

- *Biological* -Emotional contagion resulting from staff that is drawn to the field of assisting others because they are emotionally reactive and therefore connected to others as a result.
- *Psychological* -Exposure to the harsh and painful realities of others, staffs protective beliefs are compromised and staff begin to lose the positive illusions that assist them in their own lives in feeling safe and protected.
- *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 listed below 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

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 the work will affect you. Other protective measures to assist against vicarious trauma are:

- Increased knowledge 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
- Agency support is clearly communicated

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.

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.

In closing, we must first take care of ourselves. In going forward with Sanctuary it is very important that this agency recognize trauma both as it relates to our 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 our children and allow for our staff to work within an environment which will not be detrimental to their health.

SANCTUARY LANGUAGE, COMMITMENTS, AND VALUES

A Shared Language: S.E.L.F.

S - Safety (physical, psychological, social, and moral)

E - Emotional management (not just for the kids)

L - Loss (abuse, neglect, separation, getting stuck)

F - Future (how can things get better?)

The S.E.L.F. model is one of the many tools in creating Sanctuary in an organization. The S.E.L.F. model provides four steps that guide the way people in the organization work and the way children heal and make progress. In addition, S.E.L.F. also creates a common language among staff, residents, and other caregivers to help with communication and create a mutual understanding.

The first step in S.E.L.F. is safety. Safety means physical safety, emotional safety, social safety, and moral safety. Safety is where we always start and end. Safety is the foundation of healing.

The second step is Emotional Management. Managing emotions is the step that 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. Managing emotions helps individuals to handle feelings in a way that does not hurt themselves or others.

The third step is Loss. 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, then that person can move to a healthy future.

The fourth step is 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, rather than feeling they can only make bad choices or continually repeat old patterns of decision making.



The Seven Commitments

The aim of the Sanctuary Model is 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 in their daily lives:



A Commitment to Non-Violence: living safely outside (physical), inside (psychological/emotional), with others (social), and doing the right thing (moral)

Value: Value physical, psychological, social and moral safety; DO NO HARM.

A Commitment to Emotional Intelligence: managing our feelings so that we don't hurt ourselves or others

Value: Symptoms have meaning; hurt people hurt people; it's what happened, not what's wrong.

A Commitment to Social Learning: respecting and sharing the ideas of our peers and teams

Value: Question established authority- even your own; create a living-learning environment.

A Commitment to Shared Governance: shared decision making amongst residents and staff

Value: We must work together to flatten the hierarchy.

A Commitment to Open Communication: saying what we mean, and not being mean when we say it

Value: Everyone must have the power to speak their own truth; resolve conflict as individuals and as a team.

A Commitment to Social Responsibility: together we accomplish more, everyone makes a contribution to the organizational culture

Value: Listen to the wisdom of the group; recognize our own parallel processes.

A Commitment to Growth and Change: creating hope for our clients and ourselves

Value: Create opportunities for change; children and families can heal and grow, and so can agencies.

TRAUMA AND THE ORGANIZATION

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 can be defined as 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 and be clear about their work. Frequently, a collective disturbance occurs when people have negative feelings towards those in power, but feel unable to express those feelings.

What does parallel process and collective disturbance look like?

Clients

Feel unsafe
Angry/aggressive
Helpless
Hopeless
Hyper-aroused
Fragmented
Overwhelmed
Confused
Depressed

Staff

Feel unsafe
Angry/aggressive
Helpless
Hopeless
Hyper-aroused
Fragmented
Overwhelmed
Confused
Demoralized

Organization

Is unsafe
Punitive
Stuck
Mission-less
Crisis-driven
Fragmented
Overwhelmed
Valueless
Directionless

What can you 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 that 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 agency and asking for help is the first step to healing the collective disturbance.

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 staff members.



Safety Plans



Safety plans are another tool in the Sanctuary process. Safety plans are physical and concrete commitment to maintaining safety in all areas of the therapeutic milieu. Children and staff are expected to carry their safety plan cards with them throughout the day and refer to them when necessary. With the staffs 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 that children and staff have found beneficial:

Take a deep breath
Take a walk
Talk to a friend
Leave the room

Use positive self-talk
Think about being in a safe place
Listen to music
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. Children and their families should also make safety plans to use at home when they are on visits since healing and staying safe are the prerequisites to leaving care.

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 agency members participate in the meetings. All participants answer the following three questions:

- How are you feeling? This question encourages emotional identification and teaches children to use words rather than actions to share their feelings.
- What is your goal today? The Sanctuary Model promotes self-recovery. Individual goals create structure and a cognitive focus and to give staff insight into what children feel are important goals for themselves.
- Who will you ask for help? Asking for help repairs attachments for children who have lost faith that significant adults will care and be responsible for them. It also helps foster a sense of community between children when they publicly ask each other for help.

Community meetings begin and end each day, bracketing for the participants the commitment to safety, growth and healing.

Psychoeducational Groups



Psychoeducational groups are a key tenet of the Sanctuary Model. The group curriculum teaches youth why their past experiences effects 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 the youth can seize control of their own recovery.

The psychoeducational curriculum includes didactic and experiential activities to help youth understand the impact of trauma, and make connections to their own experiences. The groups are based on trauma theory, attachment theory, democratic community principles, and stages of change (cognitive, affective, emotional, social, and behavioral).

The groups are divided into six topics (two of each) that include trauma theory, an overview of SELF, safety, emotional management, loss, and future. Psychoeducational groups are facilitated by the group home social workers and members of the Sanctuary Mission/Core Team.

Residential Team meetings (Changeovers)



The entire team provides the treatment in the Sanctuary Model. Team meetings are held regularly and include as many people possible who provide care to the children. The team meeting should provide a safe place for staff to talk and it also should be a place where staff can ask each other for help and share constructive criticism with each other to avoid creating any collective disturbances. The following goals should be met during the meeting:

- Check-in with staff and their own well-being
- Review basic Sanctuary concepts
- Review histories of children and discuss in SELF language
- Discuss issues of vicarious trauma in staff
- Plan individual interventions for clients
- Review safety plans for children and staff
- Address housekeeping issues

Red Flag Reviews



Red flag review meetings are called to discuss residents in crisis. They are appropriate for AWOLS, increased aggression, injury, child/staff/family complaint, anything the community needs to respond to as a group. Anyone can call a red flag review, and must choose a time and communicate it to those who should be in attendance. Those who should be invited to a red flag review include: Families (when appropriate), client (when appropriate) administrators, social workers, nursing staff, psychiatrists, ancillary service providers, and teachers. The more hands helping to solve a problem, the more likely it is to be handled well.

Treatment Planning Conferences (POCs)



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 in the group home setting. It is also an opportunity to discuss progress that has been made and further work to be done. Because it is the one time that 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.

Self-Care Planning



A self-care plan is a formalized way to encourage members of the organization to care for their own mental and physical well-being. A self-care plan helps each staff person guard against the effects of vicarious trauma. The plan looks at all available strategies for caring for one's self, including physical, psychological, social, and spiritual strategies.

SANCTUARY OUTCOMES

With a commitment to Sanctuary on behalf of all members of the organization, Crossnore School & Children's Home administration, staff, residents, 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-psycho-social 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 AWOLS.
- Reduced staff turnover.
- Increased knowledge of trauma.
- Increased knowledge of conflict management.
- Increased level of staff-child-family-organization teamwork.