



# A Sanctuary for Change

Sandra L. Bloom, MD, Associate Professor of Health Management and Policy, School of Public Health, and Co-director, Center for Nonviolence and Social Justice – Drexel University

The Sanctuary Model is an evidence-supported organizational approach for creating trauma-informed systems of care. Regardless of whether services delivered are to children, adults, or families, organizational barriers present the greatest challenge to the sustained and significant changes involved in becoming truly “trauma-informed.” The Sanctuary Model maintains that systems of care have become “trauma-organized” and as a result, organizations as a whole may become engaged in problematic behaviors that parallel the very problems for which clients seek help. Organizations in chronic crisis are in a poor position to make the significant changes in behavior, thought, and underlying assumptions necessary for a system to become truly trauma-informed.

The Sanctuary Model seeks to provide a cohesive context within which healing from psychological and social traumatic experiences can be addressed. It challenges organizations to reexamine basic assumptions concerning the extent to which social service environments promote safety and nonviolence across physical, psychological, social, and moral domains for everyone involved – clients, family members, staff, and administrators. This requires an active process of breaking down institutional, societal, professional,

and communication barriers that isolate these members from each other. Simultaneously, the rebuilding process involves consciously learning new ways to relate as interdependent community members; creating and modeling healthy, emotionally intelligent, and supportive relationships between individuals; and developing an atmosphere of hope and nonviolence. The intervention aims to strengthen the therapeutic community environment, lay the building blocks for “learning organizations,” and empower people to influence positively their own lives and communities.

Sanctuary Model implementation begins with attendance at the Sanctuary Institute, a five-day intensive training experience. Teams of five to eight people, from various levels of the organization, including executive leadership, come together to learn from faculty that consists of colleagues from other organizations implementing the model. These teams become the Sanctuary Steering Committee for their organization. Together they are introduced to the practices of the Sanctuary Model and take home the Sanctuary Implementation Manual, Direct Care Staff Training Manual, Indirect Care Staff Training Manual, and S.E.L.F. Psychoeducational manuals.

A Sanctuary Steering Committee returns to its organization and creates a Core Team – a larger, representative, multidisciplinary team – to support implementation across the organization. Ongoing consultation and technical assistance from Sanctuary faculty guides organizations through the implementation process, which extends over three years and leads to Sanctuary certification, after a peer-reviewed evaluation process. Recertification occurs every three years.

Once an organization commits to adopting the Sanctuary Model by attending the Sanctuary Institute five-

day training, the organization becomes a part of the Sanctuary Network, a learning community that includes more than 200 mental health, educational, and social service organizations around the nation world committed to the development of trauma-informed services.

The desired outcomes for the Sanctuary Model are complex and, to some extent, must be decided by each organization since Sanctuary targets such a wide variety of programs. At a minimum Sanctuary aims to eliminate interpersonal violence in all forms and all coercive forms of treatment. Sanctuary looks for outcomes through measures easily accessed by the organization, including decreases in workmen’s compensation claims, staff and patient injuries, staff turnover, and use of coercive measures like seclusion, restraint, and medication coercion. Sanctuary also aims for substantial changes in staff and administrative attitudes toward clients and each other, more clinical sophistication, better assessment and case formulation, and significant increases in application of complex strategies for change. If implementation progresses well, Sanctuary expects increased clinical commitment to employing trauma-specific forms of treatment by well-trained and supervised staff, better responses to vicarious trauma, and less staff burnout.

.....  
*Dr. Sandra L. Bloom is a board-certified psychiatrist, associate professor of health management and policy at the School of Public Health of Drexel University in Philadelphia, co-director of the Center for Nonviolence and Social Justice at Drexel University, distinguished fellow of the Andrus Children’s Center in Yonkers, NY, and a past president of the International Society for Traumatic Stress Studies. She is the author of Creating Sanctuary: Toward the Evolution of Sane Societies and co-author of Destroying Sanctuary: The Crisis in Human Service Delivery Systems and Restoring Sanctuary: A New Operating System for Organizations.*

“ The Sanctuary Model maintains that organizations in chronic crisis are in a poor position to make the significant changes in behavior, thought, and underlying assumptions necessary for a system to become truly trauma-informed. ”

Warren Heffner “The Great Future”

