Chapter 15

Sanctuary

An operating system for living organisations

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Background

The Sanctuary Model® represents a theory-based, trauma-informed, evidence-supported, whole-culture approach that has a clear and structured methodology for creating or changing an organisational culture. The objective of such a change is to more effectively provide a cohesive context within which healing from psychological and social traumatic experience can be addressed. As an organisational culture intervention, it is designed to facilitate the development of structures, processes and behaviours on the part of staff, clients and the community as a whole that can counteract the biological, affective, cognitive, social and existential wounds suffered by the victims of traumatic experience and extended exposure to adversity.

Although the roots of the Sanctuary Model go back to moral treatment and the Quaker philosophy of the eighteenth and nineteenth centuries, as well as the democratic therapeutic community movement and the human rights movements of the twentieth century, the Sanctuary Model was originally developed during 1980–2001 in a short-term, acute inpatient psychiatric setting for adults who were traumatized as children (Bloom, 1994, 1997; Bills and Bloom, 1998). The further development of the Sanctuary Model was facilitated by an NIMH research grant through the Jewish Board of Family and Children's Services in New York. The present training programme and implementation process has been a joint achievement of the author and the Andrus Children's Centre in Yonkers, New York. The model is currently being adopted by a number of human service delivery organisations in the USA, Scotland, Northern Ireland and Australia.

The impossibility of engineering human service delivery change

Embedded in the history of virtually all human service delivery systems are many debates about how services should be delivered, what constitutes help and how each institution should be structured and managed. It is clear from the initiation of the current projects in facilitating organisational change that these debates continue to surface in a number of ways today. Everywhere there is a lack of a clear, consistent, comprehensive and coherent theoretical model for delivering services that can be shared by staff, clients and families; lack of communication and feedback between and among component parts of the system; conflicts between various levels of staff as to what defines treatment; hierarchical management structures that encourage obedience to authority but do not encourage initiative, innovative problem-solving, or direct conflict resolution; a relative inability to sufficiently address the enormity of trauma-based problems in people's lives; only partially effective methods for dealing with aggressive acting-out; and unclear ideas about what constitutes success in these programmes.

From the staff's point of view, working in human services is often difficult, frustrating and stressful. People working in a care-giving environment are simultaneously leading their own lives and going through their own struggles, and these struggles often compound the stress of the workplace. Because of the exposure to adverse childhood conditions that so many people face, staff members are likely to have their own histories of experiences that consciously or unconsciously – for good or for ill – may collide and intersect with those of the clients in their care. Funding reductions for human services usually also result in decreases in training and supervision. To complicate this further, organisations are usually under a variety of pressures deriving from economic, performance and safety concerns, some of which spring directly from social and political forces that exist in the larger environment.

As a result, as described in Chapters 9 and 19 of this volume and elsewhere, complex, parallel process interactions occur between traumatized clients, stressed staff, pressured organisations and economic, political and social forces in the wider environment (Bloom, 2006, 2007, 2010, in press); Bloom and Farragher, 2011, in press. In this way, human service delivery systems become trauma-organised, inadvertently recapitulating the very experiences that have proved to

be so toxic for the clients in their care (Bentovim, 1992). Not only does this have a detrimental effect on clients, but it also frustrates and demoralizes staff and administrators, a situation that can lead to worker burn-out, with all its attendant problems. Ultimately, the inefficient or inadequate delivery of service and the toll this takes on workers wastes money and resources. This vicious cycle also lends itself to a world view that the clients receiving the services are the cause of the problem, that their situations are hopeless and they cannot really be helped.

For such endemic problems there is no quick fix. Because systems of care are just that, interconnected systems, a piecemeal approach to change does not work. Every component of our human service delivery system must communicate with the others for proper service delivery, but presently they exist within silos, without a shared language or theoretical framework. This creates confusion that peaks at the interface between different kinds of service provisions. Sadly, it is usually those clients who are the most vulnerable and the least resourced who fall between the cracks. Many attempts have been and even are being made to alter this situation but, unfortunately, most organisational change methods are based on the idea of social engineering, which assumes cascading intention from the top to the bottom of a hierarchy, as leaders tell everyone else what to do and they do it.

Unfortunately, according to organisational change research, 70% of these change efforts in a wide variety of organisations fail. So dramatic is the failure of past methodology that organisational development investigators have declared that 'social engineering as a context is obsolete' (Pascale *et al.*, 2000, p. 13). They reason that organisations are not machines but living systems and cannot be predictably engineered, and that 'Living Systems isn't a metaphor for how human institutions operate. It's the way it is' (Pascale *et al.*, 2000, p. 7).

The explicit assumption of the Sanctuary Model is that most of the clients who present to human service delivery organisations have been exposed to significant adversity, chronic stress and frequently overwhelming trauma, and that they have the capacity to heal from these injuries and change the trajectories of their lives. But they frequently need help to do so and they cannot heal within the context of traumatizing – or traumatized – organisations that may actually create more, not less, pathology. The goal of the Sanctuary Model is to facilitate the development of an organisational culture

that can contain, manage, and help transform the terrible life experiences that have moulded – and often deformed – the clients in care. But no one person can change an organisational culture – at least not for the better. Living systems are comprised of living people who tend to support what they help to create – and who fail to support change efforts that exclude them.

A new operating system for organisations

Confronted with the reality that our systems of care are both alive *and* trauma-organised, it is clear that three essential tasks need to be accomplished:

1   The development of a model of intervention that can be broadly applied across the population, can be shared between staff, clients and families, is consistent with established good practice, and allows for the uniqueness of each setting.
2   Practically integrate the system by developing more trust among organisational members, better communication networks, feedback loops, shared decision making, and conflict resolution practices.
3   Use the developed infrastructure to synthesize a variety of treatment approaches and techniques into a progressive map of recovery for each client.

What has emerged from our experience to date is the Sanctuary Model, an evidence-supported plan, process and method for creating trauma-sensitive, democratic, non-violent cultures that are far better equipped to engage in the innovative treatment planning and implementation that is necessary to adequately respond to the extremely complex and deeply embedded injuries that our clients have sustained.

A different model – a different metaphor

It has occasionally been difficult to explain to people who are training in the Sanctuary Model that it is *not* a specific treatment intervention, that it is structurally deeper than a specific intervention, although many interventions are compatible with it and are certainly necessary to obtain as complete a recovery as possible for the clients. Explanations required a new metaphor, since metaphors

are especially useful in bridging knowledge gaps. Everyone who attends our Sanctuary Institutes has at least a rudimentary understanding of computers, so using a computer metaphor has become a useful way to explain how the Sanctuary Model works and how it integrates with other approaches.[1]

In brief, every computer has an operating system and every application – such as word processing and spreadsheet programmes – must be compatible with that operating system. Over the last few decades, research on the nature of attachment relationships has made clear that for human beings, healthy attachment is a fundamental requirement for physical, emotional, social and moral development. We can therefore understand attachment as the basic operating system for individuals. A useful way of understanding trauma and its impact on human beings is by recognizing that trauma fundamentally disrupts this human attachment system in a wide variety of ways, and that disruption wreaks havoc with a wide variety of the applications we use to adapt to the world, such as learning, emotional management, memory and many others. Trauma and sustained adversity do to the human operating system what a computer virus does to a computer. Social relationships are the basis of organisational functioning as well, so in a similar way, traumatic experience and adversity can profoundly disrupt the operating systems of organisations.

For people to heal from traumatic experience, that means not just changing their applications, the usual level of focus for treatment approaches, including trauma-specific approaches; it means changing things at a deeper level than that – changing their operating system – what we more commonly call their personality. This is why research that has extended over the last few decades, pertaining on the one hand to the impact of trauma, and on the other to the impact of disrupted attachment, offers a different paradigm for defining what we mean by 'treatment'. Particularly in the more complex cases that populate our mental health, substance abuse, child welfare and criminal justice systems, trauma-specific treatment approaches are necessary but not sufficient. In complex exposure to trauma and adversity, deeper, structural personality shifts have occurred – trauma-organised shifts in the individual's operating system – and shifting their personality on to a new trajectory of

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1 Thanks to our colleague, Dr Joe Benamati, for the metaphor.

experience means changing that operating system. Likewise, in order to adequately address the needs of the traumatized clients who fill the ranks of our trauma-organised human service delivery system, we need a new operating system for organisations.

Compatibility with the Sanctuary Model

The Sanctuary Model is not a trauma-specific intervention but a way of reorganising whole organisational cultures. The Sanctuary Model is an operating system for a trauma-informed organisation. It is designed to get a number of 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 theoretical framework grounded in the science of cumulative, overwhelming, traumatic stress and disrupted attachment. It functions underneath all the other things that go on in a treatment programme – all the approaches, kinds of therapy, techniques and practices – as long as those practices are compatible with the Sanctuary operating system. It integrates long-established but often forgotten good organisational practice with the newer sciences of trauma and attachment studies.

The Sanctuary Model is designed to create the context within which groups of people within an organisation are encouraged and supported to make what are sometimes radical shifts in the very foundations of the way we think, what we feel, how we communicate and how we practise. This radical shift has become known as trauma-informed practice. The current challenge for everyone in human services is to consider how we unwittingly – and often in the name of science – erect barriers to recovery that prevent self-organising change in the individual lives of the clients in our care and in our organisational lives as well. We must wrestle with the fact that our diagnostic categories often shame clients from the moment they enter care. Our rigid hierarchies frequently prevent participation and innovation, when we need staff members to exercise almost constant creativity in order not to be drawn into traumatic replays of previous negative life experiences in the lives of the clients we serve. From chaos theory, we are learning that an organisation – even one as small as a child or individual family – will spontaneously know how to reorganise in the face of a challenge, *if* the obstacles hindering its capacity to self-organise are removed, and if the system can be drawn toward the edge of chaos and enabled to jump to a new and healthier set of attractors.

The Sanctuary safety spacesuit for exploring the edge of chaos

Organisational culture is 'the sum total of all the shared, taken-for-granted assumptions that a group has learned throughout its history' (Schein, 1999, p. 29), or how we do things around here. Organisational culture matters because cultural elements determine strategy, goals, and modes of operating (Schein, 1999). Danger and losses that attend the loss of safety are usually the wake-up calls that urge individual survivors and organisations to recognize that it is time for change. On the other hand, threat, dangers and loss arouse individual and organisational anxiety, and fear tends to drive us back to doing whatever is familiar. The familiar is our equilibrium state and, because it is familiar, that equilibrium state often feels safer than anything else. As a species we are fundamentally risk-aversive, at least in the short term. Deeply embedded in every organisational culture are the equilibrium attractors helping to guarantee that a system will return to its previous stable point, even after a radical divergence from that position.

Once we start facing organisational problems, they are generally bigger, more complex, than they appeared at first glance and it is difficult to know where to start. When faced with complexity, it is important to have some kind of cohesive framework that helps structure the formulation of an action plan for change, knowing that change is normally resisted because maintaining equilibrium is what all living systems achieve in order to stay viable. In a therapeutic situation, it is essential that the client and the helper get on the same page, so that their goals and strategies for achieving those goals are aligned. Similarly, in an organisational setting it is critical that staff members, administrators and, when relevant, board members agree on basic assumptions and beliefs about their shared mission, desired outcomes and methods for achieving their goals.

When an organisation has at least a vague outline of another set of attractors – something they want to do or be in the future – then and only then does it become possible to begin moving an organisation away from its stable equilibrium point. In organisations adopting the Sanctuary Model, those 'attractors' become things like eliminating seclusion and restraint, being more effective in treating traumatized children, adults and families, or having fewer staff injuries and sustaining less staff turnover. In chaos theory, the place of transformation, of true creative change, is out 'on the edge of chaos',

and for individuals and organisations that can be a very scary place to be. The Sanctuary Model is designed as a kind of organisational spacesuit that allows an organisation to venture out into and explore unknown territory while remaining tethered to its own vehicle for sufficient safety to make the trip. Once the members of the community have found a place they want to go to, and the attraction of that place is sufficiently strong, they can let go of the tether and, with some degree of reliability, go to the new place. The Seven Commitments, SELF, and the Sanctuary Toolkit are all vital elements of the organisational spacesuit.

The Seven Commitments

Creating Sanctuary refers to the shared experience of creating and maintaining physical, psychological, social and moral safety within a social environment – any social environment – and thus reducing systemic violence. For a complex organisation to function, you need just the right number of principles that guide short-term, everyday conduct as well as long-term strategy. Too many rules and a system becomes rigid, inflexible and even paralysed; too few and it becomes purely individualistic and chaotic. The Seven Commitments structure the organisational norms that determine the organisational culture. The Seven Sanctuary Commitments represent the guiding principles for implementation of the Sanctuary Model – the basic structural elements of the Sanctuary 'operating system' – and each commitment supports trauma recovery goals for clients, staff and the organisation as a whole:

1   *Commitment to non-violence* – to build safety skills, trust and inspire a commitment to wider socio-political change.
2   *Commitment to emotional intelligence* – to teach emotional management skills and expand awareness of problematic cognitive-behavioural patterns and how to change them.
3   *Commitment to social learning* – to build cognitive skills, improve learning and decisions and create/sustain a learning organisation.
4   *Commitment to open communication* – to overcome barriers to healthy communication, discuss the undiscussables, increase transparency, develop conflict management skills and reinforce healthy boundaries.
5   *Commitment to democracy* – to develop civic skills of

self-control and self-discipline, to learn to exercise healthy authority and leadership, to develop participatory skills, overcome helplessness and honour the voices of self and others.

6   *Commitment to social responsibility* – to harness the energy of revenge by rebuilding social connection skills, establishing healthy attachment relationships and transforming vengeance into social justice.

7   *Commitment to growth and change* – to work through loss in the recognition that all change involves loss, and to envision, skilfully plan and prepare for and be guided by a different and better future.

Leadership commitment

The Seven Commitments apply to everyone. Organisational leaders must be fully committed to the process of the Sanctuary Model for it to be effective – that means the board of directors, managers at all levels and staff. If the organisational leaders do not get on board, it will not work. If the middle managers do not get on board, it will not work. If the staff do not get on board, it will not work. At first glance, many organisational leaders hear a review of the Seven Commitments and believe that those commitments already constitute their organisational culture. In many cases this is at least partially true. It is only when leaders engage in a different kind of dialogue with other members of their organisational community that they find out how divergent people's views are on what these commitments mean and how to make them real in everyday interactions. Experience has taught that courageous leadership is critical to system change, and without such leadership substantial change is unlikely to occur.

This change process, however, can be frightening for people in leadership positions and they rightfully perceive significant risk in opening themselves up to criticism, in levelling hierarchies and sharing legitimate power. The gains are substantial, but a leader only finds that out after learning how to tolerate the anxiety and uncertainty that inevitably accompanies real change. It should also be noted that change does not occur just because a leader wants it to occur. Leaders may be willing to share power with others, but this does not necessarily mean that others are always willing to assume power and the responsibility that comes with it. Although staff and clients may indicate that they want a greater voice, creating

the conditions in which others have a greater voice is not always welcomed. It is easy to stay in or slide back to a familiar and comfortable arrangement.

Learning how to be an effective democratic leader necessitates a sharp, often steep and sometimes painful learning curve. It is through participation in work groups, teams and meetings that routine emotional management occurs within organisational settings. Crisis-driven organisations sacrifice communication networks, feedback loops, participatory decision making and complex problem-solving under the pressures of chronic stress and, in doing so, lose healthy democratic processes and shift to an increasingly hierarchical, top-down control structure that discourages creativity, innovation and risk-taking, resulting in an inability to manage complexity. The cure for this situation is more democracy. This requires leadership buy-in and immersion in the change process, an increase in transparency and deliberate restructuring to ensure greater participation and involvement.

SELF: a non-linear organising framework

SELF is an acronym that represents the four interactive key aspects of recovery from bad experiences. SELF provides a non-linear, cognitive-behavioural therapeutic approach for facilitating movement – regardless of whether we are talking about individual clients, families, staff problems or whole organisational dilemmas. SELF is a compass that allows us to explore all four key domains of healing:

- _Safety_ – attaining safety in self, relationships and environment.
- _Emotional management_ – identifying levels of various emotions and modulating emotion in response to memories, persons and events.
- _Loss_ – feeling grief and dealing with personal losses and recognizing that all change involves loss.
- _Future_ – trying out new roles, ways of relating and behaving as a survivor to ensure personal safety and help others.

Using SELF, clients, their families and staff are able to embrace a shared, non-technical and non-pejorative language that allows them all to see the larger recovery process in perspective. The accessible language demystifies what sometimes is seen as confusing and even insulting clinical or psychological terminology that can confound

clients and line-staff, while still focusing on the aspects of patho-logical adjustment that pose the greatest problems for any treatment environment.

The further utility of SELF is that it can simultaneously be employed in a parallel process manner to deal with problems that arise within the treatment setting between staff and clients, among members of staff and between staff and administration. Applied to such issues of staff splitting, poor morale, rule infraction, adminis-trative withdrawal and helplessness and misguided leadership, SELF can also assist a stressed organisation to conceptualize its own present dilemma and move into a better future through a course of complex decision making and conflict resolution.

The Sanctuary Institute

Our belief in the power of community led us to develop the Sanctu-ary Institute. Creating and sustaining a normative culture requires a large up-front investment of time, energy and resources, but in the long term produces compound interest in the investment. For individuals and for systems, this requires a rigorous process of self-examination and the development of a core system of meaning that will guide behaviour, decision-making, problem-solving and conflict resolution. Such a process involves the willingness to temporarily reflect on the past, create a culture of inquiry to examine the present, and commitment of sufficient time to engage in honest dialogue. Productive discourse, however, depends on good communication, and recovering individuals need to learn how to listen and how to talk. Likewise, chronic systemic problems lead to communication breakdowns and the loss of feedback loops within organisations. As a result, an organisation must learn how to reconnect and integrate with the various parts of itself.

The Sanctuary Institute is a 5 day intensive training experience.[2] Teams of five to eight people, from various levels of the organisa-tion, come together to learn from our faculty, colleagues from other organisations and one another, and begin to create a shared vision of the kind of organisation they want to create. These teams will even-tually become the Sanctuary Steering Committee for their organisa-tion. The training experience usually involves several organisations

2 The Sanctuary Institute is a part of the Andrus Center for Learning and Innov-ation, at Andrus Children's Center in Yonkers, NY: www.andruschildren.org

and generally these organisations are very different in terms of size, scope, region and mission. This diversity helps to provide a rich learning experience for the participants.

Participation in the Sanctuary Institute is the gateway to the Sanctuary Network, a community of organisations committed to the development of trauma-informed services. We are all committed to the belief that we can do better for our clients and our colleagues, as well as our society, if we can accept that the people we serve are not sick or bad but injured, and that the services we provide must provide hope, promote growth and inspire change. We believe that clients can change if they find themselves in a community that tolerates risk, values creativity, inspires hope and believes that the future can be different from the past. We believe organisations require the same kind of community if they are going to improve, heal from their own stresses and injuries, and realize their full potential. It is hard to change your old patterns without help and support. What we know about trauma theory tells us that our old patterns are difficult to break and that it is easy to slide back into established habits without even thinking about it.

Sanctuary Steering Committee and the Sanctuary Toolkit

During the training, the Steering Committee engages in prolonged facilitated dialogue that serves to surface the major strengths, vulnerabilities and conflicts within the organisation. By looking at shared assumptions, goals and existing practice, staff members from various levels of the organisation are required to share in an analysis of their own structure and functioning, often asking themselves and each other provocative questions that have never overtly surfaced before. Many of these questions have not been raised before because participants have never felt safe enough to say what has been on their minds or in their hearts, even after many years of working together. Although the continual focus is on the fundamental question of 'Are we safe?', participants quickly learn that in the Sanctuary Model being safe means being willing to take risks, by being willing to say what needs to be said and hear what needs to be heard.

Participants look at the change process itself and are asked to anticipate the inevitable resistance to change that is a fact of life in every organisation. They look at management styles, the way decisions are made and conflicts resolved. In the process of these

discussions, they learn about what it means to engage in more democratic processes on the part of leaders, staff and clients in terms of the simultaneous increase in rights and responsibilities. They evaluate the existing policies and procedures that apply to staff, clients and families and ask whether or not they are effective in achieving their shared goals. They are asked to learn about, and become thoroughly familiar with, the psychobiology of trauma, the way PTSD, complex PTSD and other trauma-related disorders present in the children, adults and families they work with, and begin to think about the implications of that knowledge for treatment. They also learn how high levels of stress in the organisation can impact relationships, emotions and decision making at every level of the organisation. They develop an understanding of the conceptual tool for organising treatment – SELF. They learn about vicarious trauma, traumatic re-enactment and the importance of understanding themselves and providing support for each other. And they are introduced to the various components of the Sanctuary Toolkit, including community meetings, safety plans, Red Flag reviews, SELF Psycho-education, SELF treatment planning, and Sanctuary team meetings.

Developing a Core Team and guided implementation manuals

The Sanctuary Steering Committee are instructed to go back to their organisation and create a Core Team – a larger, multidisciplinary team that expands its reach into the entire organisation. It is this Core Team that will be the activators of the entire system. The Core Team are armed with a *Sanctuary Staff Training Manual*, a *Sanctuary Implementation Manual* and ongoing consultation and technical assistance from Sanctuary faculty members to guide them through the process of Sanctuary implementation. This process takes several years to really get traction and then continues – hopefully – forever. The objective of the implementation and technical assistance is to edge an organisation closer and closer to the edge of chaos, where creative, self-organising change occurs, without destabilizing it to such a point that it becomes chaotic and dangerous. As the CEO of Andrus Children's Center, Nancy Ment, has noted:

> The Sanctuary Model doesn't keep bad things from happening but it allows an organisation to deal with those bad things

without losing its way so it can bounce back and continue to function.[3]

The Core Team should have representatives from every level of the organisation to ensure that every voice is heard. It is vital that all key organisational leaders become actively involved in the process of change and participate in this Core Team.

The responsibility of Core Team members is to actively represent and communicate with their constituents and to become trainers and cheerleaders for the entire organisation. The Core Team works out team guidelines and expectations of involvement for individual team members, as well as a meeting schedule, and decides on safety rules for the constructive operation of the team itself. The Core Team is ultimately responsible for the development of an implementation process, aimed at including the entire organisation in the change process, that involves teaching everyone about the Seven Commitments, trauma theory, SELF and the Sanctuary Toolkit. The Core Team facilitates the development of changed human resource, supervision, orientation, and training programmes and policies. They oversee a plan for significantly greater client participation in planning and implementation of their service plan. The ultimate goal is to take meaningful steps to change the organisation's culture and engage as many community members as possible in that process.

As discussions begin in the Core Team, participating staff begin to make small but significant changes. Members take risks with each other and try new methods of engagement and conflict resolution. They feed these innovations and their results back into the process discussions. The Core Team must always maintain a balance between process and product. It is not enough to talk about how we will change things. We must also make actual changes in the way we do business. The Core Team therefore not only plans together how best to share what they are learning with the larger organisation, but also plans how to train all agency personnel and clients in the Sanctuary principles, how to integrate the Sanctuary Toolkit into the day-to-day operation of the organisation and how to evaluate how these initiatives are taking hold in the organisation.

Through the implementation steps of the Sanctuary Model, staff members engage in prolonged dialogue that serves to surface the major strengths, vulnerabilities and conflicts within the organisation.

3 Personal communication.

By looking at shared assumptions, goals and existing practice, staff members from various levels of the organisation are required to share in an analysis of their own structure and functioning, often asking themselves and each other provocative questions that have never overtly surfaced before. As this happens, the development of more democratic, participatory processes begins to emerge. These processes are critical because they are most likely to lend themselves to the solution of very complex problems while improving staff morale, providing checks and balances to abuses of power and opening up the community to new sources of information.

Evaluation and expected outcomes

Finally, the Core Team must decide on indicators they want to use to evaluate their Sanctuary programme in an ongoing way – their Sanctuary Programme Evaluation Plan. The indicators should be observable, measurable and consistent with standards established by Sanctuary leaders. There should be a regular process of evaluation and review that involves all core team members. It is vital that there be a thorough method for reviewing problems and failures and establishing remedial courses of action; but likewise there must be methods for reviewing and capturing successes.

The impact of creating a trauma-informed Sanctuary Model culture should be observable and measurable. The outcomes we expect to see include, and are applicable to, all community members:

- Less violence, including physical, verbal and emotional forms of violence, including but not limited to reduced/eliminated seclusion and restraint.
- System-wide understanding of complex biopsychosocial and developmental impact of trauma and abuse and what that means for the service environment.
- Less victim-blaming; fewer punitive and judgemental responses.
- Clearer, more consistent boundaries, higher expectations, linked rights and responsibilities.
- Earlier identification of, and confrontation of, abusive use of power in all of its forms.
- Better ability to articulate goals, create strategies for change and justify the need for a holistic approach.
- Understanding and awareness of re-enactment behaviour, resistance to change and how to achieve a different outcome.

- More democratic environment at all levels.
- Better outcomes for children, staff and organisation.

Sanctuary certification and research

Sanctuary is a registered trademark and the right to use the Sanctuary name is contingent on engagement in the Sanctuary Institute training and certification programme and an agreement to participate in an ongoing, peer-review certification process. Programmes usually seek Sanctuary Certification in the 2–3 year period after participation in the Sanctuary Institute.

The Sanctuary Model is considered an evidence-supported practice by the National Child Traumatic Stress Network in the USA and it is accumulating a growing research base of support (Rivard *et al.*, 2004; McSparren, 2007; Bloom and Farragher, 2009; Banks and Vargas, 2008, 2009).

References

Banks, J., Vargas, L.A. (2008) *Preliminary Outcomes: Sanctuary in Childcare Settings*. Yonkers, NY: Andrus Center for Learning and Innovation: www.andruschildren.org

Banks, J., Vargas, A.L. (2009) *Sanctuary in Schools: Preliminary Child and Organizational Outcomes*. Yonkers, NY: Andrus Center for Learning and Innovation: www.andruschildren.org

Bentovim, A. (1992) *Trauma-organized Systems: Physical and Sexual Abuse in Families*. London: Karnac Books.

Bills, L.J., Bloom, S.L. (1998) From chaos to sanctuary: trauma-based treatment for women in a state hospital system. In Levin, B.L., Blanch, A.K., Jennings, A. (eds), *Women's Health Services: A Public Health Perspective*. Thousand Oaks, CA: Sage.

Bloom, S.L. (1994) The Sanctuary Model: developing generic inpatient programs for the treatment of psychological trauma. In Williams, M.B., Sommer, J.F. (eds), *Handbook of Post-traumatic Therapy: A Practical Guide to Intervention, Treatment, and Research*. New York: Greenwood Publishing.

Bloom, S.L. (1997) *Creating Sanctuary: Toward the Evolution of Sane Societies*. New York: Routledge.

Bloom, S.L. (2006) Organizational Stress as a Barrier to Trauma-sensitive Change and System Transformation. White paper for the National Technical Assistance Center for State Mental Health Planning (NTAC), National Association of State Mental Health Program Directors: http://www.nasmhpd.org/publications.cfm [accessed 20 October 2009].

Bloom, S.L. (2007) Loss in human service organizations. In Vargas, A.L., Bloom, S.L. (eds), *Loss, Hurt and Hope: the Complex Issues of Bereavement and Trauma in Children*. Newcastle, UK: Cambridge Scholars Publishing.

Bloom, S.L. (2010, in press) Trauma-organized systems and parallel process. In Tehrani, N. (ed.), *Managing Trauma in the Workplace*. London: Routledge.

Bloom, S.L., Farragher, B. (2009) Expected outcomes and research: developing an evidence base. Yonkers, NY: Andrus Center for Learning Innovation: www.andruschildren.org

Bloom, S.L., Farragher, B. (2011, in press) *Destroying Sanctuary: The Crisis in Human Service Delivery*. New York: Oxford University Press.

McSparren, W. (2007) Models of Change and the Impact on Organizational Culture: The Sanctuary Model Explored. Unpublished manuscript.

Pascale, R.T., Millemann, M., Gioja, L. (2000) *Surfing the Edge of Chaos: The Laws of Nature and the New Laws of Business*. New York: Crown Business.

Rivard, J.C., McCorkel, D., Duncan, M.E., Pasquale, L.E., Bloom, S.L., Abramovitz, R. (2004) Implementing a trauma recovery framework for youths in residential treatment. *Child and Adolescent Social Work Journal* **21**, 529–550.

Schein, E.H. (1999) *The Corporate Culture: A Survival Guide. Sense and Nonsense About Culture Change*. San Francisco, CA: Jossey Bass.