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SANCTUARY MODEL

The Sanctuary Model is an evidence-supported, theory-based, trauma-informed, whole organizational approach for human service delivery systems. This model provides a clear and structured methodology for creating trauma-informed systems of care. This entry describes the development and philosophy of the Sanctuary Model, then discusses the Sanctuary Toolkit and other features of the model.

Background

Originally developed from 1985 to 1991 in an acute care, community hospital-based, psychiatric unit for adults, from 1991 to its closure in 2001, the sanctuary was an inpatient program designed to treat the complex problems of adults who had been maltreated as children. Although many people have been associated with the creation and development of the Sanctuary Model, Sandra L. Bloom is generally recognized as the founder of the program. The first published description of the program came out in 1994, in which she quoted a colleague remarking on the now often-repeated phrase “It’s not what’s wrong with you, it’s what happened to you.” The name itself derived from the first chapter describing the inpatient treatment of trauma survivors—a program for Vietnam veterans who were expecting a welcoming and healing environment and found instead, more trauma, which the author described as “sanctuary trauma.”

The first 10 years of development of the sanctuary were captured in the 1997 publication *Creating Sanctuary: Toward the Evolution of Sane Societies*, in which the notion of “hurt people, hurt people” was explored. The wider public health implications of trauma and its effects were similarly developed in *Bearing Witness: Violence and Collective Responsibility*. Most recently, two of the current developers of the Sanctuary Model have coauthored a volume describing the impact of organizational stress and the trauma-organized systems that result in *Destroying Sanctuary: The Crisis in Human Service Delivery Systems*. The next volume of the series (forthcoming, January 2013) will describe in more detail the process of implementing the Sanctuary Model in *Restoring Sanctuary: A New Operating System for Organizations*.

Philosophy

The Sanctuary Model has a well-developed philosophical approach that is grounded in the complex biopsychosocial and existential adaptations that individuals and groups make to cope with overwhelming and repetitive stress. As an organizational approach, the Sanctuary Model views systems as alive and therefore subject to conscious and unconscious dynamics similar to those of the individuals who work in and are served by those systems.

The Sanctuary Model is structured around a philosophy of belief and practice informed by the scientific study of attachment and child development and the impact of adversity, toxic stress, and trauma.

Attachment between parent and child results in the human operating system, whereas toxic stress disrupts that operating system. Human beings and human organizations are living systems that adapt to changing conditions in complex ways. New mental models for how we view human problems are beginning to emerge from these scientific findings. The notion of parallel processes helps explain how trauma-organized systems develop and provides a framework for helping systems recover and, in doing so, become trauma-informed.

“Creating sanctuary” refers to the shared experience of creating and maintaining safety within any social environment. In the Sanctuary Model, the notion of safety encompasses physical, psychological, social, and moral safety. The philosophical tenets of the Sanctuary Model are embodied in the Sanctuary Commitments. The seven Sanctuary Commitments are tied directly to trauma-informed treatment goals. The process of creating sanctuary begins with getting everyone on the same page—surfacing, sharing, arguing about, and finally agreeing on the basic values, beliefs, guiding principles, and philosophical principles that are to guide decisions, decision-making processes, conflict resolution skills, and behavior.

The Sanctuary Commitments

The Sanctuary Commitments are the values that structure the organizational norms, determine the organizational culture, and apply to everyone within the organization. These 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 organization as a whole.

All seven Sanctuary Commitments are complexly interactive and interdependent. The *Commitment to Nonviolence* requires a shared definition of safety, the universal development of safety skills, trust, and resilience in the face of stress. The *Commitment to Emotional Intelligence* fosters emotional management skills, respect for emotional labor, the minimization of the paralyzing effects of fear, and an expanded awareness of problematic cognitive-behavior patterns and how to change them. The purpose of the *Commitment to Social Learning* is to build cognitive skills, improve learning and decisions, promote

healthy dissent, restore memory, and ultimately to develop the skills necessary to sustain a learning organization. The *Commitment to Open Communication* means that organizations must overcome barriers to healthy communication, discuss the “undiscussables,” and thereby undo organizational alexithymia (difficulty recognizing or describing emotions), while increasing transparency, improving conflict management skills, and reinforcing healthy boundaries. The *Commitment to Democracy* supports the development of the civic skills of participation, self-control, self-discipline, and the healthy exercise of authority and leadership, while overcoming learned helplessness. The objective of the *Commitment to Social Responsibility* is to harness the energy of reciprocity and a yearning for justice by rebuilding restorative social connection skills, establishing healthy and fair attachment relationships, and transforming vengeance into social justice. The *Commitment to Growth and Change* represents a recognition that all change involves loss and that if people are to cease repeating irrelevant or destructive past patterns of thought, feeling, and behavior, they must be able to envision, be guided by, skillfully plan, and prepare for a different and better future.

S.E.L.F.: A Nonlinear Organizing Framework

Human service organizations often employ professionals from a wide range of specialized backgrounds and orientations. Sometimes these varied professionals speak in terms that are not clear to each other or to the people they serve. The Sanctuary Model has constructed an acronym, S.E.L.F., that represents the four key interdependent aspects of recovery from bad experiences. S.E.L.F. provides a nonlinear, cognitive behavioral therapeutic approach for facilitating movement in individuals and organizations. These four components are the organizing framework for treatment planning, community conversations, and collaborative decision making and allow providers to focus on the most important aspects of helping people heal from trauma in a simple and accessible way.

S.E.L.F. is an acronym that is used as a compass for exploring 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, events), *loss* (feeling grief and dealing with personal losses and

recognizing that all change involves loss), and *future* (trying out new roles, ways of relating and behaving as a “survivor” to ensure personal safety, envisioning a different and better future).

The Sanctuary Institute

The Sanctuary Institute is a 5-day intensive training experience. Teams of five to eight people, from various levels of the organization, including executive leadership, come together to learn from colleagues from other organizations implementing the Sanctuary Model. These teams become the sanctuary steering committee for their organization. The sanctuary steering committees are instructed to go back to their organizations and create core teams—larger, multidisciplinary teams that expand their reach into the entire organization. Core team members will be the activators of the entire system. The core team is required to have representatives from every level of the organization to ensure that every “voice” is heard. It is vital that all key organizational leaders become actively involved in the process of change and participate in this core team. A number of curricula and manuals have been created to support the implementation process while ongoing consultation and technical assistance from sanctuary faculty members guide organizations through the process of sanctuary implementation that extends over 3 years and leads to sanctuary certification.

Sanctuary Toolkit

The Sanctuary Toolkit comprises a range of practical skills that enable individuals and organizations to deal more effectively with difficult situations, build community, develop a deeper understanding of the effects of adversity and trauma, and build a common language. A *safety plan* is a list of simple activities that a person can choose when feeling overwhelmed so that the person can avoid engaging in the unsafe, out-of-control, or toxic behavior he or she is accustomed to resorting to under stress and, instead, use an activity that is safe, effective, and self-soothing. *Community meetings* are deliberate, repetitive transition rituals intended to psychologically move people from some activity that they have been doing into a new group psychological space preparing the way for collective thought and action. *S.E.L.F. psychoeducational groups* help clients shift

their understanding of what has happened to them, how they have responded to those events, and the role they must play in their own recovery. *Red flag meetings* provide a team with a structured method to respond to any critical incident or concern, to any circumstance that arises that the entire community must respond to as a group so that an existing problem does not escalate to become a bigger problem. *S.E.L.F. team meetings* are active, focused meetings where every member feels comfortable talking and listening, is engaged and contributes, shares insights, and generates new ideas. *S.E.L.F. treatment planning* offers a structured, nonhierarchical approach for measuring client progress in treatment, while evaluating goals and current obstacles to improvement using a language that can be shared by clients, family members, and all levels of staff.

Sanctuary Research

Early research efforts were both qualitative and quantitative, demonstrating that it was possible to use the Sanctuary Model as a method for reducing violence and coercive forms of intervention in adult psychiatric settings. The Sanctuary Model as it is applied to residential child care is considered evidence-supported based on a controlled study by Jeanne Rivard and colleagues that was funded through the National Institute of Mental Health. Subsequent research by Wendy McSparren and Darlene Motley also demonstrated significant differences in organizational culture within organizations using the Sanctuary Model.

Sandra L. Bloom

See also Childhood and Adolescent Trauma; Assessment and Treatment; Complex Trauma; Culture and Trauma; Cumulative Trauma; Ethics; Psychological Trauma; Public Health; Social Learning Theory and Sexual Aggression; Social Support and Trauma; Trauma Education; Trauma-Organized Systems; Workplace Violence

Further Readings

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SCHOOL SHOOTINGS

School shootings range from impulsive acts to well-planned rampages. Among school shootings are those related to individual disputes; anticipation or perceptions of being wronged or humiliated by a teacher or peer; gang activities; and retaliatory mass, or rampage, violence. Such shootings have resulted in multiple deaths and injuries; traumatized youth and adults; and caused grief, traumatic grief, and other mental health disturbances. At least outside of violent inner-city locations, schools used to be considered a place of safety for youth. Repeated attempts by some youth at outdoing

the rampage shooters who accomplished multiple deaths and injuries have added to an atmosphere of fear, stress, and caution for teachers and students in many schools. This entry reviews some of the well-publicized school shootings (including two notable university shootings), and provides information on the incidence of school shootings and a brief look at descriptors of victims and perpetrators.

Well-Publicized Events

Among the most well-publicized school shootings are those that have been described as massacres—school shootings with many deaths and injuries, such as the 1966 University of Texas (UT) clock tower shootings, the 1999 Columbine rampage, and the 2007 Virginia Polytechnic Institute and State University (Virginia Tech) shootings. On August 1, 1966, a former Marine, who had attended UT, killed his mother and his wife before dawn. He then went to the UT clock tower and clubbed a receptionist, who later died, killed two people, and wounded two others before reaching the observation deck. From there, he opened fire on people crossing the campus, killing 10 more people and wounding 31 others (one of whom later died). After elaborate planning, on April 20, 1999, at Columbine High School in Colorado, two students fatally shot 12 students and a teacher and wounded 23 others before committing suicide. More deaths were planned, but the bombs they planted around the school did not detonate. On April 16, 2007, a Virginia Tech student killed a female student and the resident advisor in a dormitory. After mailing some videotaped violent ramblings to NBC News, he locked the doors to a university building from the inside and opened fire on several classrooms, ultimately killing 30 people more before killing himself. Several additional students were wounded or were injured in jumping out of the building. Also among well-publicized school shootings are those that involved taking children hostage in an elementary school classroom (e.g., Evanston, Illinois; Jackson Hole, Wyoming; Pennsylvania Amish school). As a consequence of such shootings, schools and universities have implemented or enhanced their school safety protocols.

Incidence of School Violence

To place school shootings in context, general homicide rates are described before school shootings. The