Sanctuary Model Implementation From the Perspective of Indirect Care Staff

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This article presents findings from an exploratory study of the implementation of the Sanctuary Model®, a trauma-informed organizational change model, from the perspective of indirect care staff in a voluntary child welfare agency. Results suggest that organizational readiness for change is associated with perceived success with change efforts. Additionally, the perceived role-modeling of trauma-informed behavior by agency staff differed by position, with subordinates best demonstrating desired behavior and leadership the least. The benefits of a participatory action research approach to organizational study are presented.

IMPLICATIONS FOR PRACTICE

- In supporting organizational change efforts in human service agencies, it is important to engage both indirect care and direct care staff in the change process.

- Obtaining staff input during organizational change efforts may highlight areas in which the organization can focus its attention to facilitate the intended changes.

Demands for increased accountability, as well as policy changes in children's mental health and child welfare, are changing residential care practices to incorporate evidence-based approaches. Positive outcomes in group care and residential treatment have been linked to multimodal, holistic, and ecological approaches (Hair, 2005), including consideration of organizational factors (Jordan et al., 2009; Stuart, Sanders, Gurevich, & Fulton, 2011). Although research on residential care services increasingly emphasizes the impact of organizational context on client outcomes, the perspectives of indirect care staff have received little study. Indirect care staff are those who provide support services, such as management; technical assistance in departments such as finance, human resources, and management information systems; and administrative services. It is important that these stakeholders are included in research on organizational context, since the quality of the organizational environment is shaped by the experiences of all members of the organization's community (Cooke & Rousseau, 1988).

Unlike other child welfare organizational research that focuses on direct care staff (i.e., those providing social services directly to clients; Glisson, Dukes, & Green, 2006; Glisson & Hemmelgarn, 1998; Rose, Madurai, Thomas, Duffy, & Oyebode, 2010; Stuart et al., 2011), this study employs participatory action research (PAR) methods to examine the implementation of the Sanctuary Model® in a voluntary child welfare agency that offers residential care, mental health, and community services, from the perspective of indirect care staff. Related factors of organizational readiness for change and participatory organizational change are addressed.

Organizational Factors in Residential Care

Much of the research in the study of organizational factors in residential care has examined the effect organizational context has on direct care staff burnout (Lakin, Leon, & Miller, 2008; Seti, 2007). Numerous studies have found an inverse correlation between social support in an organization and the development of burnout (Himle, Jayaratne, & Thyness, 1989; Seti, 2007; Winnubst, 1993). Other organizational characteristics that have been associated with burnout include excessive bureaucracy and lack of autonomy and decision-making authority, advancement opportunities, and recognition (Seti, 2007).

Organizational culture can be defined as the implicit norms, values, shared behavioral expectations, and assumptions that guide behaviors of members of a work unit (Cooke & Rousseau, 1988). Organizational culture has been found to impact how readily new technologies will be considered and adopted in practice (Hemmelgarn, Glisson, & Dukes, 2001). In human services, organizational culture influences provider attitudes, perceptions, and behaviors (Glisson & James, 2002). Aarons and Sawitzky (2006) found that constructive culture was associated with more positive attitudes toward adoption of evidence-based practice (EBP) and poor organizational climates with perceived divergence of usual practice and EBP.

Sanctuary Model

Given the increasing research on the impact that organizational factors have on quality of service delivery, there has been growing interest in implementation of evidence-supported, trauma-informed organizational interventions in youth residential care (Bloom, 2005;

Holden et al., 2010). The Sanctuary Model represents a theory-based, trauma-informed, evidence-supported (National Child Traumatic Stress Network, 2008; Rivard, Bloom, McCorkle, & Abramovitz, 2005) whole-culture approach that has a clear and structured methodology for creating or changing an organizational culture (Esaki et al., 2013). The objective of such a change is to more effectively provide a cohesive context within which healing from physical, psychological, and social traumatic experience can be addressed. As an organizational culture intervention, the Sanctuary Model is designed to facilitate the development of structures, processes, and behaviors 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 (Bloom, 2011). The four core elements of the Sanctuary Model are the following:

1. Trauma theory, which represents what we know and understand about the effects of trauma and violence; how people react to overwhelming stress with fight, flight, or freeze responses; how these stressful experiences affect peoples' thinking, feelings, and behaviors; and how these experiences can overwhelm people's ability to cope.
2. The Seven Sanctuary Commitments, namely, nonviolence, emotional intelligence, democracy, open communication, social responsibility, commitment to social learning, and growth and change; the shared values among community members that contribute to an environment that mitigates the effects of trauma and adversity.
3. S.E.L.F., an acronym for the organizing categories of safety, emotion management, loss, and future, is used to formulate plans for client services or treatment as well as for interpersonal and organizational problem solving.
4. The Sanctuary Tool Kit is a set of 10 practical applications of trauma theory, the Seven Commitments, and S.E.L.F., which are used by all members of the community at all levels of the hierarchy to reinforce the concepts of the model.

A detailed description of the Sanctuary Model and its Seven Commitments, along with a logic model illustrating linkages between model activities and expected outcomes, is provided in Esaki et al. (2013).

Typical implementation consists of an initial 5-day training on the model for key leaders in an organization. The leaders are then tasked with returning to their agency and forming a Core Team, a representative group of employees from all levels and departments, who are the primary change agents who work with colleagues to implement the model. The Core Team is provided with technical assistance from a trained Sanctuary Model faculty during a 3-year implementation period. After 3 years, the agency may choose to undergo a certification process in which it is evaluated for successful implementation.

Organizational Change

Readiness for Change

The success of any intervention designed to enhance or change an organization's culture will hinge upon readiness for change among staff within the organization. Organizational readiness for change is a multilevel, multifaceted construct (Weiner, 2009). As an organization-level construct, readiness for change refers to organization members' shared resolve to implement a change and shared belief in their collective capability to do so. When organizational readiness for change is high, organization members are more likely to initiate change, exert greater effort, exhibit greater persistence, and display more cooperative behavior (Weiner, 2009).

Lewin's (1951) stages of change, which consist of unfreeze, change, and refreeze, continue to be a generic recipe for organizational development (Weick & Quinn, 1999). Other organizational scholars (Kanter, 1983; Kotter, 1996; Schein, 1987) have adopted a change-agent, leader-centric focus on change by emphasizing the strategic nature of transformational leadership, including the creation of inspiring visions (Burns, 1978). In contrast, Armenakis and Harris (2009) chose a change-recipient, employee-centric path in their work. They were primarily interested in what change recipients consider when making a decision to support or resist a change effort. Since changes must ultimately be implemented by change recipients, understanding their motivations to support organizational changes or not provides very practical insights into how to best lead change. Thus, their research is viewed as a quest to understand the basis for individual motivations to support change efforts (Armenakis & Harris, 2009).

Participatory Change

Participatory practices enhance procedural justice (i.e., fairness in processes that may impact allocation of resources) when used to create contexts in which community members have a voice and choice in making decisions about how to pursue the community's interests (Fondacaro & Weinberg, 2002). Employee involvement in organizational decision-making contributes to individual health and well-being, as well as increased organizational effectiveness (Marsick & Watkins, 1998). Participation among employees is linked to increased empowerment among employees, satisfaction, and individual and organizational learning (Argyris & Schön, 1978; Levitt & March, 1988;

Senge, 1990). Organizational learning occurs when organizations have the capacity to change assumptions and policies when evidence suggests that they are not leading to desired outcomes (Argyris & Schön, 1978).

Despite the well-known benefits that participatory practices can yield, ongoing fieldwork and research with community-based health and human service organizations suggests that substantive participatory practices are not widespread (Bess, Prilleltensky, Perkins, & Collins, 2009). In the experience of Bess et al. (2009), participation as a value that promotes social justice, empowerment, and organizational effectiveness has deep appeal for both human service leaders and staff; however, a number of factors within the context of human services, such as structures imposed by funders that provide little flexibility on how employees use their time, make it challenging for members to implement participatory practices.

Regarding the process by which organizations change, research suggests that it is more common to see learning and subsequent improvement or change taking place in individuals or small groups or teams than as a coordinated effort across the organization (Schein, in Coutu, 2002). Case studies of successful learning cultures demonstrate that learning most often begins with a small group or team that develops a learning culture and gradually spreads the elements through the organization (Cohen & Austin, 1994; Schein, in Coutu, 2002; Dixon, 2000; Lipshitz & Popper, 2000). According to Schein, organizational learning does not happen until "leaders become genuine learners" themselves and become models for others to follow (Schein, in Coutu, 2002).

Present Study

This present study was conducted to assess the implementation of the Sanctuary Model from the perspective of indirect care staff within a Northeast voluntary child welfare agency. This organization had implemented the Sanctuary Model with a strong emphasis on engaging direct service staff in the organization change process, but with minimal engagement of the indirect service providers. To address their lack of involvement, the indirect service providers assembled a Core Team, which paralleled the existing Core Team that included agency leaders and direct care providers. The study, which was approved by the Institutional Review Board at the University at Albany–SUNY (UAlbany), was designed to answer the following research questions: (a) How ready for organizational change are the indirect care staff members? (b) To what extent do indirect care staff perceive agency success with Sanctuary Model implementation? (c) How does type of position in the

agency relate to demonstration of Sanctuary Model behavior? (d) How does tenure relate to organizational readiness for change? (e) How does perceived agency success with model implementation relate to organizational readiness for change? (f) Is organizational readiness for change related to perceived agency commitment to model implementation?

The present study employed PAR methods. Although PAR has been used to refer to studies that employ varying levels of participant involvement, the underlying principle is collaboration between researchers and participants in developing goals, methods, data analysis, and procedures for implementing a change process (Kidd & Kral, 2005). PAR requires an openness on the researcher's part to use participants' definitions of their needs and potential solutions (Kidd & Kral, 2005) and shared power in making decisions at every phase of the research process (Kelly, 2005). Thus, the research team for the present study consisted of two researchers, one from UAlbany and one from the agency conducting the study, and key stakeholders from the agency, including administrators and indirect care staff. The employee team that collaborated with the researchers was the agency's Indirect Care Core Team—a representative group of indirect care staff from across the agency who were responsible for implementing the model in their departments.

TABLE 1. *Survey Sample Profile (N = 37)*

Characteristics	%
Gender	
Female	67.9
Male	32.1
Race/ethnicity	
White (not Hispanic)	37.0
Hispanic	25.9
Black (not Hispanic)	14.8
Asian or Pacific Islander	7.4
Mixed racial heritage	14.8
Age	
18–24	6.9
25–34	31.0
35–44	27.6
45–55	17.2
Over 55	17.2
Tenure	
< 1 year	10.8
≥ 1 year	89.2

Note. Values represent percentage of valid responses.

Setting, Participants, and Procedures

All indirect care staff at the agency were invited to complete a survey designed to measure attitudes and behaviors related to implementation of the model. Of 85 total indirect care staff members, 37 agreed to participate in the study (44% response rate). Many respondents declined to answer questions about gender, ethnicity, and age. Table 1 provides a description of sample characteristics. The percentages are calculated using valid responses to each item and may not accurately reflect the gender, ethnicity, and age of indirect staff employees within the agency overall. All respondents provided information on tenure.

In July 2011, an email message was sent out to all indirect care staff employees at the study agency providing an informed consent form and a link to an electronic SurveyMonkey® version of the survey, as well as hard copies provided via email and internal mail. Additionally, a Spanish-language version was also made available to participants, since this was the native language of some potential respondents. Surveys were completed anonymously with no identifying information. Participants were given the option of completing online or hardcopy surveys. Participants who chose to complete the hardcopy version were asked to complete it with no identifying information, and to place the completed survey in a box in the staff mailroom. Responses were collected over a 3-week period.

Measures

In keeping with PAR methods, volunteers from the agency's Indirect Care Core Team worked closely with the two researchers to develop the survey used for the present study and obtain feedback from colleagues on the team to fine-tune the survey. Feedback on both survey content and administration was obtained from all members of the research team. Specifically, employees provided feedback on the appropriate length, suggestions for rewording of some items for clarity, questions about why certain items were being included, a suggestion that demographic questions be optional and listed at the end of the survey, and proposals on how to distribute the survey for maximum response.

The survey combined two measures. The first of these was developed by the research team to measure the extent to which staff perceived demonstration of the Sanctuary Model Seven Commitments at the agency (nonviolence, emotional intelligence, democracy, open communication, social responsibility, commitment to social learning, and growth and change). The basis for this survey was notes completed by Dr. Sandy Bloom, co-developer of the Sanctuary Model with ANDRUS, and Dr. Jeanne Rivard, a researcher formerly at the Columbia University School of Social Work (Bloom & Rivard, n.d.). The documentation identified a number of detailed principles associated with each of the Seven Commitments. This measure, which consisted of 30 items such as "I feel emotionally safe," "The environment is a learning organization for everyone," and "There is shared power and control," assessed demonstration of the Seven Commitments with possible scores ranging from a low of 1 = *not at all* to 5 = *a very great extent*. An assessment of internal consistency of the entire scale indicated strong internal consistency, with a Cronbach's alpha of .99. Alphas for the subscales ranged between .87 and .99 (see Table 2).

The survey also included the Organizational Change Recipients' Belief Scale (OCRBS; Armenakis, Bernerth, Pitts, & Walker, 2007), a reliable and valid measure of the following beliefs related to readiness for organizational change:

- Discrepancy—staff members believe that there is a need for a change.
- Appropriateness—the change addresses the discrepancy (i.e., need for change in the agency).
- Efficacy—there is a perceived capacity to implement the change at the individual and agency level.
- Principal support—support exists from leadership, supervisors, and peers to implement the change.
- Valence—there is attractiveness of the perceived outcome at the individual level.

Possible scores for the OCRBS ranged from a low of 1 =*strongly disagree* to 7 = *strongly agree*. Since the Sanctuary Model was introduced to the agency several years before the study, the discrepancy dimension was omitted from the survey. All other dimensions were included, and the respondents were asked specifically about their readiness for implementation of the model. The internal consistency for each of the subscales was

TABLE 2. *Survey Subscale Characteristics*

Variable	M (SD)	Range	Items	α
Sanctuary Model's Seven Commitments				
Nonviolence	3.53 (1.10)	1–5	5	.93
Emotional intelligence	3.39 (1.03)	1–5	3	.87
Growth and change	3.29 (1.25)	1–5	2	.91
Social learning	3.27 (1.03)	1–5	5	.94
Social responsibility	3.23 (1.16)	1–5	7	.97
Open communication	3.22 (1.24)	1–5	3	.93
Democracy	2.94 (1.19)	1–5	5	.99
Readiness for change				
Efficacy	5.18 (1.67)	1–7	5	.96
Principal support	4.85 (1.68)	1–7	6	.95
Appropriateness	4.81 (1.61)	1–7	5	.97
Valence	4.69 (1.71)	1–7	3	.95

strong, with Cronbach's alphas ranging from .95 to .97 (see Table 2 for descriptive data on survey subscales).

Participants were also asked to report on the extent to which different stakeholder groups demonstrated Sanctuary Model behavior. The following question was included in the survey: "From your perspective, how well do you think the following [agency] employee(s) demonstrate Sanctuary Model type behavior?" Responses could range from 1 = *not at all* to 5 = *a very great extent*. An additional, nonscored response option was *varies (by person)*. The stakeholder groups were categorized as the agency's "leadership team," "your immediate supervisor," "work colleagues in your department," "work colleagues outside your department," and "employees who report to you."

Perceived agency success with Sanctuary Model implementation was measured with participants' responses of *agree* or *disagree* to the statement, "From my perspective, [the agency] has successfully implemented the Sanctuary Model."

Tenure at the agency was measured with an item asking participants to report how long they had worked at the agency. For analysis purposes, a dichotomous version of this variable was used (0 = *less than one year*; 1 = *one or more years*). Because many participants declined to answer questions about demographic characteristics, these questions were not included in the analyses. Perceived commitment to Sanctuary Model implementation was measured with a question asking to what extent participants agreed with the following statement: "There is a commitment to the Sanctuary Model." Responses could range from 1 = *not at all* to 5 = *a very great extent*.

A copy of the survey can be obtained by contacting the first author of this article. It is not included in this article because the survey contains additional questions that were not included in the analyses for this article, and to protect the confidentiality of the study agency, which would be compromised by survey dissemination.

Data Analysis

The data were analyzed using descriptive statistics to answer research questions relating to (a) indirect care staff readiness for organizational change, (b) the extent to which indirect care staff members perceive agency success with Sanctuary Model implementation, and (c) how the type of position in the agency related to demonstration of the Seven Commitments. The researchers used *t* tests to assess relationships between tenure at the agency and readiness for change, and perceptions about agency success with model implementation and readiness for change. Linear regression was used to examine relationships between dimensions of readiness for change and perceived commitment to the Sanctuary Model.

Findings

Scores on OCRBS subscales were used to assess respondents' readiness for change. Table 2 provides mean scores for the four OCRBS dimensions. The instrument assigns scores of 1 = *strongly disagree* to 7 = *strongly agree*, and the mean scores were generally between 4 = *undecided* to 5 = *slightly agree*. Thus, the mean score represented some openness, but not strong investment in the change. Mean scores were highest for principal support (4.85), which is perceived support from the leadership, supervisors, and peers in the organization to implement the change, and efficacy (5.18), which is the perceived capacity to implement the change initiative at the individual and agency level.

Data related to respondents' perceptions of agency success in implementing the model are also presented in Table 2, which provides mean scores for perceived demonstration of the Seven Commitments. The means, ranging from 2.94 to 3.53 out of 5, suggest moderate success in demonstrating each commitment. Nonviolence (i.e., the extent to which the community ensures that members are safe) received the highest score (3.53). Democracy (i.e., the extent to which decision-making is shared) received the lowest (2.94). See Esaki et al. (2013) for a description of all Seven Commitments.

TABLE 3. *Demonstration of Sanctuary Model Behavior by Employee Group*

Employee group	M (SD)	% Varies (by person)
Respondent's direct report(s)	4.06 (0.85)	5.9
Supervisor	3.46 (1.32)	0
Departmental colleagues	3.40 (1.24)	5.4
Other colleagues	3.10 (0.98)	21.6
Leadership	2.90 (1.32)	18.9

TABLE 4. *Associations Between Readiness for Change and Use of Sanctuary Model's Seven Commitments*

Variable	B (SE)	β
Tenure [a]	−0.55 (0.33)	−.14
Principal support	0.34 (0.16)	.45*
Appropriateness	0.32 (0.15)	.40*
Valence	0.04 (0.18)	.06
Efficacy	0.01 (0.15)	.01
Constant	0.44 (0.47)	
R^2	.84	
F	32.21	
df	5	

[a] 1+ years at agency. * $p < .05$.

As detailed in Table 3, the employee group that was rated most strongly for demonstrating Sanctuary Model behavior comprised those supervised by the respondent (4.06 out of a possible 5). Supervisors of respondents received the next highest score (3.46). The lowest scores were attributed to the leadership team (2.90). However, note that 18.9% of the respondents indicated that demonstration of Sanctuary Model behavior varied by person within the leadership team. A little over half (58.3%) of respondents reported that the agency had successfully implemented the model.

Regarding tenure, 10.8% of the respondents had been with the agency less than 1 year. There was no association found between tenure at the agency and dimensions of readiness for organizational change.

Individuals who indicated that the Sanctuary Model has been implemented successfully tended to have significantly higher scores for each of the readiness for change dimensions: valence ($t = 2.80$; $p < .01$), appropriateness ($t = 3.35$; $p < .01$), efficacy ($t = 2.52$; $p < .05$), and principal support ($t = 2.72$; $p < .05$).

Table 4 presents the results of the linear regression examining relationships between dimensions of readiness for change and perceived commitment to the Sanctuary Model. Controlling for tenure at the agency, the model, including all dimensions of readiness for change, was related to perceived commitment to model implementation, $R^2 = .84$, adj., $R^2 = .81$, $F(5, 31) = 32.21$, $p < .01$. Two dimensions of readiness for change were related to perceived commitment to model implementation. In particular, higher scores on principal support ($\beta = .45$; $p < .05$) and appropriateness ($\beta = .40$; $p < .05$) corresponded to greater perceived commitment. Thus, respondents perceiving greater support from administrators, supervisors, and peers were more likely to feel that the agency was committed to implementing the model successfully. Those who felt that the model addressed a need in the agency (appropriateness) also reported greater agency commitment to implementing the model. Dimensions of valence and efficacy were not significant.

Discussion

This study examined perceptions about readiness for change and the use of the trauma-informed Sanctuary Model Seven Commitments among indirect care staff at a voluntary child welfare agency. Results indicate that indirect care staff members report, on average, moderate openness to change and modest success in implementing the Sanctuary Model. The finding that appropriateness of the model for meeting a need within the agency corresponds to commitment to the model is congruent with existing empirical and theoretical literature regarding the importance of supervisor support and staff buy-in with regard to successful implementation of organizational change (Antoni, 2004; Neves, 2011).

The finding that subordinates of the respondents were perceived as best at demonstrating Sanctuary Model behavior, with supervisors and departmental colleagues also receiving relatively high scores, and other colleagues and agency leadership the lowest, raises the question of the impact of relationships in an organization. Did close proximity contribute to higher ratings on the demonstration of desired behavior? Might leadership's ratings have improved by increased communication and interaction with employees? Or are the results reflective of possible power dynamics in the organization, where leaders do not feel as compelled to practice desired behavior as those who report into them? The Sanctuary Model, with nonviolence as one of the Commitments, emphasizes the importance of appropriate use of power in an organization and the critical role leadership plays in role-modeling desired behavior. These questions about relationships within the agency are intriguing, given the finding that perceived support from colleagues (principal support) was an important predictor of commitment to model implementation.

Findings from this study provide further evidence of the importance of social work values, inclusiveness, and the collective voice, as well as relationships, in the agency setting. Further examination of how some of these factors may contribute to the building of healthy and resilient organizational cultures may be warranted.

Limitations

Several limitations exist in the present study. First, the study used a self-administered survey to collect the data. Despite the fact that survey participation was anonymous, participants' varying comfort levels with reporting about their perceptions of their organization most likely impacted some of the data collected. Second, the cross-sectional design used in this study only provides a point-in-time examination of complex constructs and does not allow for a comprehensive understanding of trauma-informed readiness for change. Additionally, the lack of random sampling limits the generalizability of the study's findings. This study used a small convenience sample of indirect care staff members at a voluntary child welfare agency who were willing to participate in the study. The participants were not randomly selected, and not everyone participated in the study; thus, sampling bias most likely occurred. Furthermore, the information only reflects the perceptions of those who completed the survey. Thus, these findings must be validated by additional empirical research that includes longitudinal data collection with other samples of indirect care professionals in child welfare settings.

Conclusion

Despite these limitations, this study contributes to the empirical literature by providing an inclusive perspective regarding how indirect care staff members experience implementation of the Sanctuary Model. These results hold important implications for social service agencies, highlighting the value of including indirect care staff in implementing desired change. Furthermore, findings of this study suggest that, as with direct care staff, higher levels of readiness for change are associated with successful implementation.

The findings also raise questions about how leadership can improve indirect care employees' perceptions of their "walking the walk" when it comes to demonstrating new trauma-informed leadership practice. Are employees looking for leaders who communicate and engage with employees on a regular basis and offer tangible support? Are there certain Sanctuary Commitments employees identify as more important than others for leaders to demonstrate? Further studies focused on leadership and the critical role it plays in the successful implementation of trauma-informed organizational change is warranted. Notably, the current study highlights the importance of considering the perspectives of indirect care staff when implementing organizational change, and future studies could benefit from including this group in other aspects of social work research as well.

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