NCTSN The National Child Traumatic Stress Network

Sanctuary Model

GENERAL INFORMATION

Treatment Description	**Acronym** *(abbreviation)* **for intervention:** N/A **Average length/number of sessions:** N/A – the Sanctuary Model is a systemwide approach to creating a trauma-informed culture. **Aspects of culture or group experiences that are addressed** *(e.g., faith/spiritual component, transportation barriers)***:** Addresses marginalization of specific cultural groups through exposure to trauma. **Trauma type** *(primary)*: Interpersonal **Trauma type** *(secondary)*: All types **Additional descriptors** *(not included above)***:** The Sanctuary Model® , is a trauma-informed, evidence-supported template for system change based on the active creation and maintenance of a nonviolent, democratic, productive community to help people heal from trauma.
Target Population	**Age range:** 4 **to** no upper limit **Gender:** ❒ **Males** ❒ **Females** ☒ **Both** **Ethnic/Racial Group** *(include acculturation level/immigration/refugee history–e.g., multinational sample of Latinos, recent immigrant Cambodians, multigeneration African Americans)***:** All **Other cultural characteristics** *(e.g., SES, religion)***:** All **Language***(s)***:** English and Spanish, but accessible for translation **Region** *(e.g., rural, urban)***:** All
Essential Components	**Theoretical basis:** The aims of the Sanctuary Model are to guide an organization in the development of a trauma-informed culture with seven dominant characteristics all of which serve goals related to recovery from trauma spectrum disorders while creating a safe environment for clients, families, staff, and administrators with measurable goals: • Culture of Nonviolence – building and modeling safety skills and a commitment to higher goals • Culture of Emotional Intelligence – teaching and modeling affect management skills • Culture of Inquiry & Social Learning – building and modeling cognitive skills • Culture of Shared Governance – creating and modeling civic skills of self-control, self-discipline, and administration of healthy authority • Culture of Open Communication – overcoming barriers to healthy communication, reduce acting-out, enhance self-protective and self-correcting skills, teach healthy boundaries

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Essential Components continued	• Culture of Social Responsibility – rebuilding social connection skills, establish healthy attachment relationships • Culture of Growth and Change – restoring hope, meaning, purpose **Key components:** • Shared language of Safety, Emotion Management, Loss and Future in the acronym SELF • Development of a core team for implementation • Concrete tools for intervention: community meetings, red flag reviews, psychoeducation in trauma, self-care planning, safety plans, team meetings and treatment planning conferences.
Clinical & Anecdotal Evidence	**Are you aware of any suggestion/evidence that this treatment may be harmful?** ❒ **Yes** ☒ **No** ❒ **Uncertain** **Extent to which cultural issues have been described in writings about this intervention** *(scale of 1-5 where 1=not at all to 5=all the time)*. 4 **This intervention is being used on the basis of anecdotes and personal communications only** *(no writings)* **that suggest its value with this group.** ❒ **Yes** ☒ **No** **Are there any anecdotes describing satisfaction with treatment, drop-out rates** *(e.g., quarterly/annual reports)***?** ☒ **Yes** ❒ **No** **Has this intervention been presented at scientific meetings?** ☒ **Yes** ❒ **No** **Are there any general writings which describe the components of the intervention or how to administer it?** ☒ **Yes** ❒ **No** **Has the intervention been replicated anywhere?** ☒ **Yes** ❒ **No** **Other countries?** *(please list)* Mexico, Ecuador, Australia (pending)

Research Evidence	**Sample Size (N) and Breakdown** *(by gender, ethnicity, other cultural factors)*	**Citation**
Published Case Studies		Rivard, Bloom, Abramovitz, Pasquale, Duncan, McCorkle, et al., 2003
Pilot Trials/Feasibility Trials *(w/o control groups)*	**N=**18	Study is currently in progress at the Andrus Children's Center which measures changes in environment along domains aligned with the seven Sanctuary Commitments while measuring achievement of implementation milestones.

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Outcomes	**What assessments or measures are used as part of the intervention or for research purposes, if any?** • Demographic Survey • Implementation Survey • Environmental Survey, developed by the Andrus Children's Center's Department of Policy, Planning and Research. • COPES, developed by Moos. **If research studies have been conducted, what were the outcomes?** At this time, only baseline data has been collected.
Implementation Requirements & Readiness	**Space, materials or equipment requirements?** No. **Supervision requirements** *(e.g., review of taped sessions)***?** Supervision of clinicians and other service providers should include assessment of perfomance along the seven Sanctuary commitments and the use of trauma-specific interventions. **To ensure successful implementation, support should be obtained from:** All levels of leadership in the organization.
Training Materials & Requirements	**List citations for manuals or protocol descriptions and/or where manuals or protocol descriptions can be obtained.** Staff Training Manual, Implementation Guide,and Data Collection Manual are available through the Andrus Center for Learning and Innovation as part of the Sanctuary Leadership Development Institute. **How/where is training obtained?** Training can be obtained through the Sanctuary Leadership Development Institute at the Andrus Center for Learning and Innovation. **What is the cost of training?** $65,000 for 2.5 years of training and consultation **Are intervention materials** *(handouts)* **available in other languages?** ☒ **Yes** ❒ **No** **If YES, what languages?** Spanish **Other training materials &/or requirements** *(not included above)***:** Application and commitment from CEO required
Pros & Cons/ Qualitative Impressions	**What are the pros of this intervention over others for this specific group** *(e.g., addresses stigma re. treatment, addresses transportation barriers)***?** Pros of the intervention are that it is easily adaptable for many cultures. It addresses the stigma of mental illness, has demonstrated reduction in restraints and improved staff retention. **What are the cons of this intervention over others for this specific group** *(e.g., length of treatment, difficult to get reimbursement)***?** Funding for training may be difficult to obtain due to cost. Full implementation of the model may take 2-5 years.

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Pros & Cons/ Qualitative Impressions continued	**Other qualitative impressions:** The model provides a common language that is accessible to staff, clients and other stakeholders. It is not rigid, and therefore, can be adapted to many settings and populations. Practitioners are encouraged to be innovative in adapting it.
Contact Information	**Name:** Dr. Sandra Bloom **Address:** Andrus Children's Center, 1156 North Broadway, Yonkers, NY 10701 **Phone number:** 914-965-3700 **Website:** www.sanctuaryweb.com
References	Rivard, J. C., Bloom, S. L., Abramovitz, R., Pasquale, L. E., Duncan, M., McCorkle, D., et al. (2003). Assessing the implementation and effects of a trauma-focused intervention for youths in residential treatment. *Psychiatric Quarterly, 74*, 137-154.