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1 CHOR Model of Care

**Trust** - People who develop trust believe they can safely place confidence in themselves and others.

**Hope** – People who are hopeful have the courage to reach for their dreams, see beyond their challenges and plan for a brighter future.

**Relationship** - People who develop healthy relationships feel connected to others and build support for themselves based on mutual care and concern.

**Empowerment** – People who are empowered have confidence to make decisions and accept responsibility in their lives.

**Acceptance** – People who feel accepted by themselves and others, become responsible, contributing citizens.

**Dignity** – People who are treated with dignity gain self-respect and value themselves and others.

**Safety** – People who feel emotionally and physically safe are not intentionally hurtful to themselves or others.

Where there is **Trust** there is **Hope**. Build **Relationships** and become **Empowered**! **Accept** yourself with **Dignity**, and then you will feel **Safe**.
2 A BRIEF INTRODUCTION TO SANCTUARY

2.1 What is The Sanctuary Model?

Dr. Sandra Bloom developed the model over the last 20 years. It was developed for traumatized adults in inpatient hospital settings and has been adapted for child and adolescent residential treatment, school, group homes, foster care, juvenile justice, outpatient and community based settings.

The Sanctuary Model is the way we organize both our treatment and the way we run our organization. We call Sanctuary an EVERYBODY Model because it is a way of guiding leaders, staff, and children and families to share the same values and language.

The Sanctuary Model is a guide to the way we provide healing to children and those that care for them. It is also a guide to the way we run our organization.

The Sanctuary Model is first and foremost a guide for creating a safe and nonviolent environment for the clients in our care AND the staff that care for them.

The Sanctuary Model is a guide for forming and maintaining a therapeutic community that promotes safety and nonviolence as the basis for everything we do to help people heal.

The Sanctuary Model is the way we organize and maintain organizational culture.

The Sanctuary Model guides everybody across an organization, from the leaders to every person who provides direct care. Organizational Safety is the way we help clients and their families and the way our staff maintains our working environment.

2.2 Why do we use Sanctuary?

Sanctuary is based on an understanding of trauma and how it affects individual clients as well as whole systems or organizations.

We believe that most children who come for treatment in our settings have experienced trauma and can benefit from trauma-informed care.

We believe that working with traumatized clients is very stressful and can lead to agencies becoming “trauma-organized”.
2.3 A Change in Perspective

The Sanctuary Model is a treatment and organizational model that is based on understanding trauma and its impact on individuals and organizations. The Sanctuary Model is a continuous process that creates healthy, therapeutic living communities for our clients, as well as healthy, therapeutic working communities for staff and parents. It is very important to understand that although there are specific concrete tools used in the Sanctuary Model, it is a continuously evolving process. It challenges each individual involved in the life of a child to examine old models of thinking, behavior management, conflict resolution, and crisis intervention and begin to develop a trauma-informed view and approach to working with traumatized children. Below are some examples of the differences in beliefs between traditional models and the trauma informed Sanctuary Model.

<table>
<thead>
<tr>
<th>Traditional</th>
<th>Sanctuary</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children are sick, others are just bad</td>
<td>Children are injured, but capable of recovery</td>
</tr>
<tr>
<td>Unlike other children, these kids cannot handle stress</td>
<td>These children have had normal reactions to abnormal stress</td>
</tr>
<tr>
<td>The proper focus is on treating symptoms – interpreting them is less important</td>
<td>Symptoms can tell us a great deal about the child’s injuries</td>
</tr>
<tr>
<td>One never argues with the boss – his/her word is law</td>
<td>Organization is democratic</td>
</tr>
<tr>
<td>Children are helpless and powerless</td>
<td>Children are capable of acting responsibly</td>
</tr>
<tr>
<td>Institutional responsibility is to protect society from these damaged children</td>
<td>Together, with the staff and children, the organizational function is to create a “living learning environment”</td>
</tr>
<tr>
<td>The most important part of treatment is individual therapy</td>
<td>Everything is therapy and every experience a child has can be important in their recovery</td>
</tr>
<tr>
<td>Treatment decisions are made by a select few who are the experts</td>
<td>We do true multidisciplinary team work regularly</td>
</tr>
<tr>
<td>Physical safety is paramount – seclusion, restraint, and coercion is acceptable</td>
<td>Paying attention to psychological, social and moral safety prevents violence</td>
</tr>
<tr>
<td>Violence is accepted as a routine part of the work</td>
<td>Violence is the exception to the rule of non-violence</td>
</tr>
<tr>
<td>Children’s problems are largely viewed as biological or genetic</td>
<td>Children’s problems viewed as complex related to trauma and attachment problems</td>
</tr>
<tr>
<td>Emotional control is essential for an orderly environment</td>
<td>Learning to manage emotions is more important than controlling them</td>
</tr>
</tbody>
</table>
3 TRAUMA AND THE INDIVIDUAL

3.1 Trauma Theory/Psychobiology

The word “trauma” originally comes from the Greek language where it means “wound”. Traumatization occurs when both internal and external resources are inadequate to cope with external threat.

3.1.1 How the Human Brain Responds to Trauma/Stress

Our basic brain (lower region of the brain) is what takes over when we are faced with a fight or flight response which is an automated, biological survival tool.

When trauma occurs and threatening events unfold, they are processed and stored in the primitive brain (lower region of brain).

The higher or intelligent brain and the primitive brain do not share information.

The lower brain not receiving information from the intelligent brain does not allow one to logically respond to the traumatic/stressful situation.

3.2 Human Survival Dynamics

As human beings, we have three major advantages over other species:
Humans have bigger and better brains than other species.
Humans are capable of social bonding and emotions.
Humans have developed language to communicate.

These advantages can be to our detriment:
Humans are more vulnerable to the effects of trauma.
Humans are born dependent and remain dependant for a long time.
What begins as a life-saving coping skill ends up creating compulsive repetition. Humans are destined to repeat what we cannot remember.
Humans rely on social bonds; we are devastated when they go wrong, especially if they involve abuse or neglect.
3.3 Human Survival Dynamics (continued)

Language is rooted in the higher or intelligent brain, making it more difficult for us to access it during stressful or threatening situations.

Humans lose the ability to articulate the experience as traumatic experiences are stored in the non-verbal part of the brain.

3.3.1 Fight, Flight or Freeze Responses

From the beginning of time, man has been distinguished from other species in its ability to survive and adapt. The human brain is wired to ensure survival at the most basic level. The three human responses to stress are: fight, flight or freeze.

Trauma and many of life’s stresses trigger a fight, flight, or freeze response. The surprises and shocks of modern living leave us in a permanent state of arousal that takes its toll on our bodies. This can occur when a creative new idea makes us feel uncertain about things of which we were previously certain, or when we are faced with a stressful event. The biochemical changes in our brain make us aggressive, fighting the new idea, or make us timid, fleeing from it. When we freeze, it is like running with one foot on the gas pedal and the other one on the brake. In the process, you get nowhere but you burn out. When one can’t decide in which direction to turn, no decision can be made or no change can occur. Can you site examples of when a client or you personally have shown this type of response to stress or trauma?

Research has shown, the more trauma a person is exposed to, the more the primal survival skills are evident. In our clients, “bad” behaviors often manifest as maladaptive coping skills such as: fight, flight or freeze, dissociation, addiction to trauma, trauma bonding, chronic hyper-vigilance/startle response, flashbacks, reenactment, fragmentation, just to name a few. It is imperative to view the behaviors as a survival response.

As a staff member or care provider, understanding trauma theory changes the question to our clients from “What’s wrong with you?” to “What happened to you?” Clients are not sick or bad, but they are injured and are capable of healing. This fundamental change in perspective is the beginning in the process of understanding Sanctuary.
3.3.2 Traumatic Reenactment

Human beings reenact their past everywhere. Those of us who have chosen this field-seeing ourselves as helpers—have usually chosen this work because of some relationship or experience that taught us this value. We try to recreate these relationships and experiences in our current lives with whoever is around us: our spouses, friends, children, etc. The desire to create familiarity is perfectly normal and healthy, except when what is familiar is danger and violence. Traumatizing experiences can become the norm for our clients; trauma is what they know and what is comfortable. In their desire to recreate what they know and what is comfortable, traumatized children tend to pull people in their lives into reenactments of their traumatic experiences. This is called traumatic re-enactment, and usually involves three roles: the victim, the perpetrator, and the rescuer. Although in their histories, most of the children were in the victim role in their traumatic experiences, they may not take on that role in their reenactments; roles may often change during the reenactment process.

![TRAUMATIC REENACTMENT (DRAMA) TRIANGLE](image)

It is critical as a caregiver that you remain aware of the roles that are being played out in a traumatic re-enactment, which almost always surface during crisis situations. Bringing awareness to the traumatic reenactment, and the roles of the participants in the moment, is an effective method for reducing the number of traumatic reenactments.
3.3.3  Learned Helplessness

It is possible to learn helplessness from only one traumatic event, but more often than not, people learn helplessness from consistent exposure to traumatic events during which they feel a lack of control. If people are subjected to a sufficient number of experiences teaching them that nothing they do will affect the outcome, they give up trying. In a sense, our children run back into cages of aggression and victimization even when they have been placed in a relatively safe environment of our program. Children are particularly vulnerable to learned helplessness. Children who are repeatedly emotionally, sexually or physically assaulted or whose needs are neglected, learn that there is nothing they can do to adequately protect themselves or escape from the situation they are in.

3.4  Vicarious Trauma and Self Care

As it pertains to our agency, vicarious trauma is defined as the transformative effect on our staff working with survivors of traumatic life events, both positive and negative.

It may be difficult to find the best words to define it, but anyone in a profession assisting others, such as CHOR, can describe it. Just ask any of our staff who work with our children on a daily basis these four questions:

- How do you do it?
- How do you cope with the pain and suffering of our children day in and day out?
- How hard is it to let go of the terrible things you see and hear on the job?
- How do you turn off your work when you go home?

Although our staff may not be fully aware of it or be able to clearly articulate the text book definition, they all know too well about vicarious trauma because they have all seen it in their colleagues and have experienced it themselves in the work they do each and every day.

It is important to realize that our staff is secondary witnesses to trauma almost everyday. As they listen to our children tell about their trauma of incest, domestic violence, alcoholic families or memories of childhood abuse, our staff bear witness to their victimization. Our staff listens, supports and validates our children’s feelings and their experiences. In listening, our staff offers our children the opportunity to let go of some of their pain and by doing so, our staff can’t help but take in some of that emotional pain. By the end of the day our staff has collected bits and pieces of accounts of trauma. As a result of helping others, our staff has become a witness to the rape, incest, domestic violence, alcoholic families or memories of child abuse experienced by the children we serve.
3.4.1 Symptoms

In bearing witness to our children’s pain and suffering, the following symptoms most commonly result in our staff:

- No time; no energy
- Changes in identity, worldview, spirituality
- Disconnection
- Social withdrawal
- Diminished self-efficiency
- Sensitivity to violence
- Impaired ego resources
- Cynicism
- Disrupted schemas
- Despair and hopelessness
- Alterations in sensory experiences
- Nightmares
- Disrupted frame of reference

3.4.2 Vicarious Trauma: Causes - Macro vs. Micro

Macro causes:

- **Biological** – Emotional contagion resulting from staff that is drawn to the field of assisting others because they are emotionally reactive and therefore connected to others as a result.

- **Psychological** – Exposure to the harsh and painful realities of others, staff’s protective beliefs are compromised and staff begin to lose the positive illusions that assist them in their own lives in feeling safe and protected.

- **Social** – Victim blaming, avoiding victims and shutting down when dealing with painful issues.

- **Organizational** – Lack of supervision and support along with high caseloads and low pay.

- **Moral** – With professions such as ours, care is compromised by the limited amount and quality of time we can effectively treat our children.

Micro causes:

Individual factors also play a key role in whether a staff member will more likely experience Vicarious Trauma listed as follows:

- Past history / experience of trauma
- Workload
- Poor respect for boundaries
- High caseload of trauma survivors
- High exposure to victims of trauma
- High number of negative clinical outcomes
3.4.3 How do we protect those helping others?
For persons working with trauma survivors, the most important part of coping with the intensity of the work is to acknowledge the work will affect you. Other protective measures to assist against vicarious trauma are:

- Increased knowledge of vicarious trauma
- Strong ethical principle of practice
- On-going training
- Resolution of one’s personal issues
- Increased supervision and consultation
- Competence in practice strategies
- Good physical, emotional, social & spiritual self-care
- Effective, open communication
- Agency support is clearly communicated

The stress or symptoms may be manageable to a point, but if they persist without help, they can lead to what is often referred to as “burnout” among staff working with survivors of traumatic life events.

3.4.4 Vicarious Trauma Summary
We must find a healthy balance to cope with the effects of vicarious trauma in our personal and professional lives. We must also take care to avoid the repeated invasion of trauma into our lives and recognize the warning signs when our work is consuming our thoughts, our workday and our personal lives.

In closing, we must first take care of ourselves. In going forward with Sanctuary, it is very important that this agency recognize trauma both as it relates to our children and the staff that work with them on a daily basis. We need to provide staff with the necessary tools to allow for the best treatment for our children and allow for our staff to work within an environment which will not be detrimental to their health.
4 SANCTUARY LANGUAGE, COMMITMENTS, AND VALUES

4.1 A Shared Language: S.E.L.F.

S – Safety (physical – safe outside ourselves from physical harm; psychological – safe inside ourselves; social – safe with others; and moral – safe and consistent with your conscience, beliefs and values)

E – Emotional management (not just for the kids; giving words to feelings; neither suppressing or expressing, but managing; trading in actions for words)

L – Loss (abuse, neglect, separation, getting stuck; grieving, saying goodbye, moving on and refraining from reenactment)

F – Future (how can things get better? making better/different choices)

The S.E.L.F. model is one of the many tools in creating Sanctuary in an organization. The S.E.L.F. model provides four steps that guide the way people in the organization work and the way children heal and make progress. In addition, S.E.L.F. creates a common language among staff, clients, and other caregivers to help with communication and create a mutual understanding.

*The first step in S.E.L.F. is safety.* Safety means physical safety, emotional safety, social safety, and moral safety. Safety is where we always start and end. Safety is the foundation of healing.

*The second step is emotion management.* Managing emotions is the step that helps us to handle our feelings in a way that doesn’t hurt ourselves or others. Many youth struggle to learn how they feel and what is causing them to feel that way, and how to handle their feelings safely. Managing emotions helps individuals to handle feelings in a way that does not hurt themselves or others.

*The third step is loss.* Loss creates change, and it is important to learn how to cope with change and the feelings that go with it. Understanding loss allows individuals to acknowledge and grieve painful things in a safe way so the individual does not get stuck in the past. When an individual understands the loss and the feelings that go with it, that person can move to a healthy future.

*The fourth step is future.* Future is the belief that things can change and get better. Individuals have control over their destiny, and can make their own choices rather than being stuck, feeling they can only make bad choices or continually repeat old patterns of decision making.
4.2 The Seven Commitments

The aim of the Sanctuary Model is to guide our organization in the development of a culture with seven dominant characteristics, all of which serve goals that are related to trauma resolution. We call our shared values Commitments because everyone in every part of the agency is expected to practice these Seven Commitments in their daily lives:

A Commitment to Non-Violence
living safely outside (physical), inside (emotional), with others (social), and doing the right thing (moral)
Value: Value physical, psychological, social and moral safety; DO NO HARM.

A Commitment to Emotional Intelligence
managing our feelings so that we don’t hurt ourselves or others
Value: Symptoms have meaning; hurt people hurt people; it’s what happened, not what’s wrong.

A Commitment to Social Learning
respecting and sharing the ideas of our peers and teams
Value: Question established authority – even your own; – create a living-learning environment.

A Commitment to Shared Governance
shared decision making among clients and staff
Value: We must work together to flatten the hierarchy.

A Commitment to Open Communication
saying what we mean, and not being mean when we say it
Value: Everyone must have the power to speak their own truth; resolve conflict as individuals and as a team.

A Commitment to Social Responsibility
together we accomplish more; everyone makes a contribution to the organizational culture
Value: Listen to the wisdom of the group; recognize our own parallel processes.

A Commitment to Growth and Change
creating hope for our clients and ourselves
Value: Create opportunities for change; children and families can heal and grow, and so can agencies.
5 TRAUMA AND THE ORGANIZATION

5.1 Parallel Process and Collective Disturbance

Our organization is a living, growing, changing system with its own unique biology. It is as susceptible to stress, strain and trauma as the individuals who live and work in the organization. The concept of parallel process asserts that the level of safety, stress, and trauma at the highest levels of the organization can directly reflect the level of safety, stress, and trauma at the level of the individual programs.

A collective disturbance is a manifestation of the parallel process. A collective disturbance can be defined as a situation where a strong emotion becomes disconnected from its original source, and becomes attached to unrelated events or interactions. Essentially, a collective disturbance will arise when an individual or group of people have a strong feeling about something, but do not connect the feeling to the original cause.

Because individuals cannot or will not connect the feeling to the original source, these feelings become connected to other events or interactions, and everyone starts blaming various reasons or causes. People lose sight of the real cause and become frustrated and upset with each other.

Individuals will be stuck in the collective disturbance until the feeling becomes connected with the original cause. Once the right connection is made and people’s feelings are made clear, people can move on and be clear about their work. Frequently, a collective disturbance occurs when people have negative feelings towards those in power but feel unable to express those feelings.

5.2 What does parallel process and collective disturbance look like?

<table>
<thead>
<tr>
<th>Clients</th>
<th>Staff</th>
<th>Organization</th>
</tr>
</thead>
<tbody>
<tr>
<td>Feel unsafe</td>
<td>Feel unsafe</td>
<td>Is unsafe</td>
</tr>
<tr>
<td>Angry/aggressive</td>
<td>Angry/aggressive</td>
<td>Punitive</td>
</tr>
<tr>
<td>Helpless</td>
<td>Helpless</td>
<td>Stuck</td>
</tr>
<tr>
<td>Hopeless</td>
<td>Hopeless</td>
<td>Missionless</td>
</tr>
<tr>
<td>Hyperaroused</td>
<td>Hyperaroused</td>
<td>Crisis Driven</td>
</tr>
<tr>
<td>Fragmented</td>
<td>Fragmented</td>
<td>Fragmented</td>
</tr>
<tr>
<td>Overwhelmed</td>
<td>Overwhelmed</td>
<td>Overwhelmed</td>
</tr>
<tr>
<td>Confused</td>
<td>Confused</td>
<td>Valueless</td>
</tr>
<tr>
<td>Depressed</td>
<td>Depressed</td>
<td>Directionless</td>
</tr>
</tbody>
</table>

5.3 What can you do about parallel process and collective disturbance?

As a staff member, if you feel that your community is experiencing parallel process, the beginning of the solution is to determine the “problem behind the problem”. It is
imperative that the individual, team, and leadership work together in identifying the underlying issues through the S.E.L.F. model analysis. Speaking with co-workers, supervisors, and leaders within the agency and asking for help is the first step to healing the collective disturbance.

6 THE SANCTUARY TOOLBOX

The Sanctuary Model has a “toolbox” to help us in achieving our goal of creating Sanctuary for the children in our care, their families, and staff members.

6.1 Safety Plans

Safety plans are a tool in the Sanctuary process. Safety plans are physical and concrete commitment to maintaining safety in all areas of the therapeutic milieu. Children and staff are expected to carry their safety plan cards with them throughout the day and refer to them when necessary. With the staff’s help, children make their own safety plans, a list of steps one can take when feeling overwhelmed or when symptoms are particularly distressing.

The safety plan is a small card that has 4 to 5 blank lines on it where a child or staff can write any suggestions for ways to keep them safe. These cards can be confidential, but all are encouraged to share their safety plans with others who can help them. The following are examples that children and staff have found beneficial:

- Take a deep breath
- Take a walk
- Talk to a friend
- Leave the room
- Use positive self-talk
- Think about being in a safe place
- Listen to music
- Write or draw

Safety plans are a simple, but very effective way of keeping alive the message to children that our goal is to keep them and ourselves safe. Children and their families should also make safety plans to use at home when they are on visits since healing and staying safe are the prerequisites to leaving care.

6.2 Community Meetings

Community meetings reflect almost every value of the Sanctuary Model. The meeting reflects the first step of trauma recovery by creating safety in the group. All individuals present in the community, including staff and other agency members, participate in the meetings. All participants answer the following three questions:

How are you feeling? We ask this to assist and encourage feelings identification and transfer feelings into words, as well as to support the importance of recognizing and managing emotions. We increase emotional intelligence by learning new words for feelings. Knowing the emotional climate of a group can help us feel safe. Participating in more than one Community meeting per day helps us to understand the transient nature of feelings. This is NOT a meeting...
to process, explain or justify the feeling; it is for identification purposes only. This part of the meeting is one sentence: “I feel ______.”

**What is Your Goal for the Day?** The Sanctuary Model promotes self-recovery. The purpose of this question is to help focus on the future (remembering that many people who experience trauma get stuck in the past or can’t envision a future). This is the bridging question from the present to the future. Goals create structure and cognitive focus, help everyone stay on track and provide us with a purpose. Goal setting implies hope and a sense of being able to master or accomplish something, linking to self esteem.

**Who Can You Ask for Help?** We ask this question to build relationships among community members. Asking for help repairs damaged relationships. Helping others takes us out of our own problems and promotes self worth. It also helps foster a sense of community. Whenever possible, we should ask for help from a member in the room. Some people may indicate they will receive help from an inanimate object (i.e. “my computer/telephone will help me with that...”). This will not serve the purpose of building relationships among community members. It can be beneficial to reframe the question “if I run into a problem with meeting my goal, who will I ask for help?”

Community meetings begin and end each day, bracketing for the participants the commitment to safety, growth and healing.

### 6.3 Psychoeducational Groups

Psychoeducational groups are a key tenet of the Sanctuary Model. The group curriculum teaches youth why their past experiences effects the way they act in the present. Many youth have a hard time making sense of their current experiences, and once they are able to name and identify these experiences, then they can seize control of their own recovery.

The psychoeducational curriculum includes didactic (intended to convey instruction and information)and experiential activities to help youth understand the impact of trauma, and make connections to their own experiences. The groups are based on trauma theory, attachment theory, democratic community principles, and stages of change (cognitive, affective, emotional, social, and behavioral).

The groups are divided into topics that include trauma theory, an overview of S.E.L.F., safety, emotional management, loss, and future. Psychoeducational groups are facilitated by youth care workers and case managers.

### 6.4 Team Meetings

The entire team provides the treatment in the Sanctuary Model. Team meetings are held regularly and include as many people possible who provide care to the children. The team meeting should provide a safe place for staff to talk, and to ask each other for help and share
constructive criticism with each other to avoid creating any collective disturbances. The following goals should be met during the meeting:

- Check-in with staff and their own well-being
- Review basic Sanctuary concepts
- Review histories of children and discuss in SELF language
- Discuss issues of vicarious trauma in staff
- Plan individual interventions for clients
- Review safety plans for children and staff
- Address housekeeping issues.

### 6.5 Red Light Reviews

Red light review meetings are called to discuss community responses to critical incidents. They are appropriate for AWOLS, physical holds, increased aggression, injury, child/staff/family complaint, anything the community needs to respond to as a group. Anyone can call a red light review, and must choose a time and communicate it to those who should be in attendance. Those who should be invited to a red light review include: Families (when appropriate), client (when appropriate), administrators, social workers, nursing staff, psychiatrists, ancillary service providers, and teachers. The more hands helping to solve a problem, the more likely it is to be handled well.

### 6.6 Treatment Planning Conferences

Treatment planning conferences provide an opportunity for staff, clients and families to reflect on the therapeutic, academic, social and behavioral work that has been done at CHOR. It is also an opportunity to discuss progress that has been made and further work to be done. Because it is the one time that the whole team has a chance to give and get feedback from the child, family, other treatment team members, partners or service providers, it is essential that the meeting itself be structured. The structure utilized in the treatment planning conferences at CHOR is the S.E.L.F. model.

### 6.7 Professional Quality of Life Scale

The Professional Quality of Life Scale is an instrument to measure compassion fatigue or burnouts as well as satisfaction and secondary trauma. This tool is important as a gauge of how we are doing individually in regard to our experience of our work, especially in light of what we know about the effects of trauma and the extent to which many of us have been exposed.

ProQOL R-IV can be accessed at the website listed below. A copy of the measure is included in this manual, but the instructions for scoring it were not included due to the length of the document.
General scoring instructions are below:

- **Compassion Satisfaction**
  
  Average Score = 37
  
  Range = 33-42
  
  A Higher score is better

- **Burnout**
  
  Average Score = 22
  
  Range = 18-27
  
  A Lower score is better

- **Secondary Trauma**
  
  Average Score = 13
  
  Range = 8-17
  
  A Lower score is better

- The ProQOL is also a good tool for supervisors to use to help workers think about and manage their stress and work toward increasing their sense of satisfaction in the work.

**Find your ACE Score**

**While you were growing up, during your first 18 years of life:**

1. Did a parent or other adult in the household often or very often...swear at you, insult you, put you down, or humiliate you? Or act in a way that made you afraid that you might be physically hurt?  
   If yes, enter 1: __________

2. Did a parent or other adult in the household often or very often...push, grab, slap or throw something at you? Or ever hit you so hard that you had marks or were injured?  
   If yes, enter 1: __________

3. Did an adult or person at least 5 years older than you ever....touch or fondle you or have you touch their body in a sexual way? Or attempt or actually have oral, anal or vaginal intercourse with you?  
   If yes, enter 1: __________

4. Did you often or very often feel that...no one in your family loved you or thought you were important or special? Or your family didn’t look out for each other, feel close to each other, or support each other?  
   If yes, enter 1: __________
5. Did you often or very often feel that...you didn’t have enough to eat, had to wear dirty 
clothes, and had no one to protect you? Or your parents were too drunk or high to take 
care of you or take you to the doctor if you needed it? 
   If yes, enter 1: _____________

6. Were your parents separated or divorced? If yes, enter 1: _____________

7. Was your mother or stepmother: often or very often pushed, grabbed, slapped or had 
something thrown at her? Or sometimes, often or very often kicked, bitten, hit with a fist, 
or hit with something hard? Or ever repeatedly hit for at least a few minutes or threatened 
with a gun or a knife? If yes, enter 1: _____________

8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs? 
   If yes, enter 1: ______________

9. Was a household member depressed or mentally ill, or did a household member attempt 
suicide? If yes, enter 1: ______________

10. Did a household member go to prison? If yes, enter 1: ______________

Now add up your “Yes” answers 
   Your ACE Score = ___________

Source: http://acestudy.org/files/ACE_Score_Calculator.pdf

6.8 Environmental Assessment

- Sanctuary teaches us that the environment is extremely important to creating a 
  trauma informed culture.

- We pick up clues and cues by:
  ➢ looking at the things happening around us
  ➢ looking at the staff’s actions and reactions

This makes it very important for you to be aware of your 
surroundings and what you bring to it.

ENVIRONMENTAL ASSESSMENT – WHY IS IT IMPORTANT?

- Our unspoken values are sometimes more likely to drive behavior and interactions 
  than the spoken or written values.

  Unspoken values are as important as spoken values.

- We may hear expressed values or policies, but the way the people act doesn’t always 
  match.
- It's not just what you hear; it is also what you see.

- People may have very different responses to the same environment, so we should check in with each other about our observations and what kinds of things impact us and our co-workers.

### 6.9 Active Listening

- A skill that anyone can use to help maintain open communication and social safety and a good way to avoid failing into reenactment roles!
- When people feel validated and understood, the group is able to focus on a solution to the problem rather than simply defending their points of view.
- One person speaks, one person listens.
- The listener focuses intently on what the other person is saying.
- When the listener cannot retain any more information, repeat back what the other person is saying.
- “What I hear you saying is...”
- Be sure to repeat back as accurately and non-judgmentally as possible.
- Don’t paraphrase or editorialize. This process goes on until the speaker acknowledges that the listener “got it”.
- Be mindful of your power – the person who has more perceived power should listen first.
- Look for common ground and shared commitments.
- It may take several conversations to reach an agreed upon solution – This takes practice!
- Assume that the person has good intentions.
- You can use this tool any time when communication is involved – not just for conflict.

### 6.10 Self Care Plan

- Self Care Plans are different from safety plans in that they are longer term more consistent types of activities that you can practice consistently, rather than when your emotions are triggered.
- They are divided into the following categories:
  - Personal is divided into the four kinds of safety: physical, psychological, social and moral/spiritual
  - Not every category will be applicable
  - Not all suggestions on the form will be feasible
  - Don’t write in things that don’t really work for you – you won’t use them!
  - Think outside the box!
  - Professional
  - Organizational
  - Social
6.11 My Personal Self-Care Plan

**Personal Physical**

- Engage in self-care behaviors
- Physical activity – exercise, dance, strenuous manual labor
- Reconnecting with one’s body – massage, yoga
- Take care of oneself physically; use physical means to find adrenalin highs
- Maintain a high-energy level through proper diet, sleep, exercise

**List the Personal Physical components of your self-care plan:**

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**Personal Psychological**

- Identify those triggers which may cause one to experience vicarious traumatization
- Get therapy if personal issues and past traumas get in the way
- Use one’s own self-soothing capacities in a positive manner
- Know one’s own limitations
- Keep the boundaries one sets for self and others
- Maintain an ability to see gray
- Know one’s own level of tolerance
- Engage in healing activities that renew meaning of life both in therapy and out of therapy settings.
- Listen to music
- Spend time in nature
- Take a vacation
- Read for pleasure
- Balance work, play, and rest
- Engage in activities that allow one to feel particularly like a man/woman or that allow one to be in a dependent or receiving role
- Engage in creative endeavors
- Play and laugh
- Develop personal rituals to ensure safety and empowerment
- Dream
- Journal
- Modify one’s own work schedule to fit one’s life

**List the Personal Psychological components of your self-care plan:**

---
Personal Social

- Identify one’s own personal and social resources and supports and then plan strategies for their use
- Engage in social activities outside of work
- Garner emotional support from colleagues
- Garner emotional support from family and friends
- Spend time with children, pets

List the Personal Social components of your self-care plan:

Personal Moral

- Adopt a philosophical or religious outlook and remind oneself that he/she cannot take responsibility for the client’s healing but rather must act as a midwife, guide, coach, mentor
- Clarify one’s own sense of meaning and purpose in life
- Develop one’s spiritual side as a grounding tool
- Connect with the larger sociopolitical framework and develop social activism skills

List the Personal Moral components of your self-care plan:

Professional

- Become knowledgeable about the effects of trauma on self and others
- Attend workshop/conference
- Attempt to monitor or diversity case load
- Seek consultation on difficult cases
- Get supervision from someone who understands the dynamics and treatment of PTSD
- Join supervision/study group
- Use – don’t ignore – case consultation and supervision that you get
• Read relevant professional literature
  Take breaks during workday
• Have hope in the ability of people to change, heal, grow
• Admit it when one does not know an answer or makes a mistake
• Develop strategies to stay present during therapy sessions, even when hearing
  or seeing the horrors others have experienced
• If one feels overwhelmed in a therapy-related matter, break the task(s) down
  into manageable components; apply case management strategies
• Diversify interests to include balance, including materials read or workshops
  attended and between personal and professional lives
• Modify one’s own work schedule to fit one’s life
• Know one’s own level of tolerance
  Recognize emotional, cognitive, and physical signs of incipient stress
  reactions in self and in colleagues and respond appropriately
• Do not limit clinical practice to only PTSD clients – balance victim and non victims
  case loads
• Limit overall case loads
• Recognize you are not alone in facing the stress of working with traumatized
  clients – normalize your reactions
• Remind oneself of the health in the person’s story
• Use a team for support
• Where indicated, use debriefing
  Consider time-limited group approach with clinicians who have a history of
  trauma
• Become knowledgeable about PTSD – seek professional training
• Join a network of others who work with PTSD population
  Maintain collegial on the job support thus limiting the sense of isolation
• Understand dynamics of traumatic reenactment

List the Professional components of your self-care plan:
Organizational / Work Setting

- Accept stressors as real and legitimate, impacting individuals and group-as-a-whole
- Work in a team
- Create a culture to counteract the effects of trauma
- Consider developing Assaulted Staff Action Program
- Alter physical setting to be more secure, safe, and soothing
- Establish a clear value system within your organization
- Develop clarity about job tasks and personnel guidelines
- Obtain supervisory/management support
- Maximize collegiality
- Encourage democratic processes in decision-making and conflict resolution
- Emphasize a leveled hierarchy
  - View problem as a problem for the entire group, not just an individual problem
- The general approach to the problem is to seek solutions, not assign blame
- Expect high level of tolerance for individual disturbance
- Express support clearly, directly and abundantly and through tangible behavioral response like providing resources – helping with paperwork, making phone calls, providing back-up
- Communicate openly and effectively
- Expect a high degree of cohesion
- Expect considerable flexibility of roles
  - Join with others to deal with organizational bullies
- Eliminate any subculture of violence and abuse
- Create a culture of non violence

List the Professional components of your self-care plan:

Societal

- General public and professional education about PTSD and secondary traumatic stress
- Find a mission – become politically and socially engaged
- Encourage local, state, and national organizational to education professionals and non-professionals about trauma
- Community involvement
List the Social/Political components of your self-care plan:

7 CLARIFYING THE MYTHS AND MISPERCEPTIONS OF SANCTUARY

As with any model, there are myths, or mistaken beliefs, about Sanctuary. Some of these myths, and clarifying principals, are:

7.1 Unsafe vs. Uncomfortable

Unsafe means – our basic needs as an employee are jeopardized such as a threat of losing our job without cause, feeling threatened physically, emotionally, socially, or morally.

Unsafe does NOT mean – discussing or participating in typical daily conflict resolution, differences of opinion, or uncomfortable situations. It is the responsibility of all employees to participate in difficult discussions without shutting down, being passive-aggressive, or not fostering healthy communication.

*To use the phrase “I do not feel safe” when one really means “I feel uncomfortable” is a misuse of sanctuary.

7.2 Question vs. Challenge

Questioning authority means – we all have the responsibility to respectfully question why a particular decision was made.

Questioning authority does NOT mean – disrespectfully challenging directives, ignoring directives, or being insubordinate to supervisors or staff. Once a response is given regarding the question, employees and clients must be responsible enough to acknowledge the decision.
7.3 **Accountability vs. Repercussions**

Accountability means – all employees and clients are responsible to every other person they encounter and the role that they play within the CHOR community. Whenever someone voices a concern, they must also assume the social responsibility of participating in the resolution of the issue.

Accountability is not only discipline. Although some consequences are disciplinary in nature, we must always ensure that teaching and modeling are first attempted while fostering growth and development.

7.4 **Open Communication vs. Saying Anything We Want Without Recourse**

Open Communication means – all staff have the responsibility to communicate with our supervisors and our supervisors have the responsibility to keep us in the communication loop.

Open Communication does NOT mean – we can say anything we want when we want to. This also means no gossip or “meeting after the meeting”. Whenever someone voices a concern, it is their responsibility to then take part in the resolution process.

7.5 **Shared Governance vs. Equal Authority**

Democracy means- staff and clients share responsibility to participate in the decision making processes most appropriate for their group.

Democracy does NOT mean – we all have decision making power in every decision or that all participants have equal authority in the decision making process.

7.6 **What’s Wrong With You? vs. What Happened To You?**

Sanctuary interventions and tools are based on the beliefs that people are hurt or injured, suggesting that something happened to another person. Sanctuary suggests that people do the best they can with what they have at the moment.

Sanctuary is NOT based on a belief that people are in the wrong or do bad things. We should not be using words such as “manipulation”, “getting over”, etc. to describe behaviors of staff or clients.

7.7 **Sanctuary Does Not Allow For Rules or Consequences**

Truth: Clients and employees cannot do whatever they want. There are rules and consequences, but both should be aimed at restoring community and building broken trust, rather than punitive measures.
8 SANCTUARY IMPLEMENTATION STANDARDS

The Sanctuary Implementation Standards are a tool for evaluating and organization’s adherence to the Sanctuary Model. There are 36 Standards which are grouped together according to the SELF model:

8.1 Safety

Standard 1: Safety – Policies, procedures and practices protect physical, moral, emotional and social safety, including, but not limited to respect for culture and diversity as well as diversity of belief and opinion.

Standard 5: Physical Safety – Policies, procedures and practices that actively promote the physical well-being of all members of the community through health practices, facility structure and avoidance of physical injury or threat.

Standard 6: Psychological Safety – The organization strives to provide an environment in which all members of the community have a sense of self-efficacy, self-confidence, self-esteem, and self-determination.

Standard 7: Social Safety – The organization strives to provide an environment in which all members of the community experience predictability in their routine and an appropriate level of trust in their caregivers and peers.

Standard 8: Moral Safety – The organization strives to provide an environment in which all members are expected to act in an ethical way and in which unethical behavior is identified and addressed by the community.

Standard 9: Abuse of Power – Abuse of power is monitored and confronted when appropriate.

Standard 10: Non-violent Interventions – The organization supports the use of non-violent interventions.

Standard 17: Training and Education vs. Discipline and Punishment – There are policies and practices that address mistakes with training and education before discipline and punishment.

Standard 18: Confronting Others and Questioning Authority – The organization encourages discussions about safety and risk-taking in confronting others or questioning decisions made by those in authority.
Standard 23: Discussion of Difficult Topics – Difficult subjects can be and are discussed (i.e. problematic interpersonal relationships, gender differences, prejudices, racial biases, etc.) among staff and with clients during meetings.

Standard 28: Conflict Resolution – Conflicts are resolved by members at the level of impact.

Standard 29: Maintenance of the Physical Environment – Stakeholders at all levels commit to maintaining the physical environment.

8.2 Emotion Management

Standard 2: Emotion Management – Policies, procedures and practices are sensitive and mindful of the effects of overwhelming experiences, including trauma and chronic stress. In addition, the organization has clear expectations about emotion management, is responsive to, and has mechanisms for helping people cope with emotion.

Standard 12: Regulating Affect – Staff are expected to regulate affect to avoid interpersonal or job stress from impacting clients and clients are expected to manage affect in appropriate ways.

Standard 13: Philosophy of Trauma as a Human Condition – A philosophy or perspective is promoted throughout the organization that the sequelae of trauma is a universally human condition rather than pathology.

Standard 14: Use of Tools by Leadership – Leaders use the Sanctuary tools and processes to manage affect in the organization and serve as role models in emotion management.

Standard 16: Culture of Inquiry – The community promotes a culture of inquiry, where members recognize that behavior has meaning.

Standard 24: Client Care Information – Client care information is shared among key participants in treatment.

Standard 27: Forums for Information Sharing – There are regular forums for all staff and clients to share information.

Standard 31: Community and Group Meetings – Community issues are dealt with in group meetings.

Standard 35: Resistance to Change – Factors that contribute to resistance to change (i.e. learned helplessness, homeostasis of systems) are identified and resolved within the context of the Sanctuary principles.
8.3 Loss

**Standard 3: Loss** – Policies, procedures and practices to help the community identify, cope with and adapt to the tangible and intangible losses experienced by those who are served by and those who provide services within an organization.

8.4 Future

**Standard 4: Future** – The organization is dedicated to co-creating change, embracing and reclaiming vision, planning change, learning from struggle, and finding hope in an effort to maximize the potential of all members of its community.

**Standard 15: Training in Sanctuary** – There is institutional support for comprehensive and adequate training in the Sanctuary Model available to all stakeholders.

**Standard 20: Involvement in Decisions** – Efforts are made to involve all stakeholders in decisions that impact the wider organizational community.

**Standard 21: Collaboration in Performance Improvement** – Performance evaluation/improvement processes for individuals and the organization as a whole are done on a collaborative basis.

**Standard 32: Sanctuary Outside of Direct Service** – The organization strives to incorporate the Sanctuary Model beyond the services it provides and into all areas of business.

**Standard 36: Active Role of Clients in Treatment** – Clients/students are active participants in their treatment and take responsibility for their care.

8.5 Leadership

**Standard 9: Abuse of Power** – Abuse of power is monitored and confronted when appropriate.

**Standard 11: Leadership Accessibility** – Leadership is accessible and receptive of critical feedback from every level of the organization.

**Standard 14: Use of Tools by Leadership** – Leaders use the Sanctuary tools and processes to manage affect in the organization and serve as role models in emotion management.

**Standard 17: Training and Education vs. Discipline and Punishment** – There are policies and practices that address mistakes with training and education before discipline and punishment.

**Standard 18: Confronting Others and Questioning Authority** – The organization encourages discussions about safety and risk-taking in confronting others or questioning decisions made by those in authority.
Standard 19: Participatory Leadership – Leadership is participatory and collaborative; decision-making and problem solving are done collectively.

Standard 20: Involvement in Decisions – Efforts are made to involve all stakeholders in decisions that impact the wider organizational community.

Standard 21: Collaboration in Performance Improvement – Performance evaluation/improvement processes for individuals and the organization as a whole are done on a collaborative basis.

Standard 22: Shared Information – Managerial information and issues that affect the community is shared with the whole community when legally possible.

Standard 25: Staff/Client Access to Leadership – Staff and clients/students/families have the opportunity to interface with agency Leadership.

Standard 26: Transparency and Clarity – The agency strives for transparency and clarity of information whenever legally appropriate.

Standard 30: Supervision – All staff have regular supervision which includes discussion of SELF in relation to the work.

Standard 33: Sanctuary Work Plan – Leadership has a work plan for ongoing adaptation and sustaining the Sanctuary model in the organization.

Standard 34: Annual Reviews – Programs conduct annual reviews of goals, challenges and successes.

9 SANCTUARY OUTCOMES

With a commitment to Sanctuary on behalf of all members of the organization, CHOR administration, staff, clients, and partners will experience the benefits of a trauma informed environment. Some of the indicators that will be apparent in the environment are:

Less violence, including physical, verbal and emotional forms of violence.
Systematic understanding of complex bio-psychosocial and developmental impact of trauma and abuse.
Less victim-blaming, less punitive and judgmental responses.
Clearer, more consistent boundaries, higher expectations, linked rights and responsibilities.
Earlier identification of and confrontation with perpetrator behavior.
Improved ability to articulate goals and create strategies for change.
Greater understanding of and reduced re-enactment behavior, and resistance to change.
More dramatic processes at all levels, including organizational structure.
Reduced physical restraints.
Reduced AWOLS.
Reduced staff turnover.
Increased knowledge of trauma.
Increased knowledge of conflict management.
Increased level of staff-child-family-organization teamwork.