Founders of the Sanctuary Model
THE FOUR PILLARS OF SANCTUARY

TRAUMA THEORY
SANCTUARY COMMITMENTS
S.E.L.F
SANCTUARY TOOLKIT
What happens to human brains exposed to adversity and chronic stress

What happens to workers exposed to adversity and chronic stress

What happens to organizations exposed to adversity and chronic stress

What happens to (all) systems exposed to adversity and chronic stress
External event overwhelms our internal and external coping resources.
We don’t want to talk about – or listen to - trauma either.

Caregiving systems have not incorporated knowledge about trauma – neither have school systems or the courts.

Our helping systems are fragmented, do not share assumptions, language, goals, vision.
“What's wrong with you?”

TO

“What happened to you?”

Joseph Foderaro, 1991
The Relationship of Adverse Childhood Experiences to Adult Health Status

A collaborative effort of Kaiser Permanente and The Centers for Disease Control

Vincent J. Felitti, M.D.
Robert F. Anda, M.D.
The study found that 40.5% of Philadelphia adults witnessed violence while growing up, which includes seeing or hearing someone being beaten, stabbed or shot.

Over one-third (34.5%) of adults reported experiencing discrimination based on their race or ethnicity.

Almost three in ten adults (27.3%) reported having felt unsafe in their neighborhoods or not trusting their neighbors during childhood.

In all, over 37% of Philadelphia respondents reported four or more ACEs.

The findings from this study suggest the need for services that address the unique environmental stressors experienced in urban neighborhoods to mitigate their impact on individuals and prevent ACEs.
THE POWER OF THE ACES STUDY

The data tell a simple story – that’s the beauty of it

- ACEs are common
- ACEs are highly interrelated
- ACEs pile up and have a cumulative impact
- ACEs account for a large percentage of health and social problems
- People with exposure to ACEs are everywhere
A significant number of children will have been exposed to adversity.

These are the children most likely to be having the most severe difficulties in learning, with peers and with authority.
A set of agreements we make as a community to prevent trauma exposure and mitigate its impact on individuals and the community as a whole.
THE SANCTUARY COMMITMENTS
WHO DO THEY APPLY TO?

- Democracy
- Nonviolence
- Emotional Intelligence
- Social Learning
- Open Communication
- Social Responsibility
- Growth and Change

SCHOOL BOARD DECISIONS
DISTRICT LEADERSHIP DECISIONS
DEPARTMENT & TEACHER DECISIONS
SCHOOL DECISIONS
STUDENT/FAMILY DECISIONS
A range of practical skills that enable individuals and organizations to:

- more effectively deal with difficult situations
- build community
- develop a deeper understanding of the effects of adversity and trauma
- build a common practice
SANCTUARY TOOLKIT

- Community meetings
- Core Team
- Training
- Safety Plans
- Psychoeducation
- Service Planning
- Team Meetings
- Red Flag Meetings
- Self Care Plans
- Coaching and Supervision
Implementing Sanctuary: Individuals / Classrooms / School-wide

• Engagement / School (District) Assessment of Culture
  • Examine potential conflicts between Sanctuary and current practices

• Training

• Skill Building/Integration of Tools
  • Classroom Planner, Lesson Plan Design Templates
CHANGING SCHOOL CULTURE

District identifies norms to be established
- Sanctuary Model
- Universal Training (PBIS)
- Safety Plans
- Self Care Plans
- Sanctuary Commitments

Create mechanism to regularly familiarize all members with the norms
- Community Meetings
- S.E.L.F. Framework
- Department/Team Meetings
- Red Flag Reviews
- S.E.L.F. Psychoed

The community as a therapeutic agent of change
- Leadership Team Based Implementation
  - Sanctuary Implementation
- Sanctuary Learning Communities
- Sanctuary Technical Assistance
THE SANCTUARY MODEL TOOLKIT

- Community meetings
- Core Team
- Training
- Safety Plans
- Psychoeducation
- Service Planning
- Team Meetings
- Red Flag Meetings
- Self Care Plans
- Supervision and Coaching
A Safety Plan is a list of activities that a person can choose when feeling overwhelmed so that she/he can avoid engaging in unsafe behavior.
DOMAINS OF SAFETY

PHYSICAL

MORAL

SOCIAL

PSYCHOLOGICAL
You can do them by yourself

They can be RELATIONAL tools

They can be done anytime anywhere!

Examples: Breathing, counting backwards, squeezing one’s hands, praying
CREATE YOUR OWN SAFETY PLAN

Identify emotions
Identify triggers
Identify signs
Identify five simple things
• The Sanctuary Model is the only organizational and clinical intervention recognized as a Promising Practice by the National Child Traumatic Stress Network (National Child Traumatic Stress Network, 2008)

• Has achieved a Scientific Rating of 3 (Promising Research Practice) by the California Evidence-Based Clearinghouse for Child Welfare (The California Evidence-Based Clearinghouse for Child Welfare, 2011)
RESEARCH AND EVALUATION

Implementation success factors
Organizational level findings
Client level findings
When I think of Sanctuary I think of safety, emotional management, loss and future. Safety is important to me because if I don’t feel safe I don’t act safe. Safety and emotional management work together. It is hard for me to management my emotions when I am embarrassed. To deal with being embarrassed or any loss I use my coping skills. Through the sanctuary model I’ve learned to re-write the script of my life. My future starts with me and my vision.

(Andrus Orchard School Student)
Sanctuary Network Group

www.thesanctuaryinstitute.org