The Sanctuary Model: Theoretical Framework

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This article provides a theoretical framework for the Sanctuary Model®. The Sanctuary Model is a trauma-informed organizational change intervention developed by Sandra Bloom and colleagues in the early 1980s. Based on the concept of therapeutic communities, the model is designed to facilitate the development of organizational cultures that counteract the wounds suffered by the victims of traumatic experience and extended exposure to adversity. Details of the Sanctuary Model logic model are presented.

IMPLICATIONS FOR PRACTICE

- Emerging research suggests the importance of organizational culture in the delivery of evidence-based mental health services and, thus, the need for organizational interventions such as the Sanctuary Model.
- By creating a restorative culture through the Sanctuary Model, service providers can be emotionally available to each other and their clients, resulting in positive relationships that create the conditions for resilience.

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. 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).

History

Beginning in 1980, Sandra Bloom, Joseph Foderaro, and Ruth Ann Ryan worked in both hospital and outpatient settings with people who survived overwhelmingly stressful and often traumatic life experiences. Building on the concept of therapeutic communities, in which staff and clients collectively participate in creating a system of healing (Jones, 1953, 1968; Lees, Manning, Menzies, & Morant, 2004; Main, 1946), and using the work of Silver (1985, 1986), who described "sanctuary trauma" as expecting a welcoming and healing environment and finding instead more trauma, Bloom and her colleagues formed The Sanctuary, a trauma-specific program for adult survivors. The Sanctuary Model, an outgrowth of The Sanctuary, is a blueprint for clinical and organizational change that promotes safety and recovery from adversity through the active creation of a trauma-informed community. Today, the Sanctuary Model has been expanded to include both adult- and child-serving agencies across the United States and in seven countries around the world (Sanctuary Institute, 2012).

Theoretical Framework

The Sanctuary Model is an organizational intervention that is grounded in constructivist self-development theory (CSDT; McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995), burnout theory (Maslach & Jackson, 1981; Maslach, Schaufeli, & Leiter, 2001), and systems theory (Bertalanffy, 1974), utilizing the valuation theory of organizational change (Hermans, 1991; Weatherbee, Dye, Bissonnette, & Mills, 2009) to improve organizational culture. Its goal is to improve organizational culture by educating staff on the effects of trauma and stress on behavior, changing the mind-set of staff regarding behavior of clients from being pejorative (i.e., sick) to being the result of injury, and providing tools to change individual and group behavior. The theoretical framework addresses dynamics at both levels, and by so doing, the model aims to improve the quality of service delivery and, ultimately, improve client outcomes.

Constructivist Self-Development Theory

CSDT (McCann & Pearlman, 1990; Pearlman & Saakvitne, 1995) is an integrative personality theory that provides a framework for understanding the impact of childhood maltreatment on the developing self (Saakvitne, Tennen, & Affleck, 1998). With origins in psychoanalytic theory, self-psychology, social learning, and cognitive development, this theory describes the unique impact of traumatic events that arises from interactions among aspects of the person, the event, and the context (Brock, Pearlman, & Varra, 2006); thus it is a constructivist theory of personality development.

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Because it highlights those aspects of development most likely to be affected by traumatic events, it is also a clinical trauma theory (Saakvitne et al., 1998).

CSDT describes three self-capacities: the ability to maintain a sense of connection with benign others (inner connection); the ability to experience, tolerate, and integrate strong affect (affect tolerance); and the ability to maintain a sense of self as viable, benign, and positive (self-worth). Drawing from theory and research on attachment (Bowlby, 1988), CSDT suggests that self-capacities develop through early relationships with caregivers and allow one to learn to regulate one's inner state. The capacity to maintain a sense of connection with others is posited to form the basis from which the other self-capacities (affect regulation and a sense of self-worth) develop (Brock et al., 2006).

CSDT establishes the foundation for understanding the disruptions in social and behavioral functioning that accompany exposure to trauma and the strong relationship between attachment and emotion regulation. Sanctuary draws from this knowledge and focuses on creating a community environment within the treatment system that allows clients to restore connections with others. A primary goal of establishing this organizational community environment is to allow the development of multiple relationships that will ultimately help clients regulate their internal states.

Burnout Theory

The term *burnout* was coined by Herbert Freudenberger (1974), a clinical psychologist familiar with the stress responses exhibited by staff members in "alternative" institutions such as free clinics and halfway houses (Jackson, Schwab, & Schuler, 1986). Burnout is typically referred to as a condition in which workers become worn out or exhausted because excessive demands have been placed on their energy, strength, and resources (Freudenberger, 1974).

Maslach and Jackson (1981) developed a multidimensional construct of burnout that encompasses three components: emotional exhaustion, increasing depersonalization of clients, and decreased feelings of personal accomplishment. Emotional exhaustion is the depletion of emotional resources and the feeling that one has nothing left to give psychologically. Depersonalization occurs when a worker develops negative and callous attitudes toward their clients and begins to treat clients as objects rather than persons. Decreased feelings of personal accomplishment result when a worker begins to develop a negative view of their achievements on the job or begins to believe that personal expectations are not being met (Poulin & Walter, 1993).

Of the three components of burnout, it is most commonly associated with emotional exhaustion (Poulin & Walter, 1993). It is the most widely accepted and recognized aspect of burnout and is also the one that most resembles traditional measures used to study job performance (Jackson et al., 1986). Various types of job-related stressors, such as work overload, role ambiguity, role conflict, limited job autonomy, and client demands, have been shown to contribute to burnout (Kowalski et al., 2010; Peiro, Gonzalez-Roma, Tordera, & Manas, 2001; White, Edwards, & Townsend-White, 2006). The individual experiences stress and, without adequate resources for coping, may face strain, exhaustion, and attitudinal and behavioral changes indicative of burnout (Maslach, 1982).

Workplace support has been identified as an important organizational factor for worker outcomes such as burnout or job satisfaction (Himle, Jayaratne, & Thyness, 1991; Yoo, 2002). For example, social support from supervisors serves as preventive of burnout and also provides emotional relief to workers (Swanson & Power, 2001; Yoo, 2002). The Sanctuary Model suggests that worker burnout, particularly emotional exhaustion of direct service providers, can be a barrier to their emotional availability to serve as adequate attachment objects for clients who need positive relationships in order to begin to self-regulate. The Sanctuary Model is informed by burnout theory through attention to the well-being of staff and the need for them to have adequate support within the environment.

Systems Theory

Bertalanffy (1974), one of the architects of systems theory, asserted that a system is defined as a constellation of components in mutual interaction (Iglehart, 2009). In an open system, energy is imported from the environment (inputs), transformed to create a technology, and then exported back into the environment (outputs). Significant features of an open system are interrelatedness of subsystems, boundary maintenance, system equilibrium, system functions (socialization, social control, communication, and feedback), system adaptation and maintenance for survival, and the relationship between the system and its environment (Katz & Kahn, 1978; Netting, Kettner, & McCurtry, 2008).

One of the guiding assumptions of most organizational theory is that organizations are systems. Organizations are a confluence of interlocking parts. Programs, work units, frontline staff, clientele, boards of directors, administrators, and organizational constituents are components of organizational systems. A common understanding among participants differentiates the organization and its members from those people and structures that are not part of the organization (Norlin & Chess, 1997). A change in one part of the system produces change in the entire system. In addition, organizations are subsets of larger systems, often referred to as the organization's *supra-*

system (Hasenfeld, 1992; Norlin & Chess, 1997). For example, organizations are affected by what happens in the surrounding community, or by events in social, economic, or political systems. The Sanctuary Model incorporates this understanding of organizations as systems, in that the organization itself is seen as the primary target for the intervention, with staff, clients, and other stakeholders composing that system as recipients of the intervention.

Valuation Theory of Organizational Change

As explored by Weatherbee et al. (2009), Hermans' valuation theory (Hermans, 1991) with its related self-confrontation method (SCM; Hermans, 1976; Hermans, Fiddelaers, de Groot, & Nauta, 1990) is a therapeutic approach that can facilitate access and insight into deeper structures of organizational change; through a focus on the valuations or personal meanings that organizational actors bring into the workplace (Hermans & Hermans-Jansen, 1995; Weatherbee et al., 2009). Valuation theory, which draws on the work of Mead (1934), is rooted in the metaphor of the person as a storyteller giving special significance to particular events or groups of events that function as units of meaning for them (Hermans & Hermans-Jansen, 1995). As individuals and organizational groups perceive organizational change in different ways, with a variety of attributed meanings and interpretations, this may lead to significant differences between the valuations held by individuals, work groups, or the organization as a whole. Thus, there exists significant potential value in the use of the SCM to elicit organizational valuations and bring them to the surface, so that they may be discarded, reinforced, or molded in order to facilitate change processes in organizational environments (Weatherbee et al., 2009).

The valuation theory allows for clinical research methodologies to be integrated into the study of organizational change because psychotherapeutic methods access interpretations and understandings of organizational culture and change (Kets de Vries, 1991; Schein, 1993). Similarly, the context in which the change occurs, including historical elements, must be considered (Pettigrew, Woodman, & Cameron, 2001). Valuation theory is a proven method for accessing and understanding the underlying or deeper interpretations, cognitions, beliefs, and values held by individuals (Weatherbee et al., 2009). SCM, which assesses attitudes toward the past, present, and envisioned future of individuals' experiences, can shed light on those contextual, temporal, and historical elements that influence attitudes toward organizational change (Weatherbee et al., 2009). The Sanctuary Model introduces training, skill building, and tools into an organization to generate self-confrontation among individual staff members as well as groups within the organization, culminating in change in the system as a whole.

A Socioecological Logic Model for the Sanctuary Model

Organizations are the primary vehicles for delivering positive changes on multiple levels to the consumers and are also an integral part of any social service system; therefore, organizations have a significant role in effecting change in the system. The Sanctuary Model uses a logic model to connect activities and outcomes at each socioecological level: individual, interpersonal, organizational, and community (see Figure 1). From left to right, the model identifies common input and activity logic model components leading to outcomes. From top to bottom, the model depicts the levels of the socioecological model, beginning with individual-level activities and outcomes at the top and progressing down and ending with community-level activities and outcomes.

Inputs

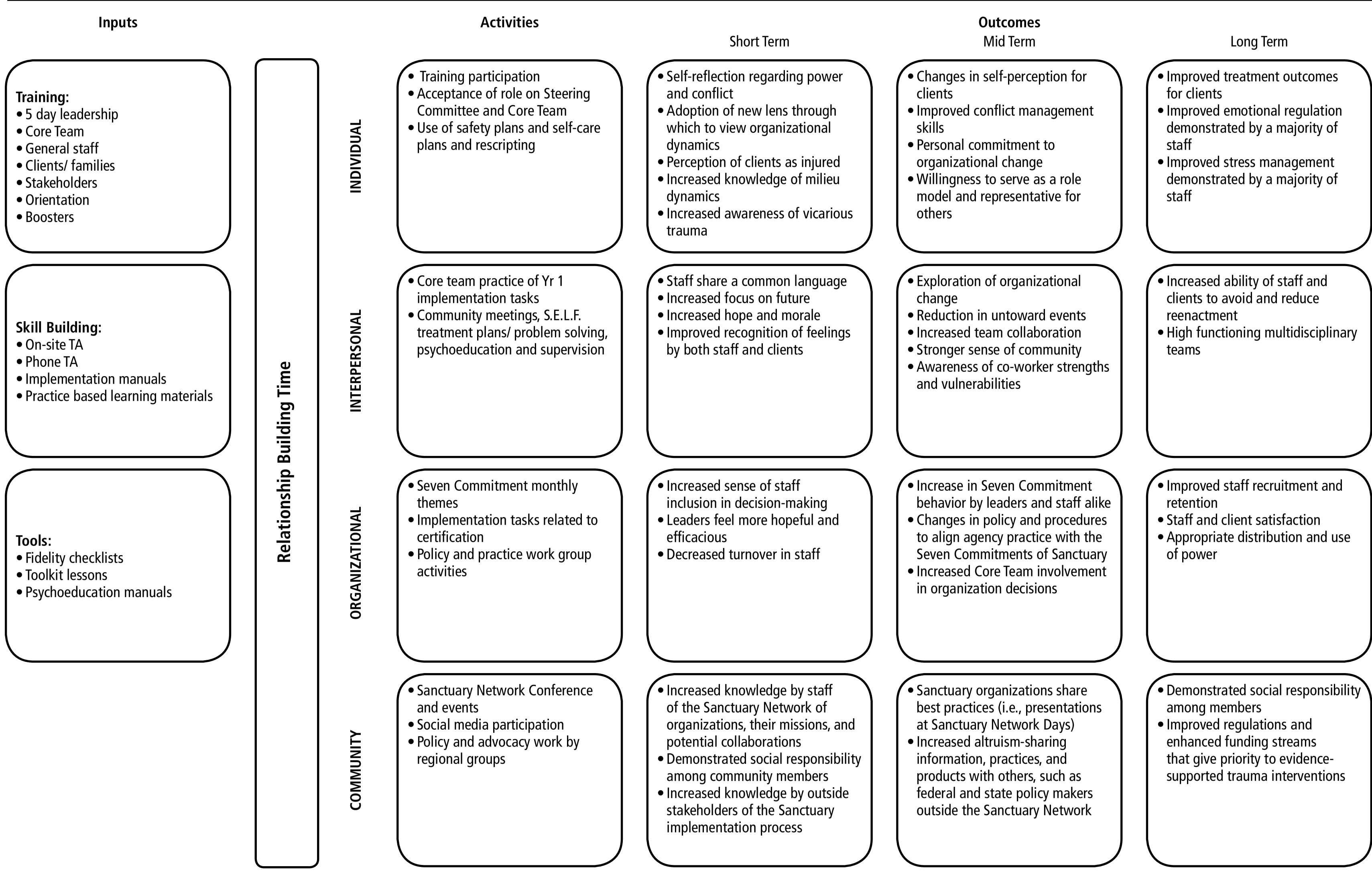
Inputs refer to the resources needed to initiate and sustain a program. In implementing and sustaining organizational change through the Sanctuary Model, inputs fall into three categories: training, skill building, and tools.

Training. This consists of five-day leadership training; Core Team training; general staff training; psychoeducation for clients, families, and internal and external stakeholders; new staff orientation training; and ongoing staff booster trainings. The Core Team is a multidisciplinary team with representatives from each level of the organization who are agents of change within the organization. These trainings are facilitated by Sanctuary Institute faculty using a specially designed curriculum for each of the trainings listed above as well as written materials and film clips to present the material. The content of all of these trainings consists of some combination of didactic and experiential learning activities in four areas known as the four pillars. The four pillars are described in Table 1.

Skill building. Consists of technical assistance through on-site consultations, phone calls, written materials for staff training, and a series of activities for the Core Team that are executed by Sanctuary Institute faculty in the following areas: embedding the Seven Commitments in policy and practice, using the S.E.L.F. (safety, emotion management, loss, and future) framework for problem solving, applying trauma theory to systems, interpreting many client behaviors as trauma responses, managing conflict, and using the concepts of Sanctuary in supervision.

Tools. The inputs category of tools consists of not only training in the Sanctuary Tool Kit but also support from Sanctuary Institute faculty through ongoing phone and on-site consultation for troubleshooting when there

Figure 1. *Sanctuary Model Logic Model*



are problems with implementation of any of the tools. In addition, a set of fidelity checklists are provided that can be used to measure adherence to the practices and the Sanctuary Certification Standards, which detail the manner and frequency of practice of the tools for different types of settings. Finally, there are four Sanctuary psychoeducation manuals that staff members can use to deliver lessons about the four pillars of Sanctuary in either group or individual settings to clients. Each manual is designed to apply to clients who are operating at a specific developmental level. The 10 tools in the Tool Kit are detailed in Table 2.

Individual-Level Activities and Outcomes

The individual-level activities that contribute to implementation of the Sanctuary Model are participation in training and acceptance of a role in the Sanctuary Steering Committee and Core Team. In addition to en-

Table 1. *The Four Pillars of the Sanctuary Model*

Pillar	Description
Trauma Theory	Overview of information about how traumatic experiences affect the brain and therefore influence thoughts, feelings, and behaviors.
Seven Sanctuary Commitments	Philosophical underpinnings of the Sanctuary Model that describe the ways in which community members agree to behave with each other and the values to which the organization subscribes.
S.E.L.F.	Acronym for the organizing categories of safety, emotion management, loss, and future, which is used to formulate plans for client services or treatment as well as for interpersonal and organizational problem solving.
Sanctuary Tool Kit	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 and reinforce the concepts of the model.

Table 2. *Tools in the Sanctuary Model Tool Kit*

Tool	Description
Core Team	Primary vehicle for implementation of the Sanctuary Model, which consists of a cross section of staff from all levels of the organization's hierarchy charged with executing the implementation steps.
Supervision	Individual or group meetings to review performance that include opportunities to discuss issues of vicarious trauma, self-care, and updating safety plans.
Training	Ongoing support to staff in use of the Sanctuary Model concepts through educational materials and interactive learning opportunities.
Community Meetings	All community members begin meetings by answering three questions designed to promote feelings identification, a focus on future, and a connection to community.
Team Meetings	Way to structure meetings among staff members that allows for them to reflect on the work, discuss team functioning, and service delivery issues.
Self-Care Planning	Practice of identifying and committing to practice a set of activities that one can do to manage stress both inside and outside the workplace.
Red Flag Reviews	Response to critical incidents that follows a protocol to focus on solutions over problems.
Safety Plans	Visual reminders of emotion management practices represented as a list of activities, techniques, or skills to be used in situations that may trigger inappropriate behaviors.
S.E.L.F. Service Planning	Framework for organizing service planning meetings and documents that explores functioning, challenges, goals, and progress in the areas of safety, emotion management, loss, and future.
Sanctuary Psychoeducation	Educational materials about the effects of trauma; the Sanctuary Tools and Concepts delivered to clients and families.

gagement in these forums for individual activity, the practice of safety plans, self-care plans, and rescripting traumatic reenactment also contribute to outcomes on the individual level.

Generally, organizational leaders participate in the initial five-day training with the outcome of individual engagement in a self-reflection and a new lens for looking at their own organization's functioning. The five-day training also results in the experience of leaders in understanding their own behaviors, their use of and experience of power within the organization and an appreciation for their own as well as the staff and client experience of personal and organizational adversity. These leaders who attend the initial training are expected to accept a role in the organization's Sanctuary Steering Committee, a small group of five to seven leaders who are charged with organizing the process of Sanctuary implementation and maintaining contact with the Sanctuary Institute faculty. The outcomes of participating in the Steering Committee are (a) recognition of oneself as a role model to all staff practicing the model and (b) greater insight into one's use of power and one's role in conflict and organizational reenactments.

Accepting a role in the Core Team is another individual-level activity in creating organizational change through Sanctuary. Participation in the Core Team means that an individual agrees to represent their peers as part of an implementation team that participates in structured activities to reinforce the practices of the model and explore opportunities for change in the organization. Participation results in a change in practice with clients that includes a perspective that moves from judgmental to one that assumes that clients are using ineffective skills for managing distress, and that one must use relational opportunities to teach new and more effective skills. Similarly, team participation also results in the capacity for individual participants to apply this understanding and practice to peers and administrators, thereby improving knowledge of milieu dynamics.

Participation in regular staff training is an individual-level activity for all staff that results in a clearer understanding of the organization's expectations for relational interactions among and between clients and staff. The use of safety plans and self-care plans, part of the Sanctuary Tool Kit, are individual activities in which practitioners create immediate and long-term ways of managing stressful situations. The resulting outcomes of practicing both of these tools are increased awareness of vicarious trauma and improved emotion management skills and personal stress management skills. The application of rescripting, which is the recognition of one's prescribed role in a conflict and the conscious and decisive action to do something outside of that role as a way to disrupt traumatic reenactment, results in an increased sense of agency in the individual in resolving

Table 3. *Sanctuary Model Seven Sanctuary Commitments*

Nonviolence

The community works toward ensuring that all members are safe and refrain from hurting each other.

Emotional Intelligence

Recognizing and anticipating the influence that emotions have on behavior and using that information to guide practice.

Democracy

Encourages community members to share decision making in whatever ways are most appropriate for their group. This is based on the premise that diversity of opinion yields a better result and that people are more likely to support something they have helped create.

Open Communication

Members agree to be aware of how they communicate with each other. Community members agree to talk about issues that affect the whole community, no matter how difficult they may be, and to do so in a direct and open way. Leaders practice transparency in regard to decisions or issues that affect everyone. All community members have the information they need to be successful.

Social Responsibility

Agreement that the community will take care of itself and its members. Members share responsibility for doing good work, adhering to the rules of the community, and being accountable for their behaviors and decisions.

Commitment to Social Learning

Creating an environment that allows people to learn from each other, their experiences, and their mistakes.

Growth and Change

The belief that individuals, groups, and systems can grow and heal. We create situations that promote growth out of our comfort zones and create a sense of disequilibrium that forces movement. Growth and change are achieved through inquiry, self-reflection or assessment, and the acquisition of knowledge.

interpersonal conflicts. Overall, the practice of applying knowledge obtained in training results in a stronger commitment to positive organizational change and increased knowledge of trauma symptoms and strategies for effective intervention, which eventually lead to changes in client perceptions of themselves as well as improved outcomes for clients.

Interpersonal-Level Activities and Outcomes

Interpersonal activities consist of the practice of several tools as well as execution of specific Core Team actions detailed in the first-year tasks of the *Sanctuary Implementation Guide*. These include creating a communication plan; having a kickoff event; engaging in self-assessment; learning the organizational trauma history; holding a conflict retreat; and exploring the power, values, beliefs, and assumptions across the agency. These activities result in deeper exploration of organizational change, development of a shared language for understanding and solving problems, increased team collaboration, and increased hope and morale among workers.

The community meeting tool among staff and clients brings groups of people together for a very short meeting in which each member reports a feeling, a goal, and a person to ask for help. The outcomes of this practice are increased awareness of the feelings of others, improved ability to focus on the future rather than dwell on the past, and a stronger sense of community among members of the organization. Team meetings offer similar outcomes for staff, in that team members who meet together in this forum have an increased understanding of each other's triggers, can use this knowledge to intervene more appropriately with each other in the milieu, and have a clearer sense of each individual's vulnerability to reenactment within the team. This increased knowledge allows for faster resolution of interpersonal conflict as evidenced by disrupted reenactment, fewer untoward events, and improved teamwork. Red Flag Reviews, which allow anyone in the community to bring a concern to be addressed and uses the trauma-informed, problem-solving framework of S.E.L.F., result in more collaborative and creative solutions to client and organizational issues and encourage higher functioning in multidisciplinary teams.

Service planning using a multidisciplinary approach and the S.E.L.F. framework as a way to organize client problems, goals, and interventions results in an increased focus on resolving issues of emotion management, loss related to trauma or exposure to adversity, and sense of hope for the future rather than overemphasizing client behavioral control in the service of safety as the exclusive priority. Psychoeducation for clients and supervision for staff are tools that reinforce the common language of trauma and adversity and that help clients and staff avoid traumatic reenactments.

Organization-Level Activities and Outcomes

The organization-level activities are represented by operationalizing the Seven Commitments, since these are the values to which organizations using Sanctuary aspire. The purpose of each of the Seven Commitments is to combat the negative effects of exposure to trauma and adversity through construction of an environment that systematically exposes a traumatized individual to repetitive restorative experiences within the treatment setting. Each commitment is described in Table 3.

Operationalizing these commitments, aligning policies and practices with these commitments across all areas of the organization (leadership, human resources, admissions, milieu, and treatment/clinical), and evaluating progress against the Sanctuary Certification Standards are the organizational activities. The results of these activities are alignment of practices and policies as well as behavior of leaders and staff with the Seven Commitments. Leaders report feeling more hopeful and effective, and they demonstrate appropriate use of and distribution of power. The active role of the Core Team in operationalizing the Seven Commitments results in members' increased participation in decisions, often also reflected in the general experience of all staff. Increased participation correlates with increased client and staff satisfaction, reduced turnover, and improved recruitment and retention.

Community and Societal Activities and Outcomes

Community activities fall into two categories: (a) the community of Sanctuary agencies also known as the Network and (b) the society-at-large that includes funders, regulators, referents, stakeholders, and colleagues. Both types of "community" have an evolutionary quality to the way in which Sanctuary concepts and tools get applied within their respective settings.

Within the Network, agencies learn early on about other Network agencies and their client base, as well as a little about what products and practices are used by them. The purpose is to help Network agencies begin not only to see each other as potential resources and partners in the implementation process but also to function as a community that can ultimately speak with a stronger voice regarding issues of trauma and the healing process and one that is data-driven. The result of this effort is that Network agencies become increasingly confident about sharing their effective practices with others (demonstrating social learning).

The second category of community involves the society-at-large. In this context, the goal is to reach out to colleagues, consumers, and governmental bodies in order for them to recognize the impact of trauma on

children and their families and those who serve them. The results of these activities are improved regulations and enhanced funding streams that give priority to evidence-supported trauma interventions.

Discussion

Application of a socioecological logic model to the Sanctuary Model intervention process is beneficial is several ways. First, the logic model highlights positive systems change as a primary goal of Sanctuary Model implementation by clearly articulating potential change at higher socioecological levels. Second, the model differentiates between activities and outcomes at each level of the social ecology, providing a framework for corresponding trauma-informed activities and outcomes. This framework promotes outcome measurement at all levels, potentially informing individual organizational intervention projects, as well as the overall development and evaluation of the Sanctuary Model across various settings. Third, as the Sanctuary Model itself is informed by systems theory, the socioecological logic model is theoretically complementary and allows for a trauma-informed, systems-inclusive approach that is useful in planning, implementation, and evaluation of Sanctuary Model organizational interventions.

Although useful, there are some limitations related to the application of the socioecological logic model to the Sanctuary Model for trauma-informed organizational change. First, while the proposed logic model provides a solid framework distinguishing activities and outcomes for each discrete level, changes in organizational culture and at the community level are complex and may require efforts from multiple agents. As such, it is often difficult to attribute change to a single program or intervention when measuring change across organizations and systems. Second, an organization's or community's capacity and readiness for change will influence its ability to successfully implement and achieve systems-level changes. For example, child welfare organizations often suffer from *change fatigue* associated with repetitive organizational restructuring, which may impact their workers' readiness for change and capacity to take on new initiatives. Third, the theoretical frameworks that inform the Sanctuary Model do not distinguish between the constructs of organizational culture and climate and do not specifically account for climate factors, which may be an important consideration when examining the social context within which large-scale change occurs. Enhanced testing is critical due to the fact that the Sanctuary Model is the only trauma-informed organizational intervention of its kind and is currently being implemented in over 250 agencies in a variety of settings and communities across the nation (for implementation details, see Sanctuary Institute, 2012, n.d.).

Conclusion

Individuals who have experienced trauma continue to suffer from suboptimal physical and mental health. Yet, research demonstrates that survivors of trauma can be resilient if they are connected to positive, caring service providers (Harney, 2007; Larkin, Beckos, & Shields, 2012). Unfortunately, high turnover and emotional exhaustion among staff who work with traumatized individuals threaten to create an environment in which it is difficult for these clients to build meaningful connections with providers.

The Sanctuary Model aims to reverse these trends through a set of tools that create an emotionally and physically safe environment for traumatized clients and everyone connected with them. Although more rigorous evaluation of the Sanctuary Model is needed, the emerging research demonstrates that it is a promising approach for creating a healthy environment that promotes emotional health and well-being for agency personnel and the clients they serve (Rivard et al., 2005; Stein, Sorbero, Kogan, & Greenberg, 2011). By protecting the emotional health of agency personnel, the Sanctuary Model creates a context in which service providers can be emotionally available to each other and their clients, resulting in positive relationships that create the conditions for resilience.

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