

Nonviolence

Emotional Intelligence

Social Learning

Democracy

Open Communication

Social Responsibility

Growth and Change



Changing the central question from “WHAT’S WRONG WITH YOU?” to “WHAT’S HAPPENED TO YOU?”

PILLAR 1: TRAUMA THEORY

The Effects of Trauma Exposure

The Sanctuary Model identifies the experience of trauma along a continuum that includes both discrete events and ongoing, cumulative and perhaps intangible experiences like racism and poverty. Trauma is defined as an experience in which a person’s internal resources are not adequate to cope with external stressors. Trauma theory suggests that many of the behavioural symptoms that we see in individuals are a direct result of attempts to cope with adverse experiences. What we identify as maladaptive are really misapplied survival skills. For example, when we see aggression in a client toward others, in circumstances in which aggression is not warranted, trauma theory proposes that during a

traumatic experience a person may rely on aggression in order to survive. Changes in brain chemistry that result from trauma can cause that person to perceive threat where others do not and to apply the survival skill of aggression in self protection. In order to intervene effectively we must move from a position of blame to one of questioning. Sanctuary recommends changing the central question we ask about clients from “What’s wrong with you?” to “What’s happened to you?” as a first step in recognising the influence of the past on current behaviours and functioning.

With trauma theory as a context, the Sanctuary model requires deliberate focus on 4 specific trauma concepts - parallel process, collective

disturbance (or organisational parallel process), vicarious trauma and traumatic re-enactment.

Parallel Process is the process of recognising that organisations can be impacted by trauma and adversity. It refers to the complex interaction between traumatised clients, stressed staff and resource pressured organisations.



Collective Disturbance is a form of parallel process. It occurs when a situation that evokes strong emotion in group members becomes disconnected from its source and linked to an unrelated event or circumstance. The high level of emotion remains, but the source is misidentified and resolution is then complex and often highly confusing.

Vicarious Trauma refers to the potential impact of being exposed to people who have experienced trauma. Such exposure can have a traumatising impact on the helper or care giver who

may show similar symptoms of trauma.

Traumatic Re-enactment is when a person replays past traumatic experiences in new situations. The person may play one of three roles - rescuer, victim, or persecutor – or even move between roles. People will readily fall into a role that reproduces previous patterns. Having insight into this allows a person to acknowledge the effect of previous trauma and re-script their responses instead of continuing to re-enact pain based behaviours.

PILLAR 2: THE SEVEN COMMITMENTS

The set of values that Sanctuary outlines as a way to lead individuals and organisations away from trauma-reactive behaviours are called the Seven Commitments. These commitments, adapted from work done in the UK by The Consortium for Therapeutic Communities, are defined as follows:

1. **Commitment to Nonviolence:** building and modelling safety skills
2. **Commitment to Emotional Intelligence:** teaching and modelling affect management skills
3. **Commitment to Inquiry and Social Learning:** building and modelling cognitive skills
4. **Commitment to Democracy (Shared Governance):** creating and modelling civic skills of self-control, self-discipline, and administration of healthy authority
5. **Commitment to Open Communication:** overcoming barriers to healthy communication, reducing acting-out, enhancing self-protective and self-correcting skills, and teaching and practising healthy boundaries
6. **Commitment to Social Responsibility:** rebuilding social connection skills, establishing healthy attachment relationships
7. **Commitment to Growth and Change:** restoring hope, meaning and purpose

These commitments have a direct connection to trauma intervention by shaping an environment that creates a restorative and reparative experience for trauma survivors by targeting the direct results of traumatic experience with mitigating a culture. This culture is created by behaviours in both staff and clients that do the following:

PILLAR 3: THE S.E.L.F. FRAMEWORK

The Sanctuary Model has constructed an acronym, S.E.L.F., which stands for Safety, Emotions, Loss and Future.

1. **Safety:** physical (your body is safe), psychological (you are safe regarding thought and feelings – ie. Not suicidal), social (safe with others), moral (safety in knowing right from wrong), and cultural (working together with respect and dignity).
2. **Emotions:** recognising and handling feelings without hurting oneself or others.
3. **Loss:** acknowledging and grieving current and past losses; committing to work against getting stuck in the past while recognising that all change involves loss.
4. **Future:** Re-establishing the possibility of renewal, of new choices and engaging in new behaviours rather than repeating old patterns.

These four components are the organising framework for treatment planning, community conversations and collaborative decision-making and allow providers to focus on the most important aspects of helping people heal from trauma in a simple and assessable way.

This framework is also used for describing organisational problems and constructing solutions without casting blame or becoming paralysed by defining the problem.

“I can do things you cannot; you can do things I cannot; together we can do great things.

- *Mother Teresa*

PILLAR 4: THE SANCTUARY TOOL KIT

The Sanctuary Tool Kit is a set of practical and simple interventions that reinforce the language and philosophical underpinnings of the Sanctuary model. These tools, community meetings, safety plans, S.E.L.F., treatment planning conferencing, team meetings, self-care planning, and psycho-education are the daily practices for both staff and clients that support an organisation’s creation of a trauma-informed culture. It consists of the following:

CORE TEAM – The primary vehicle for implementation of the Sanctuary Model, which consists of a cross section of staff from all levels of the organisation’s hierarchy charged with executing the implementation steps.

SUPERVISION – Individual or group meetings to review performance that includes 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 3 questions designed to promote feeling identification, a focus on future, and a connection to community.

TEAM MEETINGS – A way to structure meetings among staff members that allows them to reflect on their work, discuss team functioning, and service delivery issues.

SELF-CARE PLANNING – A 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 – A response to critical incidents that follows a protocol that focuses on solutions rather than problems.

“GO TO” 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 behaviours.

S.E.L.F. SERVICE PLANNING – A framework for organising service planning meetings and documents that explore functioning, challenges, goals, and progress in the areas of safety, emotion management, loss, and future.

SANCTUARY PSYCHOEDUCATION – Educational materials regarding the effects of trauma, the Sanctuary Tools, and Concepts delivered to clients and families.