

The Sanctuary® Model

The Sanctuary® Model is a blueprint for clinical and organizational change which, at its core, promotes safety and recovery from adversity through the active creation of a trauma-informed community. A recognition that trauma is pervasive in the experience of human beings forms the basis for the Sanctuary Model's focus not only on the people who seek services, but equally on the people and systems who provide those services.

The Sanctuary Model originated in the Philadelphia area in the early 1980s, created by Dr. Sandra Bloom and her colleagues. Over time, the model has been adapted for use in a wide range of human service programs across the U.S. and abroad. The Sanctuary Model is comprised of three primary components:

1. A philosophy for creating safe environments through community adherence to Seven Commitments
2. The trauma-informed problem solving framework represented by the acronym S.E.L.F., which stands for the four categories Safety, Emotions, Loss, and Future.
3. A set of practical tools, known as the Sanctuary Tool Kit

The Sanctuary Model identifies the experience of trauma along a wide continuum that includes both discrete events and ongoing, cumulative and perhaps intangible experiences like racism and poverty. Trauma theory suggests that many of the behavioral symptoms that we see in individuals are a direct result of coping with adverse experiences. 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 the people we serve from "What's wrong with you?" to "What's happened to you?" as the first step in recognizing the influence of the past on current behaviors and functioning.

Sanctuary also recognizes that just as human beings are susceptible to adversity, organizations themselves are equally vulnerable. This understanding is reflected in the recognition that there is a parallel between the traumatic symptoms we see in the people we serve and those that we see in an organization. Just as we see individuals who have experienced trauma responding with isolative behavior and withdrawal from the community, we also see organizations facing financial or political stressors responding with isolationism, rigidity and autocratic decision-making. Intervening in this parallel process requires shifting behaviors and thinking to align with trauma-informed practices. Sanctuary provides the blueprint to accomplish this alignment.

When an organization makes the commitment to implement Sanctuary, trains its staff in the philosophical underpinnings, embraces the language of S.E.L.F., and uses the Sanctuary tools, its members can expect to see improved outcomes for clients, improved staff retention and satisfaction, and decreased violence. While many models address the individual and group treatment needs of vulnerable clients, Sanctuary is unique in that it instructs leaders and community members not only in providing service to their clients, but also in creating safer, better-functioning organizations.

The Sanctuary Model[®] *by Dr. Sandra L. Bloom*

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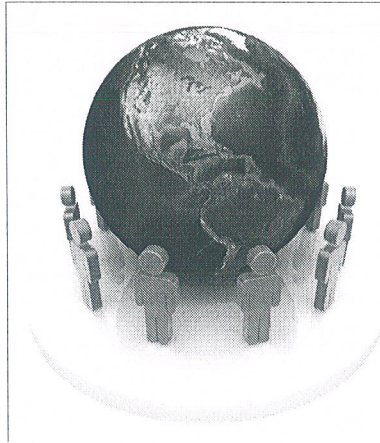
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Community Meeting

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BACKGROUND



Since its origins in post-World War II England and Scotland, the Community Meeting has been a central concept of the therapeutic community (TC), a spatial expression of the democratic process that is central to the democratic TC [294, 363, 434, 742]. In traditional democratic TC's, Community Meeting is where much of the psychotherapeutic work of the community actually occurs. When the TC concepts were adapted for shorter term settings and became "therapeutic milieus", the Community Meeting became the critical time when staff and clients would gather together to discuss issues affecting everyone. Over time, however, and as a result of the wide-ranging organizational

stresses that we have been describing in this book, the knowledge base about how to run Community Meetings and their basic functions in a milieu setting, have been lost so that many staff members currently working in therapeutic settings are afraid to bring groups of clients together and have never experienced the power of one of the simplest methods of creating and maintaining a nonviolent environment.

But Community Meeting isn't just a therapeutic tool for clients who are in treatment settings. It's an interesting fact that although most workplaces in the for-profit and non-profit world are dependent on collective effort, rarely is there any attention paid to how a collection of independent individuals become a group capable of thinking and acting together in service of a shared goal, rather than simply thinking and acting as separate individuals. We just assume that when it works, it works and when it doesn't it's because we don't have the right combination of individuals. It may be true that the right people aren't in the room or the problem may be that we don't have the right process – a process that honors the transition from "me" to "we". That's what makes starting a meeting – any meeting – with some version of a Community Meeting so necessary if you want groups of people to pull together in service of a larger goal. Community Meetings are actually as ancient as human beings – gathering in a circle to meet each other eye-to-eye has been the basic structure of human groups for as long as there have been human groups. Circling-up, circling the wagons, the sacred hoop all represent this vital form of interactive connection and interdependence.

Same goes for schools. Schools are communities and children learn within those communities and not just reading, writing, and arithmetic. Through their studies and their interactions with others they are learning how to be an individual and how to be part of a group. They are learning what their unique society, outside of their family, expects from them. They are learning how to be in the world. Starting every school day with a Community Meeting establishes a safe and steady routine for children to learn about their own feelings as well as those of others, the importance of thinking ahead before you act, and the reality of being responsible to and for each others.

WHO WE ARE

GUIDE TO THE SITE

ORIGINS OF THE SANCTUARY MODEL

THE SANCTUARY MODEL: FOUR PILLARS

[Pillar 1: Shared Knowledge](#)[Pillar 2: Shared Values](#)[Pillar 3: Shared Language](#)[Pillar 4: Shared Practice](#)[The Sanctuary Toolkit](#)[Community Meeting](#)[Safety Plans](#)[Red Flag Reviews](#)[S.E.L.F. Psychoeducational Groups](#)[S.E.L.F. Service Planning](#)[S.E.L.F. Team Meetings](#)[Sanctuary Supervision](#)[Self-care Plans](#)[Sanctuary Implementation](#)

OUTCOMES

Curriculum

A Trauma-Informed Psychoeducational Group Curriculum

S.E.L.F. represents the four nonlinear, key areas of recovery that provide an organizing framework for the complex problems presented by trauma survivors, by families with problems, and by chronically stressed organizations.



WHAT IS IT?

A Community Meeting is a deliberate, repetitive transition ritual intended to psychologically move people from some activity that they have been doing into a new group psychological space preparing the way for collective thought and action. For all members of any group it provides a predictable bridge that directly and indirectly reinforces community norms. It is not a therapy group – although therapeutic things are likely to happen during it – and for the purposes of the Sanctuary Model it is meant to be brief and meaningful in a way that does not interfere with the logistics of the meeting or the day ahead.

For Community Meetings to be most effective they must be inclusive of all members of whatever community is having the meeting and the meeting itself must embody the Seven Commitments of the Sanctuary Model and therefore be enacting the group norms on a regular basis. As people become accustomed to the form they actively can demonstrate concern for others, interpersonal safety, open communication a sense of social responsibility, a willingness to learn and to listen, and a shared commitment to the well-being of the whole group. The form in physical space of the meeting, and the opportunity for everyone to have a voice, represents the concept of democracy at its most basic.

WHAT'S THE PURPOSE?

The regular and repetitive enactment of Community Meeting is a necessary practice for deep democracy. In the form and content of the meeting, people nonverbally and overtly pressure each other to conform to community norms and expectations. Rules are made and administered by authority figures and are likely to be broken. Norms emerge out of a group and most people are influenced by group norms. Community Meeting gives everyone a voice and offers a safe and nonthreatening environment within which people can begin finding words for feelings on a regular basis and it conveys to the community that emotional intelligence is important while at the same time recognizing that feelings are “no big deal” because everyone in the community can watch feelings, even distressing feelings, come and go, wax and wane even over the course of a fifteen minute meeting. The leveling of hierarchy that is expressed in the group through the form of it tells everyone in the community that “we are in this together” and reinforces the notion of social responsibility while keeping the importance of relationship in the forefront. Once the skill and safety of Community Meeting is established, then it becomes a natural and spontaneous process that any member of the community can use when trouble is brewing, tension is rising, or an untoward event has occurred. In this way, Community Meeting becomes an extremely effective tool for creating and sustaining an atmosphere of nonviolence.

WHAT MAKES COMMUNITY MEETING “TRAUMA-INFORMED”?



Community Meeting is trauma-informed because of the format of the questions. The first question is “Who are you?” and even in a group where everyone knows everyone else, the question is an affirmation of identity, a particularly important issue for people who are being or have been hurt a lot, when they feel their very sense of identity has been jeopardized.

“What are you feeling today?” requires people to focus internally on what they are actually feeling and then find a word for it. We know that children are just learning how to do this and traumatized children and adults have especially difficult time putting words to feelings – it’s called “alexithymia”. It’s well established that people who cannot talk

about their feelings are more likely to show what they feel through behavior including physical symptoms, without even knowing that is what they are doing.

“What’s your goal for today?” (or this class, or this meeting) is the future-oriented question.

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Books by Dr. Sandra L. Bloom



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People who are exposed to situations that are repeatedly frightening often are spending too much time in the immediate here-and-now because of the impact of fear. They may lose or never gain the capacity to be calm enough to anticipate future action. Pausing for a moment in a safe environment and asking this question allows the exercise of this vital function and helps develop the capacity for self-control, planning, and reflection, all necessary for living and working in complex settings.

"Who can you ask for help – someone here with us to day – if you need it? This is the norm setting question for the entire group. The question emphasizes the social responsibility we have to be concerned about the well-being of everyone in the group all the time. It's important that each person chooses someone present, not someone who they may be able to see later, or not see at all. This is the question that connects the group together as a whole.

SanctuaryWeb.com

SanctuaryWeb.com is your resource to gain insight into The Sanctuary Model. Research and purchase S.E.L.F. Curriculums. Browse and read published articles, as well as, purchase books written by Dr. Sandra L. Bloom.

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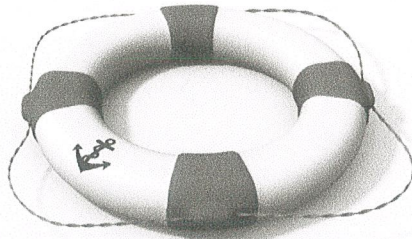


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Safety Plans

SANDRA L. BLOOM, M.D.

BACKGROUND



Safety Planning has long been a significant component of working with victims of domestic violence because of the very real dangers they face in their close personal relationships and the emergency measures they may have to take to keep themselves and their children from harm. In psychiatric and residential settings it is less likely that someone is in danger from another person and more likely that they pose dangers of various kinds to themselves.

Our experience with trauma survivors over the years has taught us that focusing on safety as an ongoing concern is vital. We learned that survivors often have trouble identifying what is safe behavior and their deficits in anticipating future events may lead them to have difficulty in anticipating the consequences of unsafe behavior. In the Sanctuary Model when we use the word “safety” we are referring to four all-encompassing domains of safety: physical, psychological, social and moral. Safety Planning requires attending to all four domains simultaneously and coming up with a plan for avoiding danger.

It is clear, however, that safety issues are not simply applicable to people in treatment. For our brains to think rationally and act appropriately we must feel safe with each other and safe within our organizations. Creative and innovative planning and implementation is not possible without some degree of calm and safety. And the kind of thinking that is required to address complex problems does not occur under crisis conditions.

WHAT IS IT?

A Safety Plan is a list of simple activities that a person can choose when feeling overwhelmed so that the person can avoid engaging in the unsafe, out-of-control or toxic behavior he or she is accustomed to resorting to under stress and instead, use an activity that is safe, effective and self-soothing. The items in a Safety Plan should be simple things that people can do anytime, anywhere without embarrassment. In the Sanctuary Model, everyone has a Safety Plan so that having one and using it become a social norm, not simply an instruction pointed at a client. It is a form of Universal Precautions like washing one’s hands. Staff members often carry their safety plans on the back of their ID badges – always there, always conveniently accessed.

WHAT’S THE PURPOSE?

Safety Plans are designed to help people achieve increasing levels of skill in regulating their own emotional states. The creation of Safety Plans is a relational tool, adjusted over time to meet both increasing skill levels and increasing demands for those skills. It is both an individual and a group tool in the Sanctuary Model, providing a simple cognitive-behavioral skill for the individual and setting group expectations for the entire community. When people see each other using their safety plans, it strongly reinforces the notions that high levels of emotional distress can and should be managed, but that we all must learn to do that – it doesn't just come naturally.

The Steering Committee learn about Safety Planning at the Sanctuary Institute. It is often the first tool that they teach the Core Team in preparation for spreading the concept out around the entire community. The staff are encouraged to engage in regular Safety Planning, collaborating with the clients in the development of these plans and simultaneously utilizing the Safety Planning process as a way of beginning to teach the clients the S.E.L.F. constructs while they are at the same time, learning the constructs with the clients.

In Sanctuary, every person – child and staff – must develop Safety Plans for themselves. These plans should be simple and straightforward and provide options for at least five immediate steps that can be taken as soon as the individual finds himself in a stressful, challenging, or dangerous situation. Safety Plans can and should be progressive in nature so that each individual is developing an increasing level of skills that rely on his or her own resources and do not necessarily depend on anyone else. Having the staff draft and use their own Safety Plans helps them become more capable in helping the children or adult clients design and use their Safety Plans. In outpatient settings, whole families can work together on creating Safety Plans. The Core Team then drafts a process for review and revisions of the Safety Plans. Safety Plans are recorded on cards for the clients and for the staff to carry with them as a useful cognitive-behavioral self-management tool. Clients can keep them in their wallet, on their mirrors, on the refrigerator back home – whatever works.

See example of Gannondale's Safety Plan at <http://www.gannondale.org/sanctuary-model/safety-plan/>

Safety Plan Outline



Creating Your Safety Plan

Step 1: Identify which emotions are most difficult to manage for you. (Remember that there are often other emotions underneath what looks like anger: sadness, shame, frustration, etc.)

Step 2: Identify what types of situations are likely to trigger the emotion(s) you identified in step one. (ie: being ignored, being asked to do more than your share, etc.)

Step 3: Identify the signs that you or those around you might notice when your emotions are becoming overwhelming. (ie: crying, pacing, fidgeting, scribbling, etc.)

Step 4: Identify 5 things that you can do to help keep yourself and those around you physically, emotionally, socially and morally safe. Some of them can/should involve other people or leaving the physical space you are in (get a hug, call a friend, make some tea/coffee, take a walk) and at least two should be things that you can do on your own and without leaving the physical space you are in. (ie: deep breathing, squeezing your hands, counting tiles on the floor, etc.) **Transfer these five things to your safety plan card, which you will use as a physical reminder of coping skills that work for you in challenging times.**
