The Sanctuary Model® and Community Meeting

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Abstract

Purpose – The purpose of this paper is to review the purpose of the Community Meeting and how it fits within the Sanctuary Model®, it will outline the tools theoretical underpinnings and finally how the tool is used in other trauma models specifically Therapeutic Communities.

Design/methodology/approach – This paper draws the key literature together related to the Community Meeting within the Sanctuary Model®, making links to theoretical influences between the Community Meeting, Trauma Theory and Attachment Theory. Finally it provides a comparison of the Community Meeting within Therapeutic Communities and the Sanctuary Model®.

Findings – The paper detailed how the Community Meeting tool is underpinned by the norms and theories of the Sanctuary Model®. It detailed the direct link between healing from trauma and building attachments to the Community Meeting. It found the similarities of the Community Meeting within both Therapeutic Communities and the Sanctuary Model® in that they always included all participants and occurring regularly in circular groups. However, it noted the distinct differences including in Therapeutic Communities the Community Meeting forms a significant intervention, whereas within the Sanctuary Model®, the Community Meeting supports the broader intervention of the model for all members of the community including staff and clients.

Originality/value – The Sanctuary Model® is gaining international interest and as such, critical consideration of its theoretical influences, similarities and differences with existing models is critical to understanding the model.

Keywords Children and young people, Residential, Therapeutic Communities, Sanctuary, Community Meeting, Out of home care

Paper type Viewpoint

The Sanctuary Model® is a trauma informed systems approach to care provision programmes for children, young people and adults suffering from the effects of maltreatment and exposure to family and/or community violence (Bloom, 2003). While the Sanctuary Model® is applied to various settings, this paper is focused on its application to children and young people in care and the implementation of a programme that responds to extremely complex clients with deeply embedded injuries including biological, affective, cognitive, social and existential wounds (Bloom, 2003; Rivard et al., 2004). Within a group context, the model aims to provide the individual with the necessary skills for creating and sustaining a non-violent life. One of the key components of the Sanctuary Model® is the tool of Community Meetings. While this tool is simple, its application is critical to the Sanctuary Model® implementation. This paper will review the purpose of the Community Meeting and how it fits within the Sanctuary Model®; outline the tools and theoretical underpinnings and finally how the tool is used in other trauma models, specifically Therapeutic Communities.

The Sanctuary Model® overview

The four pillars of the Sanctuary Model® as outlined in Table I detail the theories, norms and tools of this approach.

Of the four pillars, the seven commitments provide the model's norms; they are foundational to every element of the model. These commitments include (Bloom, 2005, p. 12):

■ Non-violence: being safe outside (physically), inside (emotionally), with others (socially) and doing the right thing (morally).

■ Emotional intelligence: managing our feelings so that we do not hurt ourselves or others.

■ Inquiry and social learning: respecting and sharing the ideas of our teams.

■ Democracy: shared decision making within the context of roles and responsibilities.

■ Open communication: saying what we mean and not being mean when we say it.

■ Social responsibility: together we accomplish more, everyone makes a contribution to the organisational culture.

■ Growth and change: creating hope for our clients and ourselves.

The SELF problem-solving framework is the trauma informed concept utilised within the model. Bloom (2005, p. 13) describes the elements of SELF as:

■ safety – attaining safety in self, relationships and environment;

■ emotional management – identifying levels of affect and modulating in response to memories, persons and events;

■ loss – feeling grief and dealing with personal loss; and

■ future – trying out new roles, ways of relating and behaving as a "survivor" to ensure personal safety and to help others.

This framework provides a simple, understandable and comprehensive way for the clients, their families, staff and the organisation to make sense of, and respond constructively to, some very complex dilemmas (Abramovitz and Bloom, 2003).

Theoretically, the Sanctuary Model's® focus on Trauma Theory is not simply about recognising the harmful immediate and long-term impact of such abuse and adversity on the individual client; for example, traumatic re-enactment and learned helplessness; it is the interactive impact of individual trauma on caregivers, teams, organisations and communities; for example, parallel process, collective disturbance and vicarious trauma (Bloom and Farragher, 2011). Other theoretical underpinnings include social learning theory; the use of safe, stable, supportive and socially responsible environments as the therapeutic agent of change; non-violent practice; the emphasis of safety as an active, attitudinal and political aspect of individual, group and organisation; and complexity theory: conceptualisation of how complex systems like individuals, families, groups and organisations can utilise their innate capacity to change (Abramovitz and Bloom, 2003). The tools as outlined in the four pillars include the Safety Plan, Red Flag Meetings, Self Care Plan, SELF Service Planning, Psycho-Educational Group Work, Sanctuary Core Team

and Community Meetings. When used within services or communities, the tools become the practical behaviour-based activities that see the implementation of the Sanctuary Model® norms and theories.

The Community Meeting

The Community Meeting is a tool within the Sanctuary Model® and is described as the corner stone of practice within this model (Sanctuary Institute, 2009). It is the process of a group of clients, staff and any other people within the care setting coming together to answer three questions – how are you feeling, what is your goal, who can you ask for help? The tool provides the care setting with a simple structured routine that enables participants to build emotional intelligence; practice goal setting and the notion of shifting from now to the future; and develop the skill of relying on and trusting the people around them, which assists in building connections. It assumes a level of competency and hope in relation to appropriate management of positive and negative emotions, goal setting, the future and trusting others (Sanctuary Institute, 2012a, b). The Community Meeting is a tool that reminds the individuals within the group that they are part of a community that interrelates and depends on each other (Bloom and Farragher, 2011; Esaki *et al.*, 2013). It helps to transition people physically by indicating a change, of day, of meeting, of group focus, and psychologically, by naming feelings and intentions to build collective thought and strengthen multiple relationships (Bloom and Farragher, 2011; Esaki *et al.*, 2013). When operationalising the Sanctuary Model® a Community Meeting occurs at regular points during the day: for example, at the start of all meetings, every morning, at staff changeover points and programme changeover points (Sanctuary Institute, 2009). It is also able to be enacted at others times as the community requires (Sanctuary Institute, 2009). It has been anecdotally noted that this appears to occur when a member of the community, or the entire community, requires support. An example of this in a traumatised youth care model was upon the return of the young person from a period of absconding; the young person and the youth worker held a Community Meeting. While the young person's responses to how he was feeling, his goals and who was going to help him were non-committal and non-descript on this occasion, the youth worker was able to share that his goal was to welcome back the young person, to make him feel safe and to get him to have a good night's sleep, and the person to help the youth worker to achieve this goal was the young person himself. Hearing the youth worker's thoughts and intentions enabled the young person to successfully transition back into the space of being "home" and he shifted to accept this articulated idea and a collective intention was generated.

The intention of the Sanctuary Model® is also to harness the collective effort of the professionals working with traumatised individuals and allow them capacity to connect, build their resilience and be emotionally available to clients (Esaki *et al.*, 2013; Sanctuary Institute, 2009). It is a model of organisational culture. As a tool Community Meetings generate democracy not just within the client/professional hierarchy, but also within the organisational hierarchy (Esaki *et al.*, 2013; Sanctuary Institute, 2009). An example of the role of the Community Meeting as an organisational culture tool occurred within a training with a large group of approximately 40 people from varying levels of a large statewide organisation. The session commenced with a Community Meeting where one worker shared that she was worried and sad as a natural disaster in her home country meant she did not know whether her family members were safe. Her goal was to be with people while she waited for information, and she asked the group to understand if she was a bit preoccupied. In a break the facilitator asked her if she would like to go home; the worker said that at least here, she was with people who she felt cared for her, that the group would understand and that it helped her emotionally to be part of something while she waited. Without the opportunity to share this to the entire forum and without the organisational practice of having capacity to allow for emotion, the worker could have felt judged for her distraction during such a large training.

The Community Meeting links to the seven commitments in the following ways (Churches of Christ Care, 2011):

1. It builds emotional intelligence because it helps us practice identifying emotions and managing emotions in the context of the goals for the day: for example, you can feel sad but still need to get certain tasks completed during the day.

2. It builds democracy in that it shows that all of our goals are important, all of our feelings are important and that anyone can ask anyone for help.

3. It promotes open communication, because it provides a ritual that prompts us to communicate feelings and goals with each other.

4. It promotes growth and change, because it allows us to identify emotions, grow with the goal and grow within our relationships with others. It allows us to make changes with the people around us.

5. It encourages social responsibility, by sharing our feelings, goals and who can help, we share the sense that we will be mutually responsible for these within our group, team or community.

6. It encourages social learning, because we see each other have emotions, make achievements and seek help from others. It provides positive relational experiences.

7. It supports non-violence, in that it promotes well-being and safety for the individual and group, because we share a feeling and then what we would like to achieve.

Links to theory

The Community Meeting, while an incredibly simple tool, is strongly linked to numerous theories including Trauma Theory and Attachment Theory. Trauma Theory offers a framework for understanding the impact of harmful types of experiences including physical, emotional or sexual harm. Trauma occurs when a person's internal and external resources are inadequate to cope with the external threat (Van der Kolk, 1987). The impact of trauma can vary, but it is widely accepted that in the face of adversity, a traumatic response is often the "fight or flight" reflex. The Community Meeting attempts to influence this response by assisting the individual to build their emotional intelligence and management (Bloom, 2003). Being purposeful and consistent about identifying and naming how an individual is feeling results in building internal resources. It is these resources which will assist the individual in the face of future harmful experiences. The Community Meeting also sees the individual ask a person within their home, team or community for assistance with their goal. This results in the individual having people they trust, can share experiences with and can rely on. This builds on external resources, which combats the impact of harmful experiences.

The Community Meeting and its purpose and function are underpinned by Attachment Theory. Attachment is the emotional bond to another person, or the "lasting psychological connectedness between human beings" (Bowlby, 1969, p. 194). Many attachment theorists believed that the earliest bonds formed by children with their caregivers have a tremendous impact that continues throughout life. Secure attachment is characterised by children who seek comfort from their caregiver when feeling distressed or frightened. When an infant or child does not receive responsive, nurturing care, they do not develop a secure attachment. Research suggests that failure to form secure attachments early in life can have a negative impact on behaviour in later childhood and throughout life (Green and Goldwyn, 2002). It is these negative impacts that the Community Meeting addresses by assisting participants to build a connection with each other. Asking someone for help with a goal and receiving it builds the connection; it builds an emotional bond.

The Community Meeting can also be seen as linked to theories of brain development. It utilises the experience-dependent philosophy about brain development and the impact that complex trauma can have on the brain. That is, if we use a part of the brain consistently, repetitively and purposefully, it can develop in that area, even if the area has previously not developed due to negative or difficult experiences. Within the Community Meeting, the identification of emotions and linking ways that the community can assist in emotion management, through goal setting or assisting others with goals, facilitates the development and strengthening of the reasoning brain over the impulsive one (Perry, 2005).

When working with clients who have suffered complex trauma, clinicians consider three primary areas; safety, affect management, and coping and self-management skills as well as the therapeutic relationship itself (Van der Kolk and Courtious, 2005). Using the direction of theorists

such as Erikson, Bowlby and Ainsworth, starting with a foundation of safety is vital for intervention, as safety includes physical security, consistency, predictability, transparency, honesty, support, inclusion, availability, knowledge and power (Green and Goldwyn, 2002). The Community Meeting is an important element of establishing and demonstrating constant and open communication. It is a regular pattern of shared caring and shared responsibility, and a levelling between clients, clinicians and support staff. It facilitates a shared language and an environment of shared power, combined healing and modelling of emotional management. It enables traumatised individuals to develop an awareness of their own affect, emotions and naming these, while recognising and observing them in others. Furthermore it provides opportunity to see how the community can support each other throughout the day (Sanctuary Institute, 2012a, b).

Links to Therapeutic Communities

The term "Community Meeting" is wide spread in the working methodologies of social intervention and community work. Similar to the Sanctuary Model®, a clear and conceptualised Community Meeting is cornerstone to the Therapeutic Communities approach (National Institute of Drug Abuse, 2002; Current Nursing.com, 2013). Therapeutic Communities dominated psychiatry post Second World War as a move away from an authoritarian style of intervention began and the ideology of the community as method took hold, creating a forum where the individual was critical to their own recovery as well as the recovery of those around them (Current Nursing.com, 2013; Manning, 1989). In current practice, Therapeutic Communities treatment methodology is most notable in drug and alcohol rehabilitation but with use in other areas of community welfare including homelessness, intervention in prison and residential youth work (Australasian Therapeutic Communities Association, 2013; Australian Institute of Health and Welfare, 2011). The Therapeutic Communities methodology is traditionally embedded in residential services, however, many factors have pushed it to go into other forms, such as shorter stay treatments complemented with outpatient treatment as well as day treatments (National Institute of Drug Abuse, 2002). There has also been a re-branding of Therapeutic Communities, in this light, but with a clear focus on the self-help concept or "community as a method" of the approach (National Institute of Drug Abuse, 2002; Johnson and Haigh, 2011).

In their book *Restoring Sanctuary* Bloom and Farragher (2013) outline that the Community Meeting is a way to recapture the democracy and social learning that was the focus on social psychiatry and Therapeutic Communities that grew in the post war era. Bloom and Farragher (2013) suggest that the ability and freedom to gather a group of clients and professionals to create a non-violent environment has been lost through organisational stressors (Bloom and Farragher, 2011, 2013). This loss of an effective, non-violent environment due to these stressors such as burnout and high turnover, funding and government pressure, medicalisation of treatment and risk averse policies, is supported by others (Esaki *et al.*, 2013; Rivard *et al.*, 2004; Yates, 2011; Norton and Bloom, 2004). The idea of the community as a method is in the approach of the Sanctuary Model®, where all are within the group – client, teacher, manager, staff, parent, carer – and all take part as equals in creating a healthy environment where positive change can occur. The Sanctuary Model® also strives to create an environment that is therapeutic (Sanctuary Institute, 2009). In this light it could be considered that the crux of the Sanctuary Model® is similar to Therapeutic Communities, in that it looks at the emotional and psychological aspects of underlying behaviours and relationships that impact negatively on an individual, such as mental health, child protection, and drug and alcohol intervention. Both have Community Meetings as a key element of their effectiveness and clear and explicit expectations of this meeting and its purpose. Both have the expectation that all will participate in Community Meetings as equals and to be honest and clear in participation. Both are forums to express the emotion that one is feeling at that time, in an effort to allow the group to help regulate that emotion, positive or negative. They also call upon the group to acknowledge and support the emotion as it is (Current Nursing.com, 2013; Sanctuary Institute, 2009). Both create a treatment system that allows for a community environment where using all of the available human skills and resources facilitate and build connections with others which ultimately develop self-regulation of internal stress (Esaki *et al.*, 2013; Norton and Bloom, 2004). However, there are a number of notable differences. A Community Meeting in a Therapeutic Community model is when emotions

can be talked through, grievances aired, house rules re-evaluated and needs discussed (Current Nursing.com, 2013). It is a critical element in re-asserting the norms of the group and articulating the communication expectations and shared responsibilities (Norton and Bloom, 2004). Community Meetings generally only occur once a day and are structured to take a set period of time, such as an hour (Current Nursing.com, 2013). A Community Meeting within a Therapeutic Community changes in its structure and scope depending on the organisation and the group needs at that point (Norton and Bloom, 2004; Current Nursing.com, 2013), where as a Sanctuary Model® Community Meeting is crystallised in its operationalisation and scope (Sanctuary Institute, 2009; Bloom and Farragher, 2013). A Community Meeting is a significant part of the intervention in Therapeutic Community, where considerable psychotherapeutic work takes place (Bloom and Farragher, 2013). In the Sanctuary Model®, a Community Meeting is a forum where emotions are expressed and support from the community is sought, but the sharp and succinct nature of the meeting makes it less of an intervention within itself and more a vehicle to enable other moments or interventions to be more effective (Sanctuary Institute, 2009; Bloom and Farragher, 2013). A medical analogy best illustrates the difference; within the Therapeutic Communities Community Meeting is the operation on the patient. In the Sanctuary Model®, the Community Meeting is the regular checking of the vital signs during an operation, not only of the patient but also of the doctor, nurses and all support staff, as all are important to the success of the operation.

How are you feeling? What is your goal? Who can you ask for help? Three simple short questions, and yet the Community Meeting tool from within the Sanctuary Model® is instrumental in assisting people, both clients and staff, to build and practice emotional intelligence, set goals, be purposeful about planning and asking for help from people within their community; resulting in people building relationships and experiencing care from those around us. The Community Meeting tool has consistent foundations with Attachment Theory, Trauma Theory and brain development. The use of similar versions of the Community Meeting are present within Therapeutic Community models, however, some differences exist. This simple yet powerful tool can help individuals who have been hurt on their journey of healing.

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About the authors

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Michelle Royes has worked in the Social Welfare field since 2001, focusing on child protection for the last eight years. Working mainly in the areas of residential and out of home care for children and young people, Michelle has taken a special interest in the challenges of management in this dynamic and challenging environment. Michelle has a Bachelor of Psychology (Hons) and is a Credited Trainer of a number of programs, including Sanctuary and Therapeutic Crisis Intervention.