SANCTUARY AND STAFF: TRANSFORMING THE CULTURE OF A CLASSROOM

Danni Lapin, LCSW-R
Leani Spinner, LCSW-R
September 2016
ANDRUS
WHO ARE WE?

• ANDRUS
• Private, social sector
• Mission: ANDRUS nurtures social and emotional well-being in children and their families by delivering a broad range of vital services and by providing research, training and innovative program models that promote standards of excellence for professional performance in and beyond our service community.
• Mental Health Division: clinic-based & school-based clinical services in Yonkers, White Plains & Peekskill, NY
In a nutshell.....Sanctuary is a treatment and organizational change model that integrates trauma theory with the creation of therapeutic communities which provide safety for both clients and the staff who work with them.
A belief that adversity is an inherent part of human life, and that many of the behaviors that lead clients to care are directly related to those experiences – and that people and groups of people can heal from those experiences.

A perspective that asks: “what’s happened to you?” rather than “what’s wrong with you?” when organizing goals and assessing strengths and challenges.
THE FOUR PILLARS OF SANCTUARY

TRAUMA THEORY
SANCTUARY COMMITMENTS
S.E.L.F
SANCTUARY TOOLKIT
COMMUNITY MEETING

How are you feeling?

What is your goal?

Who can you ask for help?
“What's wrong with you?”

TO

“What happened to you?”
Human Beings Are Creatures of Habit

If it Works, Do It Again, Again!

Help! Signaling distress

Change means loss
People who engage in reenactments are not consciously choosing to repeat painful or negative relationships.

The behavior patterns people exhibit during reenactments have become ingrained over time because they:

- Are familiar and helped the person survive in other relationships
- Reinforce the notion that the world is predictable which means safer even if it is negative
- Allows the person to vent frustration, anger, and anxiety
- Gives the person a sense of mastery over the old traumas “I am strong, I can handle anything”
PERSECUTOR
Helpless
Overwhelmed
Inadequate
Entitled

Martyr
Harried
Guilt-trips
Only I can help

VICTIM
Denies vulnerability
Critical, blaming
Rigid, bullying

RESCUER
REENACTMENT

YOU

THE OTHER GUY
Vicious Cycle

Disrupted Attachment

Maladaptive Behavior

Intolerable Feelings
Are we helping the person to change?

In what ways?

If not, are we reenacting something?

How do we change the outcome?
RESCRIPTING
WHAT IS IT?
Innovation cannot be planned or predicted – it emerges over time

Innovation emerges from the bottom up

Innovation is inefficient

Leaders must create the time and space for innovation to emerge

Innovative teams are self-managing and practice deep listening

Team members build on their collaborators’ ideas

Only afterwards does the meaning of each idea become clear

Surprising questions emerge
Rescripting: Change the Story

Think about the person’s history and your own!

Consider the role you are playing

What is the expected response based on the script being replayed?

Change the ending of the story!
Looking at your vulnerability
The cumulative transformative effect on the helper of working with survivors of traumatic life events, both positive and negative.

Saakvitne & Pearlman, 1996
SIGNS OF VT
(SAAKVITNE & PEARLMAN, 1996)

- No time, no energy
- Disconnection
- Social withdrawal
- Sensitivity to violence
- Alterations in sensory experiences – symptoms of PTSD
- Nightmares
- Cynicism
- Despair and hopelessness
- Diminished self-efficacy
- Changes in identity, worldview, spirituality
<table>
<thead>
<tr>
<th>Risk Factors for VT</th>
</tr>
</thead>
<tbody>
<tr>
<td>Past history of trauma</td>
</tr>
<tr>
<td>Overwork</td>
</tr>
<tr>
<td>Poor respect for boundaries</td>
</tr>
<tr>
<td>Too high caseload of trauma survivors</td>
</tr>
<tr>
<td>Less experience</td>
</tr>
<tr>
<td>Too much exposure</td>
</tr>
<tr>
<td>High % traumatized children, particularly sexually abused children</td>
</tr>
<tr>
<td>Too many negative clinical outcomes</td>
</tr>
</tbody>
</table>
Social support
Supervision and consultation
Resolution of one’s personal issues
Strong ethical principles of practice
Knowledge of theory
On-going training
Competence in practice strategies
Awareness of the potential and impact of VT
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
GROUP ACTIVITY:
SELF-CARE PLAN
Danni Lapin, LCSW-R
dlapin@jdam.org
Leani Spinner, LCSW-R
lspinner@jdam.org

• “THE SECRET OF CHANGE IS TO FOCUS ALL OF YOUR ENERGY, NOT ON FIGHTING THE OLD, BUT ON BUILDING THE NEW.”
  — Socrates

• “LIFE IS CHANGE. GROWTH IS OPTIONAL. CHOOSE WISELY.”
  — Karen Kaiser Clark