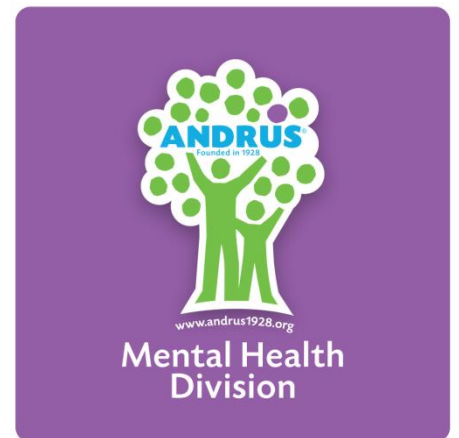


SANCTUARY AND STAFF: TRANSFORMING THE CULTURE OF A CLASSROOM

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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

THE SANCTUARY MODEL

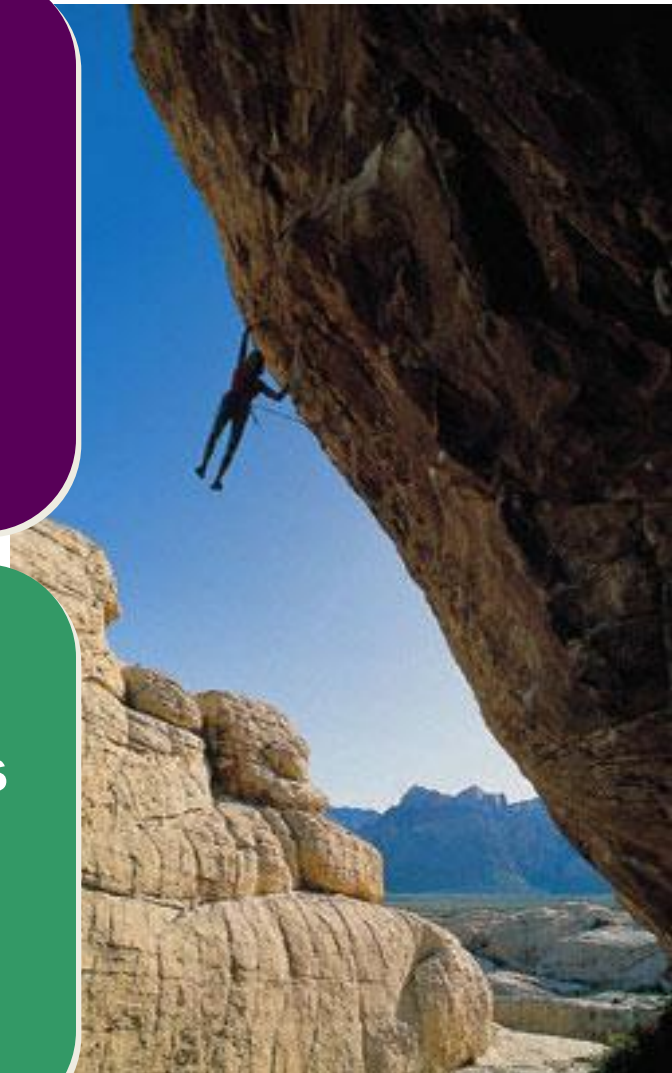


In a nutshell.....Sanctuary is a treatment and organizational change model that integrates trauma theory with the creation of therapeutic communities which provide safety for both clients and the staff who work with them.

BASIC BELIEFS OF THE SANCTUARY MODEL

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



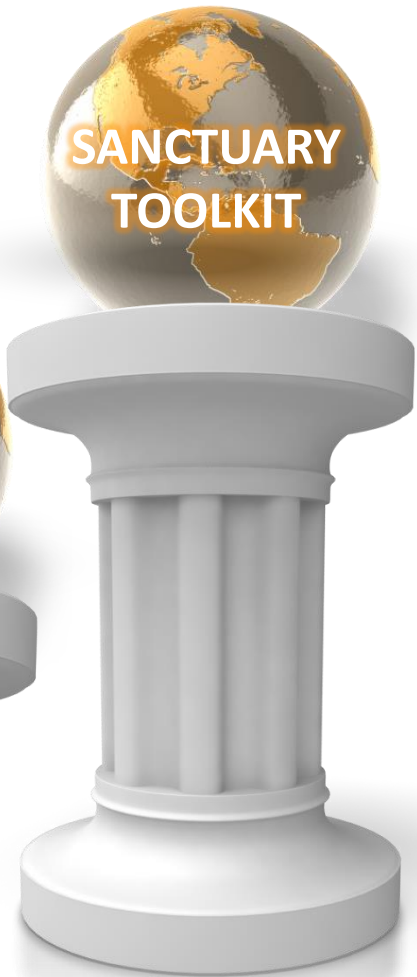
THE FOUR PILLARS OF SANCTUARY

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?

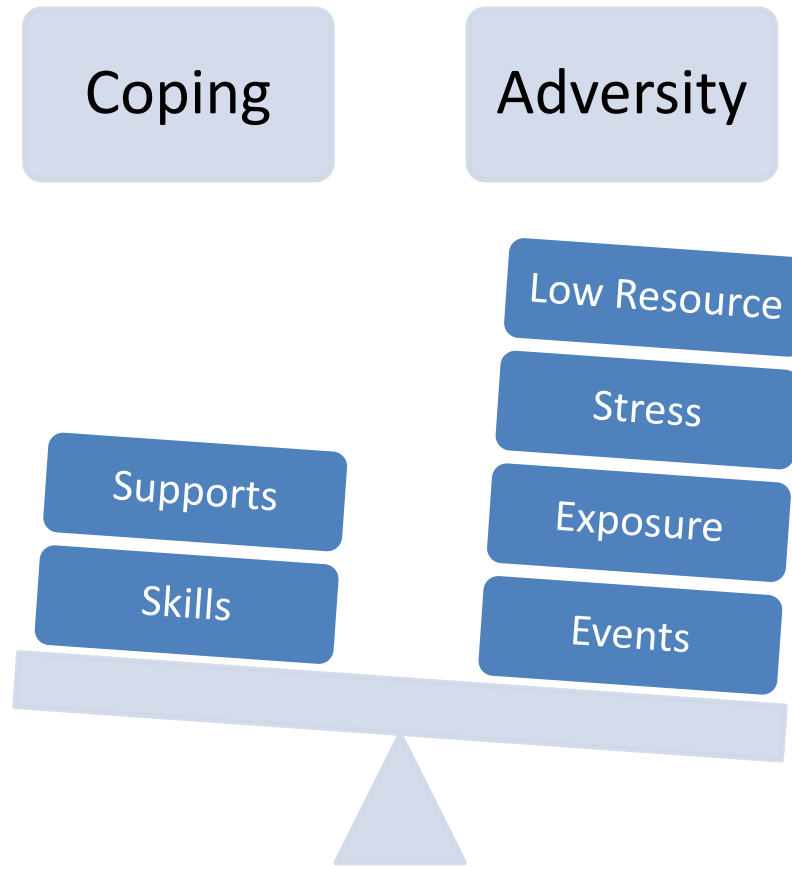


“What's wrong with you?”

TO

“What happened to you?”

TRAUMA



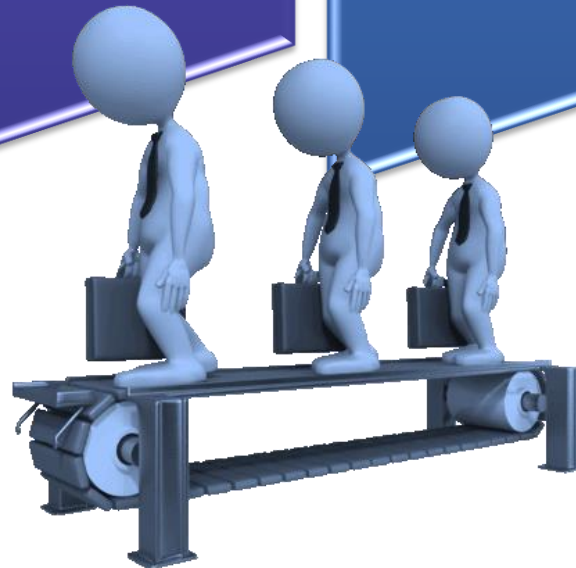
RECOGNIZING REENACTMENT

Human
Beings Are
Creatures
of Habit

If it Works,
Do It
Again,
Again!

Help!
Signaling
distress

Change
means
loss



WHY DO PEOPLE REENACT

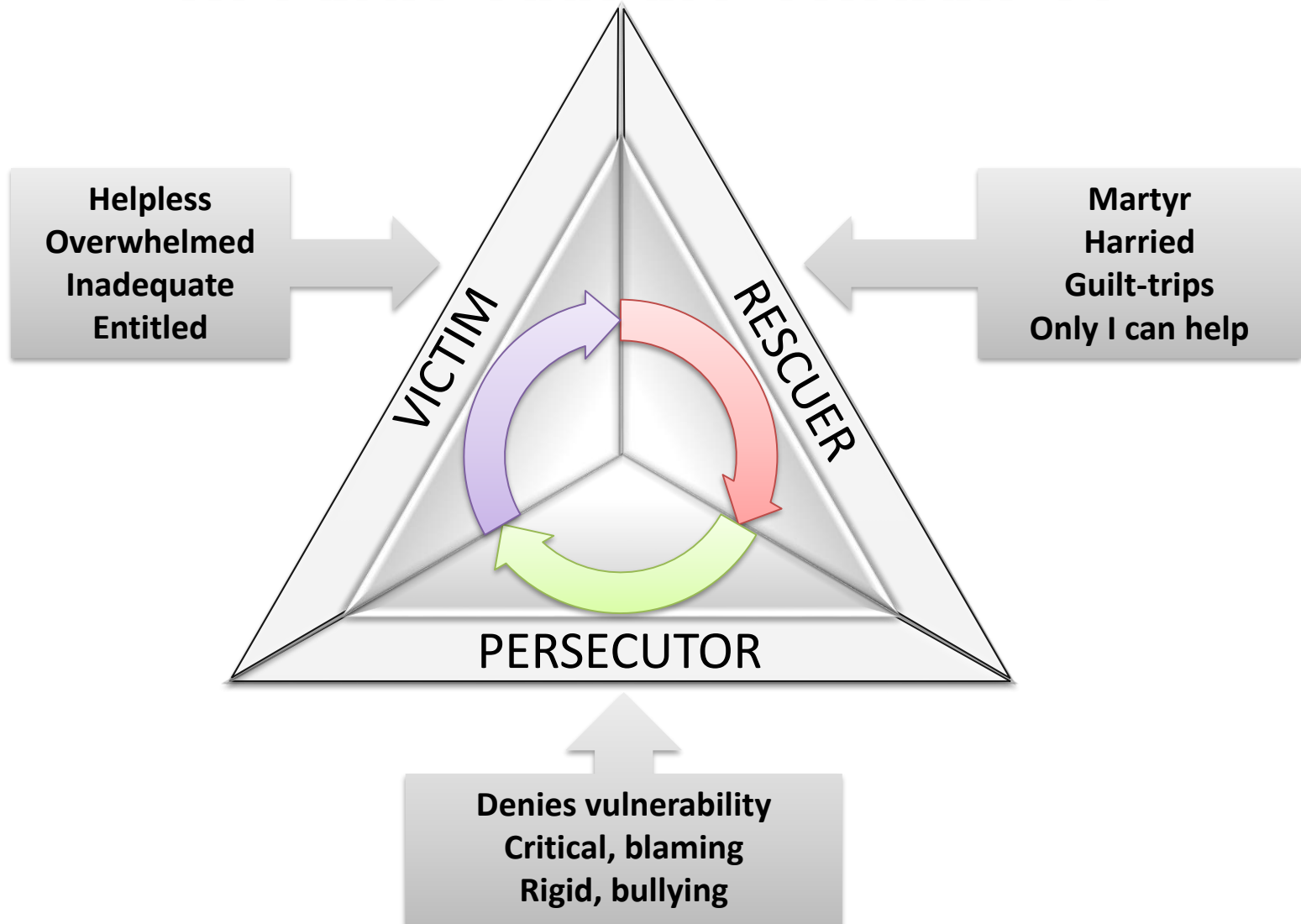
(CHILD WELFARE TRAUMA TRAINING TOOLKIT: NCTSN, 2008)

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”

REENACTMENT TRIANGLE



YOU

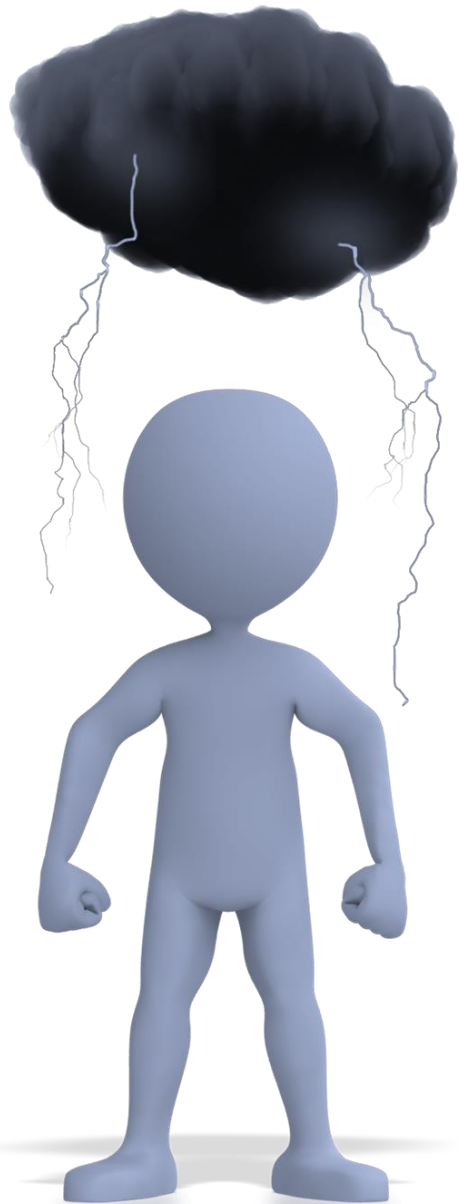


THE OTHER GUY



REENACTMENT

VICIOUS CYCLE



DISRUPTED ATTACHMENT

MALADAPTIVE BEHAVIOR

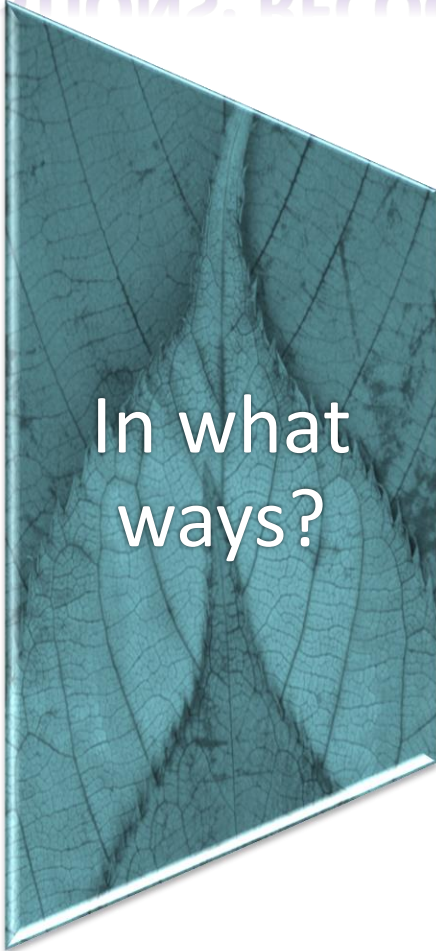
INTOLERABLE FEELINGS



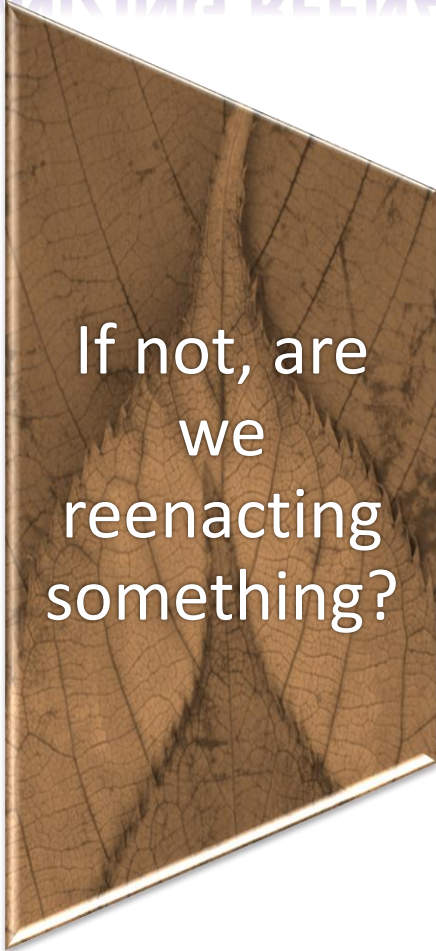
KEY QUESTIONS: REENACTING REENACTMENT

A close-up photograph of a green leaf with a prominent vein structure, used as a background for the first question.

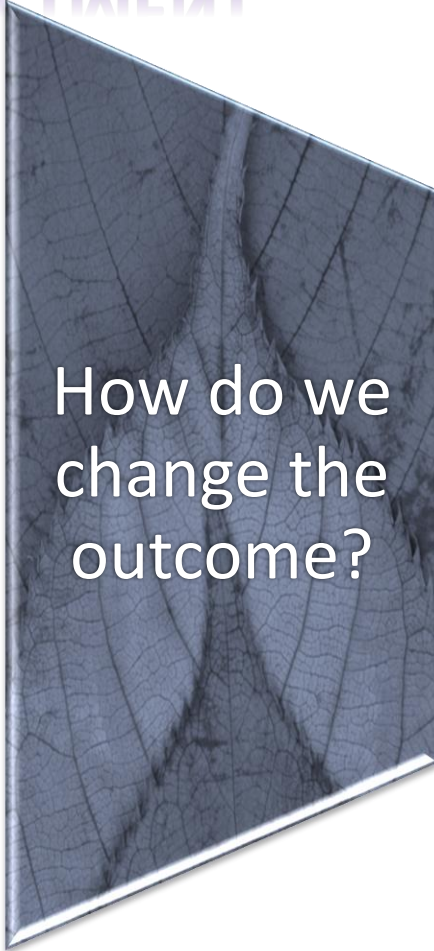
Are we helping the person to change?

A close-up photograph of a teal-colored leaf with a prominent vein structure, used as a background for the second question.

In what ways?

A close-up photograph of a brown leaf with a prominent vein structure, used as a background for the third question.

If not, are we reenacting something?

A close-up photograph of a dark blue leaf with a prominent vein structure, used as a background for the fourth question.

How do we change the outcome?



RESCRIPTING *WHAT IS IT?*



RESCRIPTING REQUIRES INNOVATION



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?

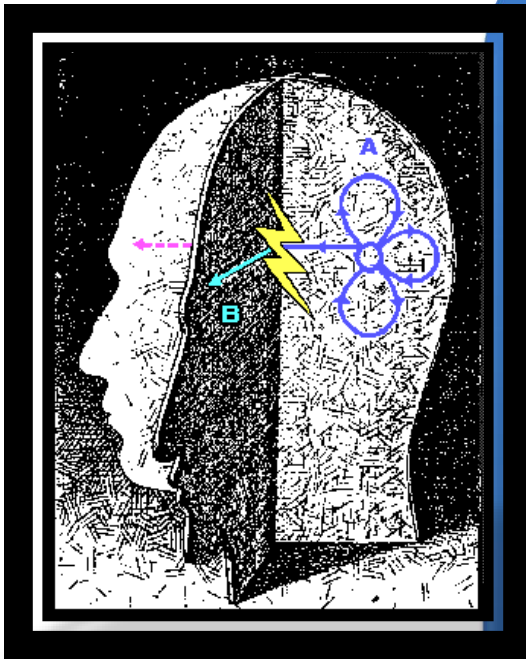
Change the ending of the story!

KNOWLEDGE



LOOKING AT *YOUR* VULNERABILITY

VICARIOUS TRAUMATIZATION



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

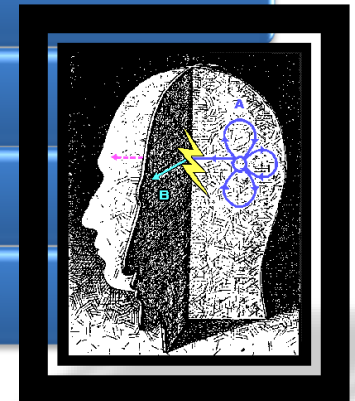
Nightmares

Cynicism

Despair and hopelessness

Diminished self-efficacy

Changes in identity, worldview, spirituality



RISK FACTORS FOR VT

Past history of trauma

Overwork

Poor respect for boundaries

Too high caseload of trauma survivors

Less experience

Too much exposure

High % traumatized children, particularly sexually abused children

Too many negative clinical outcomes



PROTECTIVE FACTORS FOR VT

Social support

Supervision and consultation

Resolution of one's personal issues

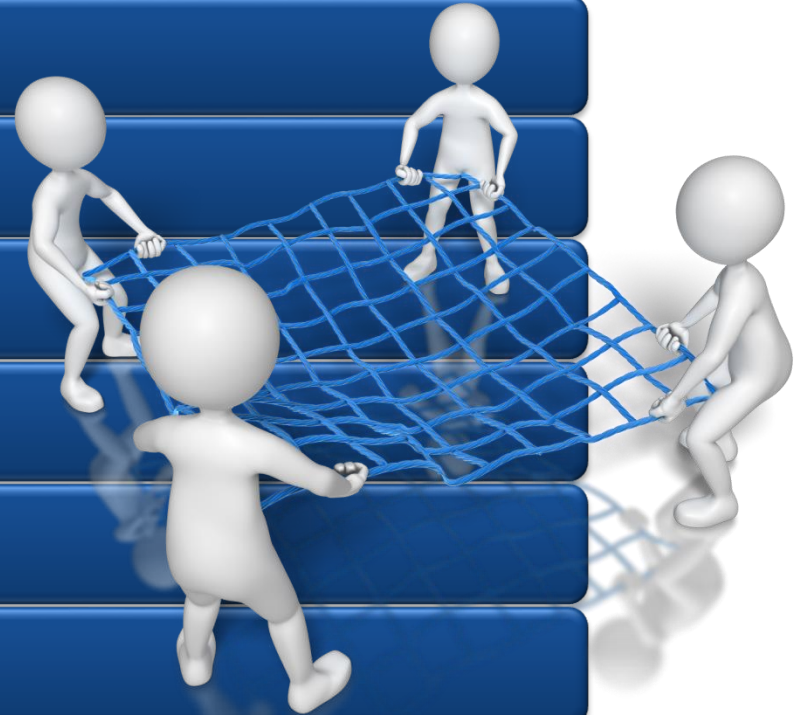
Strong ethical principles of practice

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





sanctuary
INSTITUTE

GROUP ACTIVITY: SELF-CARE PLAN



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- “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