

Creating Sanctuary:

Parallel Process of Recovery from the Impact of Chronic Organizational Stress

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THE BLIND MEN AND THE ELEPHANT by John Godfrey Saxe (1816-1887)

[Modern title: "Team Meetings Gone Wrong"]

It was six men of Indostan
To learning much inclined,
Who went to see the Elephant
(Though all of them were blind)
That each by observation
Might satisfy his mind.



The First approached the Elephant,
And happening to fall
Against his broad and sturdy side,
At once began to brawl:
"God bless me but the Elephant
Is very like a wall."

The Second, feeling of the tusk,
Cried, "Ho! What have we here
So very round and smooth and sharp?
To me 'tis mighty clear
This wonder of an Elephant
Is very like a spear!"



The Third approached the animal,
And happening to take
The squirming trunk within his hands,
Thus boldly up and spake:
"I see," quoth he, "The Elephant
Is very like a snake!"

The Fourth reached out an eager hand,
And felt around the knee,
"What most this wondrous beast is like
Is mighty plain," quoth he;
"'Tis clear enough the Elephant
Is very like a tree!"



The Fifth, who chanced to touch the ear,
Said: "E'en the blindest man
Can tell what this resembles most;
Deny the fact who can,
This marvel of an Elephant
Is very like a fan!"

The Sixth no sooner had begun
About the beast to grope,
Than, seizing on the swinging tail
That fell within his scope,
"I see," quoth he, "the Elephant
is very like a rope!"



And so these men of Indostan
Disputed loud and long,
Each of his own opinion
Exceeding stiff and strong,
Though each was partly in the right,
And all were in the wrong!

Moral

So oft in theologic wars,
The disputants, I ween,
Rail on in utter ignorance
Of what each other mean,
And prate about an Elephant
Not one of them has seen!



The main trouble with the DSM- to this day –is that it is a catalog of disorders based on lists of symptoms. It is kind of like a computer manual written by a committee with no knowledge of the machine's actual hardware or software, a manual that attempts to determine the cause of and cure for the computer's problems by asking you to consider the sounds it makes.

Bruce Perry, 2006
The Boy Who Was Raised As a Dog

Adverse Childhood Experiences

The Elephant in the Room

The Adverse Childhood Experiences (ACE) Study

- Dr. Vince Felitti and Robert Anda, Kaiser Permanente and The Centers for Disease Control
- The largest study of its kind ever done to examine the health and social effects of adverse childhood experiences over the lifespan (~18,000 participants)
- The majority of participants were 50 or older (62%), were white (77%) and had attended college (72%).

Adverse Childhood Experiences

- Household Dysfunction
 - Substance abuse
 - Parental sep/divorce
 - Mental illness
 - Battered mother
 - Criminal behavior
- Abuse:
 - Psychological
 - Physical
 - Sexual
- Neglect:
 - Emotional
 - Physical

ACEs Study

- Almost 2/3 of the population reported belonging in at least one ACEs category
- One in four was exposed to two categories of abusive experience,
- Come in groups - Given an exposure to one category, there is 80% likelihood of exposure to another.

The ACEs Study

Summary of Findings:

- Adverse Childhood Experiences (ACEs) are very common
- ACEs are strong predictors of later health risks and disease
- **Adverse Childhood Experiences determine the likelihood of the ten most common causes of death in the United States.**

This combination makes ACEs the leading determinant of the health and social well-being of our nation

Implications of the ACEs Study

- 2/3 of Caucasian adults had exposure to significant adversity in childhood
- Insidious effects of long-term exposure to acute and chronic stress on:
 - Individual children and adults
 - Family norms and childrearing styles
 - Social institutions
 - Economic priorities
 - Ideologies

Exposure to Violence and Mental Illness

- People suffering from chronic post-traumatic stress disorder (PTSD), two to four times more likely than those without PTSD to have virtually any other psychiatric disorder
- 8 times as likely to have 3 or more disorders – 88% of men and 79% of women with PTSD have a history of at least one other disorder.
- 34-53% of SMI report CSA/CPA
- 43-81% report some kind of victimization

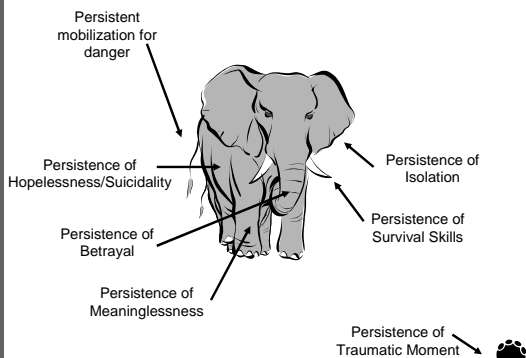
Trauma-Informed Culture?

- Responding to the needs of traumatized children & adults
- But, the ACEs study (and many others) tells us that the majority of adults will be trauma survivors
- So one thing it means is being sensitive to the reality of traumatic experience in the lives of most people – children, their parents, staff, administrators, state officials, police, courts, schools, etc.
- Being sensitive to the ways in which trauma has affected individuals, families, and entire groups (Native American, African-American) often via multigenerational disrupted attachment
- Being sensitive to the ways in which trauma impacts organizations and entire systems
- Changing nothing and changing EVERYTHING

Chronic Trauma: The Breaking Points of Moral Existence

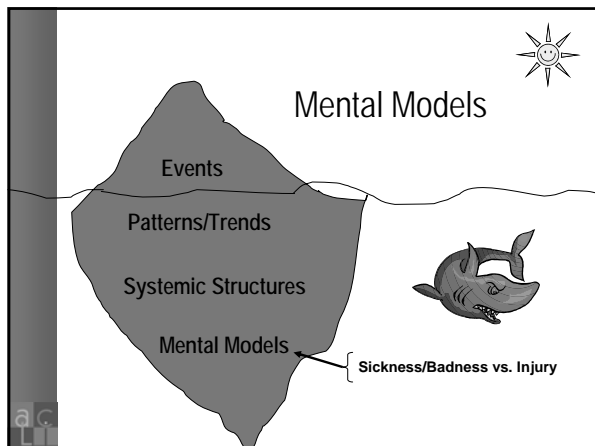
(Shay, Achilles in Vietnam)

- Persistence of the traumatic moment – loss of authority over mental function
 - Untrustworthiness of perception
 - Memory
- Persistent mobilization for danger
- Persistence of survival skills
- Persistence of betrayal
- Persistence of isolation
- Persistence of suicidality
- Persistence of meaninglessness
- Destruction of the capacity for democratic participation



Understanding trauma is not
just about acquiring
knowledge.

*It's about changing the way you
view the world.*



The Heart of Trauma Theory

Sickness/Badness vs. Injury Model

Changing the fundamental question from:

"What's wrong with you?"
to
"What's happened to you?"

Foderaro, 1991

Complex Solutions Require Organizations that Can Deal With Complexity

KEY QUESTION:

*Are Our Helping Organizations Currently Able To Contend
With The Complex Needs Of Recovery From Repetitive
Exposure To Trauma, Abandonment, Abuse, And
Neglect?*

Organizational Stress as Barrier to Change

- Social service systems today are experiencing significant stress.
 - CHRONIC STRESSORS: HOSTILE ENVIRONMENT
- In many helping organizations, neither the staff nor the administrators feel particularly safe with their clients or even with each other.
 - BASIC SAFETY

Organizational Stress as Barrier to Change

- Atmospheres of recurrent or constant crisis severely constrain the ability of staff to:
 - constructively confront problems,
 - engage in complex problem-solving, and
 - involve all levels of staff in decision making processes –
 - or sometimes to even talk to each other
- LOSS OF EMOTIONAL MANAGEMENT

Organizational Stress as Barrier to Change

- Communication networks tend to break down under stress and as this occurs, service delivery becomes increasingly fragmented.
 - DISSOCIATION, FRAGMENTATION
- When communication networks break down so too do the feedback loops that are necessary for consistent and timely error correction.
 - SYSTEMATIC ERROR

Organizational Stress as Barrier to Change

- As decision-making becomes increasingly non-participatory and problem solving more reactive an increasing number of short-sighted policy decisions are made that appear to compound existing problems.
 - LOSS OF DEMOCRATIC PROCESSES
 - LOSS OF COMPLEXITY,
 - IMPAIRED COGNITION



Organizational Stress as Barrier to Change

- Unresolved interpersonal conflicts increase and are not resolved.
 - IMPOVERISHED RELATIONSHIPS
 - FAILURES OF TRUST
 - MISGUIDED NOTIONS OF JUSTICE



Organizational Stress as Barrier to Change

- As the situation feels increasingly out of control, organizational leaders become more controlling, instituting ever more punitive measures in an attempt to forestall chaos
 - INCREASED AUTHORITARIANISM.
- As the organization becomes more hierarchical there is a progressive and simultaneous isolation of leaders and a "dumbing down" of staff.
 - DISEMPOWERMENT, HELPLESSNESS



Organizational Stress as Barrier to Change

- Staff respond to the perceived punitive measures instituted by leaders by acting-out and passive-aggressive behaviors.
 - INCREASED AGGRESSION
- Standards of care deteriorate and quality assurance standards are lowered in an attempt to deny or hide this deterioration.
 - UNRESOLVED GRIEF
- Over time, leaders and staff lose sight of the essential purpose of their work together and derive less and less satisfaction and meaning from the work.
 - LOSS OF MEANING



Organizational Stress as Barrier to Change

- When this spiral is occurring, staff feel increasingly angry, demoralized, "burned out", helpless and hopeless about the people they are working to serve.
 - DEMORALIZATION
- Ultimately, if this destructive sequence is not arrested, the organization begins to look and act in uncannily similar ways to the traumatized clients it is supposed to be helping.
 - SELF-DESTRUCTIVE BEHAVIOR,
 - FORE-SHORTENED FUTURE,
 - LOSS OF CREATIVE PROBLEM-SOLVING



Organizational Stress as Barrier to Change

ORGANIZATIONAL COMPLEX PTSD



Organizations, like individuals, are living, complex, adaptive systems and that being alive, they are vulnerable to stress, particularly chronic and repetitive stress.

Organizations, like individuals, can be traumatized and the result of traumatic experience can be as devastating for organizations as it is for individuals.

Parallel Process

Complex interactions between traumatized clients, stressed staff, pressured organizations, and a social and economic environment still in denial.

As a result our helping systems frequently recapitulate the very experiences that have proven to be so toxic for the people we are supposed to treat

Parallel Processes

Clients	Staff	Organization
<ul style="list-style-type: none"> • Feel unsafe • Angry/aggressive • Helpless • Hopeless • Hyperaroused • Fragmented • Overwhelmed • Confused • Depressed 	<ul style="list-style-type: none"> • Feel unsafe • Angry/aggressive • Helpless • Hopeless • Hyperaroused • Fragmented • Overwhelmed • Confused • Demoralized 	<ul style="list-style-type: none"> • Is unsafe • Punitive • Stuck • Missionless • Crisis Driven • Fragmented • Overwhelmed • Valueless • Directionless

If you want deeply rooted change, you need to apply deeply rooted methods.

Jeffrey Goldstein, 1994
The Unshackled Organization

Parallel Process of Recovery

The Sanctuary Model:
The Human Service Organization as a Living System

Creating Sanctuary

- Method of trauma-informed organizational change
- Whole-systems approach – the house, not the rooms / furniture –
- Focus on organizational culture
- Scientific knowledge base about stress and traumatic stress applied to organizations
- Focuses on creating reasonably healthy, safe, total relational environment – parallel process of recovery.
- Offers a coherent, shared, accessible rationale for understanding, recognizing, and addressing the problems.

Sanctuary Model™ of Organizational Change

- Active process of breaking down institutional, societal, professional, and communication barriers that isolate administrators, staff, family members and clients from each other
- Learning new ways to relate as interdependent community members, creating and modeling healthy and supportive relationships between individuals, and developing an atmosphere of hope and non-violence
- Leadership development approach
- Five-day intensive team training
- Three year commitment to technical assistance
- Sanctuary Network



Sanctuary Model of Organizational Change

Organization democracy as the antidote to:

- Too much complexity
- Not enough leaders
- Too much stress
- Too much vicarious trauma



Creating Sanctuary = Resolving Trauma *An Alternative Reality*

- **Commitment to nonviolence**
 - GOAL: Development of safety skills
- **Commitment to emotional intelligence**
 - GOAL: Development of affect management skills
- **Commitment to social learning**
 - GOAL: Development of cognitive skills
- **Commitment to open communication**
 - GOAL: Development of trust, of flexible but firm boundaries



Creating Sanctuary = Resolving Trauma *An Alternative Reality*

- **Commitment to social responsibility**
 - GOAL: Development of relationship skills
- **Commitment to democracy**
 - GOAL: Development of social/political skills
- **Commitment to growth and change**
 - GOAL: Ability to cope positively with change



S.E.L.F.

- A way of organizing complexity
- Gets everyone on the same page
- Dynamic and nonlinear
- Conceptually applicable to children, families, staff and organization



S.E.L.F. *A Map for the Journey.*

- *Safety*: Physical, Psychological, Social, Moral
- *Emotions* – Handling feelings without becoming self/other destructive
- *Loss*: Getting over loss, preparing for change
- *Future*: Re-establishing the capacity for choice



Sanctuary Toolkit

- Community meeting
- Psychoeducation curriculum
- Safety plans
- Red flag reviews
- Team meetings
- SELF treatment planning



Creating Sanctuary

- Clients may have had, multiple exposure to violence, many stressors (**CHRONIC STRESS, HOSTILE ENVIRONMENT**)
 - Thorough history, including developmental history and assessment for nature and extent of injuries
 - Change emphasis from “behavioral management” and “consequences” (which too often means punishment) to **SAFETY** and **RECOVERY**



Creating Sanctuary

- Clients may still be in relatively unsafe situations (**LACK OF BASIC SAFETY**)
 - Emphasize safety: the starting point of recovery
 - physical, psychological, social, moral safety
 - how to create it both individually and collectively
 - Bottom line: patients cannot be safe if the staff aren't safe
 - Safety Plans for children, adults, staff, families



Creating Sanctuary

- Clients are likely to have significant problems with calming down (**CHRONIC HYPERAROUSAL**)
 - Self-soothing techniques
 - Community Meetings
 - Medication
 - Collaboration, teamwork, outside-the-box
 - Staff manage affect rather than stoke it



Creating Sanctuary

- Clients are likely to have experienced child adversity and disrupted attachment experiences (**FAILURES OF TRUST**)
 - Expect mistrust
 - Actively explore what “trust” in any situation really means
 - Respect and promote positive attachment experiences



Creating Sanctuary

- Clients are likely to have extremist thinking, have difficulty thinking clearly, solving problems, directing focus (**IMPAIRED COGNITION**)
 - Trauma-informed psychoeducational approach – formal groups and shared language of SELF
 - Consequences for problematic behavior designed to **TEACH** problem-solving skills – must be individualized
 - Cognitive-behavioral approaches
 - Understanding of interactions between thought and feeling and behavior



Creating Sanctuary

- Clients will want to stay emotionally numb rather than feel the pain of the previous experiences (EMOTIONAL NUMBING)
 - Focus on teaching how to manage emotions as core response to repetitive behavioral problems, addictions, compulsions of all kinds
 - Staff and other clients model emotional management within context of community



Creating Sanctuary

- Clients are likely to have symptoms that represent their main coping strategy to deal with overwhelming emotions (LACK OF EMOTIONAL MANAGEMENT)
 - Recognize and honor coping strategies that have become symptoms and encourage new, safer strategies
 - Focus on teaching how to manage emotions as core response to repetitive behavioral problems, addictions, compulsions of all kinds
 - Consensus building within community – more democratic processes



Creating Sanctuary

- Clients are unlikely to make the connection between any of these symptoms and previous experiences (DISSOCIATION, FRAGMENTATION)
- Clients are likely not to remember the worst parts of the experiences (AMNESIA)
 - Develop universal identification and understanding of dissociative coping measures
 - Promote creative expression in variety of forms – art, drama, movement, poetry, song, dance, athletics
 - Promote narrative
 - Likely to require trauma-specific techniques



Creating Sanctuary

- Clients are likely to have difficulty openly communicating about their needs or what has happened to them (COMMUNICATION PROBLEMS)
- Clients are unlikely to want to talk – or are unable to talk - about their previous bad experiences (ALEYTHMIA)
 - Develop environments of social learning
 - Role model open, trustworthy communication skills
 - Help clients learn words for feelings



Creating Sanctuary

- Clients may have difficulty learning from experience and instead keep repeating the traumatic past (SYSTEMATIC ERROR, REENACTMENT)
 - Recognize reenactment patterns – routine debriefing
 - Team collaboration
 - Teach client pattern recognition skills – (IRA's)
 - Staff develop deliberate skills and plan alternative strategies using reenactment triangle as guide



Creating Sanctuary

- Clients are likely to feel helpless about solving their problems (LEARNED HELPLESSNESS)
 - Encourage mastery, involvement, shared governance in every way possible
 - Focus on skill building and competency
 - Recognition programs
 - Outcomes assessment and constant encouraging feedback



Creating Sanctuary

- Clients are likely to have had multiple losses including ambiguous losses for which there has been no grieving process. Reenactment means “never having to say goodbye”(UNRESOLVED GRIEF)
 - Successfully manage reenactment behavior
 - Do grief work – substitute “grieving” for “depression”



Creating Sanctuary

- Clients are likely to use aggression against self or others to ward off disturbing feelings, perceptions, memories, people (INCREASED AGGRESSION)
- Clients may become bullies or be vulnerable to the bullying of others and be revictimized or both (BULLYING)
- Clients may fail to recognize dangerous situations as dangerous until it is too late (REVICITIMIZATION)
 - Fundamental community shift to commitment to nonviolence
 - Reinterpretation of the meaning of violence – recognition of danger
 - Awareness of how to maintain social immunity



Creating Sanctuary

- Clients are unlikely to learn adequate, well-socialized, conflict management skills (IMPOVERISHED RELATIONSHIPS)
- Clients may have failures of sense of fair play, justice, moral intelligence (ERODED SENSE OF SOCIAL JUSTICE)
 - Teach and model conflict management skills
 - Within context of community, repetitive experiences with justice
 - Encouraging growth of moral intelligence in context of trusting relationship



Creating Sanctuary

- Clients are likely to be demoralized and feel hopeless by the time they reach late childhood, adolescence (DEMORALIZATION)
- This sense of demoralization is likely to manifest as self-destructive behavior with a foreshortened sense of future and the inability to imagine anything better. (SELF-DESTRUCTIVE BEHAVIOR, FORESHORTENED SENSE OF FUTURE, FAILURE OF IMAGINATION)
 - Create environments of hope
 - Imagining a better future – every hour, every day



Tips for Managing Organizational Stress

- **Emphasize safety: the starting point of recovery**
 - Define safety: physical, psychological, social, moral safety
- **On-going dialogue about how to create safety both individually and collectively**
 - Bottom line: patients cannot be safe if the staff AND administrators aren't safe



Tips for Managing Organizational Stress

- **Debrief crisis**
 - develop systemic knowledge about evolution of violence
 - social immunity
- **Focus on building trust and repairing broken trust relationships**
- **Find out if there are breakdowns in your communication network**
 - Breakdowns in information flow,
 - Loss of feedback loops
 - Is your grapevine poisoned by malevolent gossip and rumors?



Tips for Managing Organizational Stress

- **Unearth the “skeletons in the closet”**
 - Are there past organizational traumatic experiences - that are still playing a role in your organization?
- **Increase organizational transparency**
 - What information are you keeping secret unnecessarily?
- **Address bullying in your organization.**
 - Are people afraid to speak their mind?
- **Review whether everyone that needs to be at the “table” is there.**
 - Do all the members of staff, clients, and key family members participate in decisions relating to their lives?
 - Be prepared to teach participatory skills



Tips for Managing Organizational Stress

- **Review conflict management strategies and try out new ones.**
 - Are there chronic sources of conflict that are never resolved?
- **Find out if you encourage an environment where dissent is welcomed.**
 - Are there things that are simply undiscussable?
- **Evaluate staff morale**
 - Are staff inspiring hope and change?



Tips for Managing Organizational Stress

- **Do you see signs of unresolved organizational grief?**
 - Background of important losses
 - General feeling of depression, demoralization, hopelessness
- **Evaluate whether or not there are destructive parallel processes going on.**



Unhealed combat trauma – and I suspected unhealed severe trauma from any source – destroys the unnoticed substructure of democracy, the cognitive and social capacities that enable a group of people to freely construct a cohesive narrative of their own future.

Jonathan Shay, *Achilles in Vietnam*, p.181



Unhealed trauma diminishes democratic participation and can become a threat to democratic political institutions. Severe psychological injury originates in violation of trust and destroys the capacity for trust. When mistrust spreads widely and deeply democratic civic discourse becomes impossible.

Jonathan Shay, *Achilles in Vietnam*, p.195



The trampled soul may be so broken as to be unable to imagine a future and unable to struggle for it; or the trampled soul may be so bloated with vengeance and the determination never again to be helpless that nothing short of domination is tolerable.

Jonathan Shay,
Odysseus in America, p.250



Be the Change You Want to See.

Mahatma Gandhi



Sanctuary Leadership Development Institute

- Andrus Children's Center, Yonkers, NY
- Five-day intensive training of leadership team
- Core team development
- 30-month technical assistance consultation
- Peer-review Sanctuary certification process
- Participation in Sanctuary Network



Sanctuary Network, 2005-2006

- Andrus Children's Center, Yonkers, NY
- Annsville Residential Center, Taberg, NY
- Astor Children's Home, Rhinebeck, NY
- Brentwood Residential Center, Dix Hills, NY
- Children's Crisis Treatment Center, Philadelphia, PA
- Eagle Ridge, Guthrie, OK
- Family & Children's Aid, CT
- Families in Transition, Milford, DE
- Genesis, JBFCs, NY, NY
- Glove House, Elmira, NY
- Goldsmith Center, JBFCs, NY
- Behavioral Health Program, Lancaster General Hospital
- Linden Hill School, JBFCs, NY
- Hawthorne - Cedar Knolls Treatment Program for Children, JBFCs, NY
- Jewish Child Care Association, Pleasantville, NY
- Jordan's Crossing, Oklahoma City, OK
- MercyFirst, Syosset, NY
- Monarch, Muskogee, OK
- Norman Adolescent Center, Norman, OK
- Oklahoma Youth Center, Norman, OK
- Pace School, Pittsburgh, PA
- Parsons Family Center, Albany, NY
- Juconi Foundation, Guayaquil, Ecuador
- Red Shield Shelter, Salvation Army, Philadelphia, PA
- St. Catherine's Center for Children, Albany, NY
- Uta Halee Girls Village/Cooper Village, Omaha, NB
- Vinita Alcohol and Drug Treatment Center, Vinita, OK
- White Fields, Oklahoma City, OK



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