

Episode 10 - Dr. Sandra Bloom: The Sanctuary Model: A Trauma-Informed Approach to Treatment and Services

[00:00:08] Welcome to the living proof podcast series of the University at Buffalo School of Social Work at www.socialwork.buffalo.edu. Celebrating 75 years of excellence in social work education. We're glad you could join us today. The series Living Proof examines social work research and practice that makes a difference in people's lives. Today's podcast features a discussion with Dr. Sandra L. Bloom cocreator of the sanctuary model. Dr. Sandra L. Bloom is a board certified psychiatrist and graduate of Temple University School of Medicine. She is an adjunct professor of health management and policy at the School of Public Health of Drexel University in Philadelphia and president of Community Works and organizational consulting firm committed to the development of nonviolent environments and serves as distinguished fellow of the Andrus children's center in Yonkers New York. From 1980 to 2001 Dr. Bloom served as founder and executive director of the sanctuary programs. These were inpatient psychiatric programs for the treatment of trauma related emotional disorders. In partnership with Indras Children's Center Dr. Bloom has established the sanctuary institute to train a wide variety of individuals and programs and the necessary skills for creating and sustaining non-violent lives and nonviolent systems. The sanctuary model represents a trauma informed method for creating or changing an organizational culture to provide a context within which healing from psychological and social traumatic experience can be effectively addressed. The sanctuary model is now being applied in residential treatment programs for children domestic violence shelters group homes homeless shelters and other settings as a method of organizational development.

[00:02:13] The sanctuary model has the distinction of being the only trauma informed systems model for children's residential treatment with an evidence base. Dr. Bloom is author of *Creating sanctuary toward the evolution of sane societies* and co-author of *bearing witness violence and collective responsibility*. She is currently working on a book on the impact of organizational stress on social service and mental health environments and the sanctuary model as an antidote to recurrent stress and systemic dysfunction. Now here is Dr. Sandra L. Bloom, Susan Green associate clinical professor at the School of Social Work is our interviewer. Well thank you for taking the time to be here today. Last few years and I believe that you are responsible for something called the Sanctuary model. Could you tell us about what that model is and how you began even thinking about that being a piece of work and what you're doing with it today. Well the sanctuary model really evolved. It was it was not imposed by anybody. We started out in 1980. We opened up inpatient psychiatric unit acute care for adults and around 1985 we being a social worker and a nurse and some creative therapists and family therapists and psychologists and made it and I'm a psychiatrist. We opened up took our med search unit turned it into a psychiatric unit and started doing acute care adult psychiatry and around 1985 we started to recognize that most of the people that we were treating with all different kinds of diagnosis in this community which is about an hour and a half north of Philadelphia was a community hospital.

[00:04:01] We came to recognize that most of the people that we were treating had some really bad things that had happened to them usually beginning in childhood but often continuing after childhood that we began to understand had played a significant role in the evolution of their psychiatric disorders. Of all different kinds. And so we started trying to figure out what that meant and it was at the time when trauma studies were just really coming into the world where there was the first meeting of the International Society for Traumatic Stress Studies was in nineteen eighty five. So we didn't have many people we could talk to about what was happening so we just kind of developed an approach to understanding the issues of trauma and how they related to a wide variety of behavioral and social problems. And we started to recognize that people were doing a lot better

when we came from that kind of a what has now been called a trauma informed approach. There were no terms for it at that at that point and around 1989 we did get involved to the ITSS the International Society for Traumatic Stress Studies and I began to meet some other people around the country who were also kind of having this discovery who were doing outpatient and for me inpatient work. So we really took on board this whole issue of what does all of this research mean learning about the psycho biology of trauma. And and in the process of that now that I look back in retrospect all of us as clinicians because we had an inpatient practice at an outpatient practice all of us underwent gradually a major shift in paradigms of how we understood the work that we were doing.

[00:05:53] It was Major we didn't know it at the time because it was more of a gradual shift but it was a complete change in our underlying basic assumptions about what makes human beings tick what makes things go wrong and an integration of an understanding of childhood adversity and adult psychiatric problems and adult trauma and adult victimization both from the victim's side and the perpetrator side. So we started to see that it's all connected. That if you hurt a kid you or you can hurt them in an almost infinite variety of ways and therefore later as an adolescent or as an adult it and the problems will present in an almost infinite variety of of dysfunctions. But it's all coming from the same place that it's all coming from disrupted attachment experiences and early childhood and all that trauma does to the to the brain to the basic biological adaptation to relationships to the view of oneself and to the feeling of being of worth in the world. And it has this whole issue of trauma has huge implications for every aspect of what we do for for certainly for treatment. If you are not trauma informed then you can't do adequate treatment. It's that simple if you don't understand trauma what it's done to people if you don't understand childhood adversity if you don't understand dissociation you will not be able. Your work will be very limited in what you can accomplish when you understand these things then the limitations are lifted and people who you thought could not recover and could not lead normal lives start to and that then change you.

[00:07:47] There's kind of a reciprocal kind of cascading process and that that's why the trauma for knowledge is so important and it's so terrific that the School of Social Work has committed to changing their curriculum and having their whole curriculum be trauma informed because that's where it's at. If we're going to really help people not just stabilize with their mental illness but recover from the problems that besiege them then that's what it's going to take it's going to take really trauma informed clinicians across the board top to bottom people who are running the place down to the brand new caseworkers have to be on the same page have to be speaking the same language and have to be willing to understand what people have really been through that has really led them played such a significant role in creating the problems that they have. So I know that there's been several agencies organizations other countries to places throughout the U.S. that have wanted to listen to what you had to say about this. What's been your experience how people receive this information. Well just a little prologue of that that we have a program from 1980 to 2001 and we had to close our program in 2001 because it just had become impossible with the current healthcare system as it stands to really be able to do specialty work because it just wouldn't get funded. So we closed our program but at the same time we got opportunities to start teaching children's residential programs about what we had learned working with the adults and we got some research. The Jewish Board of Family and Children's Services and Columbia University and IMH we've got a big grant to look at this model that we were beginning to create about and then we call it the sanctuary model. It's really an organizational approach to changing a whole organization.

[00:09:48] And we started doing that work in the late 90s around 2000 I started working with Endres Children's Center and Andrus decided to we did a very long and engaged group process with a large staff from numbers of staff from from Andrus is they are a residential treatment program and day treatment and have some community based programs. And we started doing this process of what does it really mean to have a trauma informed system. What what really has to change because

it's not just training there it takes a deeper level change than that and it really has to originate with leadership that has to be it can be bottoms up change it can but it's a lot difficult it's like rolling boulders uphill. Because all the people below are fighting against people who don't get it. Up up at higher levels in their hierarchy so if you can start with the leaders and they roll that out support condone encourage all the way through you get. You're much more likely to get real system change. So we started doing that at Andrus and then developed out of because we had to develop a curriculum for their whole staff. We decided that well having created this curriculum we could teach other programs so we've been running training institutes since September of 2005. We've trained over 80 programs including programs in Scotland and Northern Ireland and Australia and in very all the parts of the United States particularly OCFS in New York State has made a major commitment in their very farsighted juvenile justice program there. They're really struggling to change the way juvenile justice approaches kids before it's too late.

[00:11:37] You know before the behavior is so ingrained that the likelihood of change decreases because there's a growing recognition that kids in the juvenile justice system are multiply traumatized. Kids often from early childhood. And that that is really why they are they have made such a poor social adjustment and academic adjustment. So the OCFS has been a major major project in New York state and we're really just so pleased to be doing that both with their residential programs voluntary agencies and with them now with a number of the community based services so because we're trying to get a continuum of care going so that when kids are in residential and then they move into community based services and into their families that everybody's on the same page talking the same language using the same terminology oriented towards the same goals and getting the kids involved in and creating those goals and changing really their behavior and their view of the world and that's really what sanctuary is about. We also have a big project with the Department of Public Welfare in Pennsylvania trained 29 or residential programs through the through the state system and that's they're both juvenile justice and voluntary agencies. And in many of the other states. And so it's very exciting to see and each program is taking the sanctuary on board using it integrating it with what already works for them and and then rolling out new innovations which then fertilize the system further because every program that joins that does our training becomes part of what we call the sanctuary network. And what we're trying to do is link up programs with each other to share innovations improve quality and help people get on the same page about what it really means to effectively treat kids and adolescents and families and adults from a trauma informed perspective.

[00:13:43] So I'll ask you to end with because I'm also hearing the parade activity going on outside this room. What's your hope for the next let's say five or 10 years worth of work. And I have a backdrop to that question with I think it's a very exciting time that people are I think listening and hearing that we all do need to know this this language and or how to think about folks in trauma informed ways. So what's your hope for the next five to 10 years. Well I have a lot of hope I think for the next 10 years because. And that really comes from having been a clinician and doing work with individual clients who are already adults and were very very seriously traumatized and had many different severe psychiatric problems. And watching with with a trauma informed approach watching them unfold develop realistic goals make significant changes in their life stop doing things that were self destructive or destructive to others and become functioning healthy members of society citizens who are doing their bit. And I saw enough of those people to know that this is incredibly powerful information. It's not about powerful people it's about powerful information. That knowledge is power. And then when people have a different way of viewing their problems and what's happened to them instead of getting labeled and told what's wrong with them there the capacity for people to self motivate out of the traps they're in and move in different directions is extraordinary.

[00:15:31] I'm hoping that in in a parallel process way that as clinicians are able to really witness

that and be a part of that in their clients that that will also motivate witnesses to take back their own territory to basically draw the line on what's been happening in social services over the last 20-25 years which has been constantly being depleted and under-resourced and that we will be able to mobilize and say wait a minute what we do is a value we can prove it we can show that it really makes a difference and people are people's lives that it changes the way people parent their kids that people get back to work and they become citizens and they become functional. And mental illness does not have to mean that you're basically the kiss of death whether it's a fast death or a slow death. And so my hope is that with a different knowledge base that is finally beginning to really spread out that we will be able to change the face of what mental health treatment really looks like and that it will stop being the current push which is so extraordinarily oriented around genes and strictly neurotransmitters and that we will be once again able to really effectively treat the whole person and the whole family. Because what if trauma studies tells us anything it tells us that that what trauma does to people is biological it's psychological it's social and it's moral and that you have all aspects of of the person are affected. And that means you need approaches to help a person that really look at the whole person. And that's much more consistent with a social work perspective. And it's and it's absolutely necessary if we want people to heal.

[00:17:28] So my hope for the future is that we will get that in large numbers of us will really get that become passionate about it and put pressure on our political and economic system to say look you know it you either deal with it now or you deal with it later. If we deal with these problems when in early childhood if we support families if we provide people in the early stages of problems with what they need then they won't develop the long term psychiatric and medical problems and social problems that then cost huge amounts of money. And that actually we will find that it's more economically effective to deal with these issues from a trauma informed perspective and to help people heal right away rather than waiting until the problems have had years and years and years to evolve. So that's my hope is that this will impact not just our practice but at a very large scale level policy as well. Thank you listened to. Thanks a lot. It's a pleasure Sue. Yes you've been listening to a podcast featuring an interview with Dr. Sandra L. Bloom on the sanctuary model for trauma informed care. For more information on the sanctuary model visit her Web site at Sanctuary.com We invite you to become a fan of Living Proof by visiting our Facebook page. Go there and tell us your questions comments and suggestions for future podcasts. Thanks for listening and tune in again to hear more lectures and conversations about social work practice and research. Hi I'm Nancy Smith professor and dean at the University of Buffalo School of Social Work. Thanks for listening to our podcast.

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