



ANDRUS CENTER FOR LEARNING & INNOVATION RESEARCH BRIEF



Sanctuary at the Andrus Children's Center

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The Andrus Children's Center (Andrus) is a private non-profit organization that operates residential treatment centers, an award-winning private special-education school, outpatient mental health services and preventative outreach programs for emotionally-disabled children and their families. In 2001 Andrus executives began implementation of the Sanctuary Model in its residential and school program with intensive training and consultation from the model's creator Dr. Sandra Bloom.

In implementing the Sanctuary Model, the Andrus Children's Center has experienced:

- Decreases in critical incidents
- Decreases in restraints

The implementation of the Sanctuary model brought about qualitative improvements in treatment outcomes, staff communication and reported increased job satisfaction at Andrus. In addition, outcome indicators for both children and staff revealed significant quantitative changes in a variety of areas. Following implementation of the Sanctuary model the Andrus Children's Center experienced significant decreases in critical incidents and restraints.

Significant Decreases in Critical Incidents

A central argument within the Sanctuary Model is that traumatized individuals require a safe environment in which to heal and grow. For traumatized children, reactions to unsafe environments can range from passivity and withdrawal to aggressivity and acting out behavior. Many of the children at the Andrus Children's Center demonstrate the latter response. Thus, an evaluation of possible impacts of the development of a trauma-informed environment begins with an examination of any changes in aggressive acting out behaviors. At Andrus a child's acting out is recorded as a critical incident ¹— an event meriting special note and/or increased staff response.

Between the first year of implementation of the Sanctuary Model (2001-2002) to the most recent fiscal year (2007-2008), there was an overwhelmingly significant decrease in the number of critical incidents involving the children served in the Andrus residential and school programs.

Critical Incidents	2001-2002	2007-2008
Average number of incidents per day	20	2
Average number of students per day	123	190

This 90% decrease in critical incidents occurred with a 54% increase in the average number of students served. Thus, there were fewer critical incidents with more students. This dramatic change – from first year of implementation to the last full reporting year – is even more noticeable when examining the total number of incidents per year in comparison to the average number of students (see following chart).

¹ Critical incidents include: Aggression (directed towards peers, family, staff or property), Property Damage, AWOL (out of program or off campus), Exposure to Hazardous Material, Injury (minor or requiring ER Visit), Fire Setting, Hallucinations, Homicidal Thoughts/Statements, Sexual Behavior (directed towards others or self), Suicidal Behavior, Stealing, Substance Abuse, Suicidal Ideation and Weapons Possession.

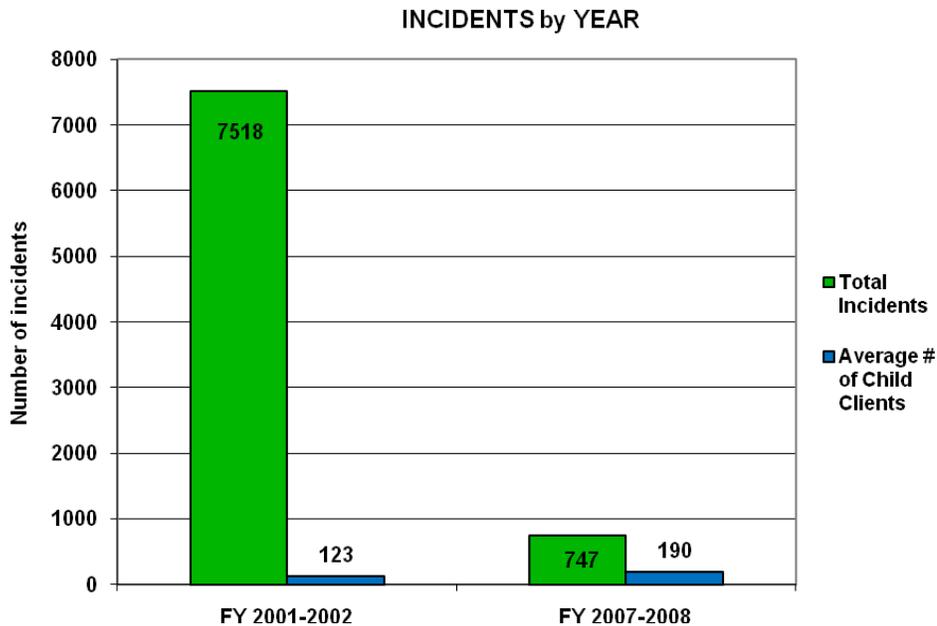
The Andrus Center for Learning & Innovation (ACLI) provides professional leadership on issues, practices and policies affecting vulnerable children and families.

The ACLI is housed and operated by the Andrus Children's Center, a private, non-profit community agency that provides assessment, treatment, education and preventive services for children and their families in residential, day and other restorative programs.

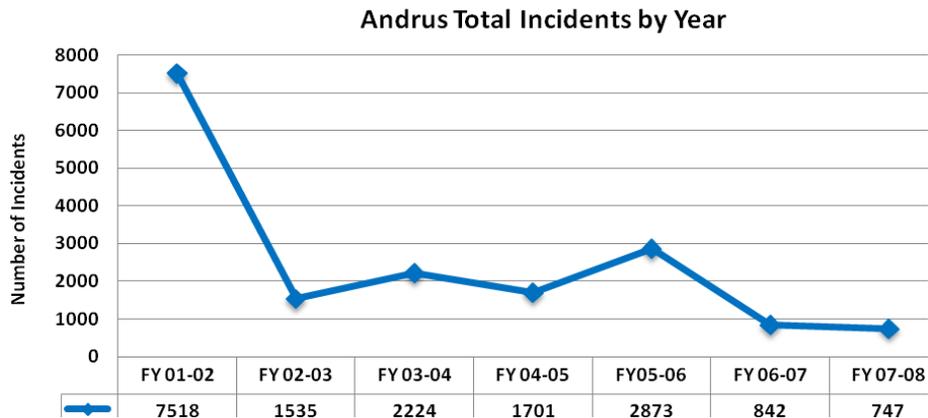
The Sanctuary Model is a trauma-informed model for treatment and organizational change.

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When examining the number of critical incidents over each year from the first year of Sanctuary implementation, there is a steady and dramatic decline in critical incidents as indicated in the following chart and table².

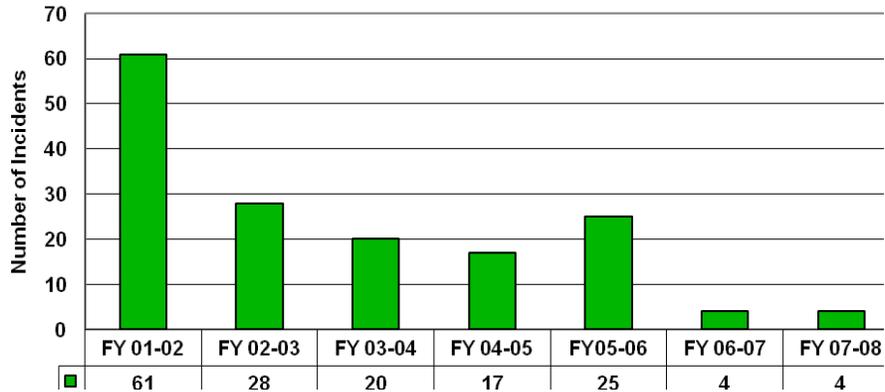


An increase in the number of incidents occurred during the 2005-2006 year. The process of creating a safer, more trauma-informed treatment environment does not rule out the possibility of new events creating stressors for the individual and the community. Therefore, it is reasonable that these numbers could vary. And, the 2005-2006 year saw multiple changes in key leadership positions in direct service departments as well as the inception of the Sanctuary Institute, a new department at Andrus responsible for training other agencies in the Sanctuary Model. Even positive changes represent loss which may result in increased community stress communicated to the children who may in turn have responded in increased acting out behavior.

When examining critical incidents per child, the decrease over the years follows a similar pattern but presents as even more dramatic. In the first year of Sanctuary implementation there was an average of 61 incidents for each child served. In the last two years of reporting there were, on average 4 incidents for each child served at the Andrus Children’s Center. This is presented in the following graph and table.

² Tracking critical incidents, in relation to Sanctuary implementation, made us aware of the need to further refine and standardize the critical incident reporting system. Undertaken in 2006-07, this upgrade may have affected resulting totals for that and the following year.

Average Number of Incidents per Child



Significant Decreases in Restraints

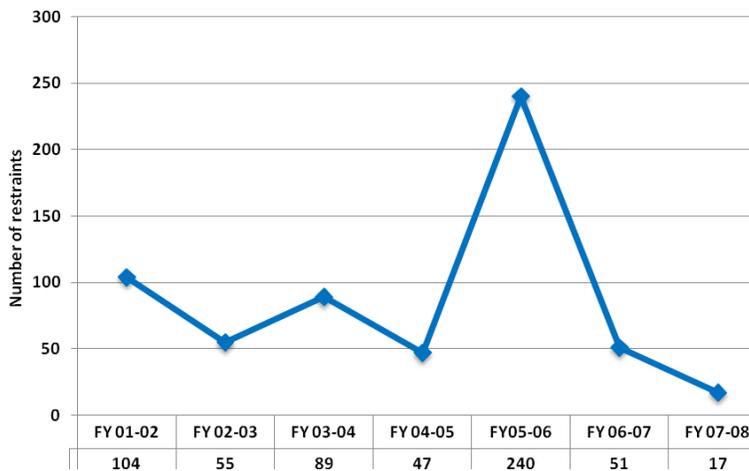
Another indicator of a response to a safer environment is staff members’ level of response to child critical events. One of the most extreme staff responses is the physical restraint – a procedure in which staff members must physically hold a child to prevent harm to themselves or others. The number of restraints is significantly less than the number of critical incidents as not all critical incidents necessarily require a physical restraint. For example, at Andrus, a restraint is not used in the case of property damage unless it places the child or others in immediate danger.

When comparing the first year of implementation of the Sanctuary Model (2001-2002) to the most recent year (2007-2008), there was a significant decrease in the number of physical restraints needed to maintain child safety.

Physical Restraints by Fiscal Year	FY 01-02	FY 07-08
Total Restraints	104	17
Average Number of Child Clients	123	190

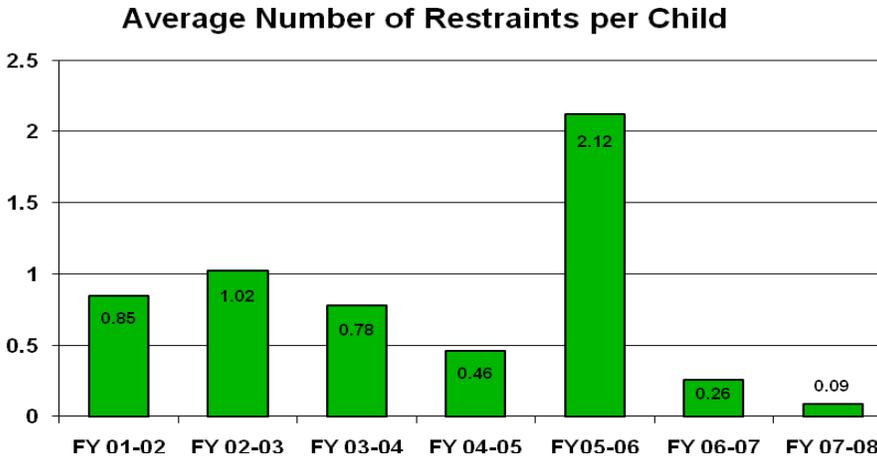
As seen with the number of critical incidents, this 84% decrease occurred with a 54% increase in the number of students served. There were fewer restraints with more students and an overall trend of decreases in restraints over the years since implementation of the Sanctuary model.

Andrus Total Restraints by Year



As in the case of critical incidents, a significant exception is the number of restraints during the 2005-2006 year. When an organization goes through stressful situations spikes in incidents and restraints can occur. Consistent with the losses and changes described above - this further supports the idea that stress within the community can result in increased acting out behavior from children which in turn can require a more intensive staff response. However, even with the dramatic increase in restraints during that year, the trend of decreasing restraints continued the following year until the most recent year reported. And, data from that most recent year indicates that there were a lower number of restraints than were reported in the first year of Sanctuary implementation.

Another way to examine these changes is to look at the amount of restraints per child. The following chart presents this trend in an even more notable way. During the first year of evaluation there were eighty- five restraints for every one hundred children, by the end of the evaluation period there were only 9 restraints for every one hundred children.



Once again a significant spike in restraints (212 for every 100 children; or 2 per child) was noted in the 2005-2006 fiscal year. This coincides with a number of significant changes on the Andrus campus – thus supporting the idea of how change and loss impact individuals in a therapeutic system.

Summary

In short, the implementation of the Sanctuary Model at that Andrus Children Center appears related to significant outcomes for the children and staff. Decreases in critical incidents and physical restraints follow Sanctuary implementation and, with some exceptions, continue to decrease in the years following implementation. The findings support the idea that trauma-informed care impacts treatment environments and are correlated with positive outcomes for clients – whether in their own behavior and/or staff response to them. Continued research is required to further support the relationship between implementation of the trauma-informed treatment and organizational change that the Sanctuary Model brings and the positive outcomes identified here.