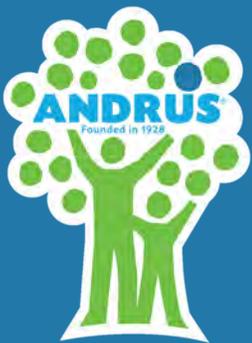


The Sanctuary Institute
Standards for Certification
3rd Edition



sanctuary
INSTITUTE

Overview:

These standards were developed by the Sanctuary Institute in collaboration with Dr. Sandra Bloom as a way of measuring adherence and fidelity to the practices and philosophy of the Sanctuary Model in human service organizations.

Purpose:

This document is a tool to determine if an organization or program meets the qualifications for Sanctuary certification. It may also be used as a self-assessment guide to measure implementation progress.

Structure:

The document is organized along the four pillars of Sanctuary: Trauma Theory, the S.E.L.F. framework, the Seven Commitments, and the Sanctuary Toolbox. Because of the fluid nature of some of the concepts, there may be some overlap among the standards or evidence requested

Definition of Terms:

The Sanctuary Model has been used in many kinds of human service organizations: residential treatment, juvenile justice, hospitals, outpatient settings, community based programs, partial hospital programs, foster care programs, domestic violence programs, and schools. For the purpose of consistency, this manual uses the term “client” to refer to the people who are served by the program and “staff” to refer to the people who provide the services to the clients. Please feel free to change the language to better reflect the terms you use in your setting as necessary.

Scoring:

Achieving certification is contingent upon satisfactory implementation of the model. Evaluation of the model is organized along the four pillars of Sanctuary: Trauma Theory, the S.E.L.F framework, the 7 Commitments and the Sanctuary Toolbox. The total for each pillar must have a minimum average score of 4. Additionally, you must have a minimum score of 3 for each of the tools.

0 Not applicable: There is a standard that is not applicable to the program or organization and this determination has been made with the Sanctuary Institute or the assigned faculty consultant. This score will not be weighed in the computation.

1 - Not implemented: The standard has not been met and there is no awareness of the deficit as a problem.

2 - Not implemented: The standard has not been met and there is awareness of the deficit with plans to implement.

3 - Partially implemented: The standard is partially implemented with regard to content or frequency.

4 - Successfully implemented: The standard has been successfully implemented.

5 - Exceptionally implemented: The standard has been exceptionally implemented with regard to innovation, consistency, or includes a quality assurance function.

Pillar One: Trauma Theory

Trauma Theory is the foundation for creating a trauma informed environment. Simply put, trauma, adversity and chronic stress are universal to the human experience and affect individuals and organizations in predictable ways. The understanding of the ways in which trauma impacts functioning and health and the use of the Sanctuary Model to mitigate these affects are at the core of the Sanctuary Model. A Sanctuary agency understands trauma theory and uses the lens of Sanctuary to make connections about behaviors and events, to problem solve and ultimately to create a high-functioning, compassionate, healthy community.

Standard 1: Adversity, trauma and chronic stress are recognized as a universal experience.

- Conversations and documentation reflect language that avoids pathologizing and shaming. There is a shared belief in the community that “It’s not what’s wrong with you, but what’s happened to you.”
- Clients are described as injured or profoundly impacted rather than as sick or bad.

Standard 2: An assessment of a client’s trauma history (biopsychosocial) is completed and all members of the treatment team know this information.

- A thorough trauma assessment/bio-psychosocial history is taken for all clients.
- All staff members in the treatment community are aware of the client’s trauma history and symptoms.
- Staff members are aware of the ways that a client’s history influences behavior.
- Staff members are trained and supervised in using trauma assessments.
- Trauma-focused interventions are offered to clients who are identified for such interventions.

Standard 3: Staff recognize, identify and rescript traumatic reenactment (for individuals and the organization).

- Individual interactions with client’s rescript traumatic reenactment.
- Staff recognize, identify and rescript reenactment with each other.
- The organization has participated in a process to review and document its own trauma history as a way to avoid organizational reenactments.

Standard 4: Staff recognize, identify and rescript parallel process (for individuals and the organization).

- Teams explore the relationships that exist between them and the impact these have on their direct reports and/or with clients.

Standard 5: Staff recognizes, identify and intervene in ways to prevent or address collective disturbance.

- Conflicts or losses are processed at the source in an effort to prevent emotions from getting detached from their source and reappearing as other problems.
- Collective disturbance is explored as a source when problem solving for a difficult situation.
- When collective disturbance occurs, a system intervention is employed to address power, conflict or loss issues that may be at its source.

Standard 6: Clients are educated about Sanctuary and its role in the program (i.e. the connections between ones experiences and behaviors).

- Clients are taught that the team, not just the therapist, delivers the treatment.
- There are visual reminders about the use of Sanctuary, the language and the tools.
- Clients are informed about Sanctuary at the time of their entrance into the program.

Standard 7: Family members are provided opportunities to learn about the organization’s use of Sanctuary as a way to benefit the continuing improvement of a client.

- Families have access to written materials about Sanctuary (e.g. brochures, website, etc.).
- There are Sanctuary training opportunities for families or others involved in the client’s life.

Table of Evidence for Trauma Theory Standards

Description	Documents	On-Site Observations	Interviews
Standard 1 Trauma, adversity and stress as a universal experience	<ul style="list-style-type: none"> • Performance improvement plans are strength based and reflect context of problem areas • Treatment plans include language that reflects a lens of injury rather than sickness • Chart review • Incident reports 	<ul style="list-style-type: none"> • Conversations about clients reflect trauma-informed language 	<ul style="list-style-type: none"> • Clients report participating in conversations about their histories • Staff members report an understanding of the effects of trauma on individual and organizational functioning
Standard 2 Trauma history known to all members	<ul style="list-style-type: none"> • Treatment plans, case management notes • Case review notes • Biopsychosocial template • Intake and discharge summaries • Trauma Assessments 	<ul style="list-style-type: none"> • Physical environment/layout • Location/access to charts/ reports. • Private spaces to talk with clients and families 	<ul style="list-style-type: none"> • Staff report knowledge of client history and ways that information influences their work with the clients
Standard 3 Staff recognize and re-script traumatic reenactment	<ul style="list-style-type: none"> • Organizational trauma history • Red flag meeting minutes • Visual representations of the reenactment triangle in documents 	<ul style="list-style-type: none"> • Conversations in incident debriefs include use of reenactment terminology, including the three roles 	<ul style="list-style-type: none"> • Staff report knowledge of traumatic reenactment and can give examples of re-scripting on client and organization level
Standard 4 Staff recognize and address parallel process	<ul style="list-style-type: none"> • Red flag minutes • Team meeting minutes 	<ul style="list-style-type: none"> • Conversations in team meetings or other venues include use of parallel process concepts 	<ul style="list-style-type: none"> • Staff report knowledge of parallel process and can give examples
Standard 5	<ul style="list-style-type: none"> • Red flag minutes • Team meeting minutes 	<ul style="list-style-type: none"> • Conversations in team meetings or other 	<ul style="list-style-type: none"> • Staff report knowledge of collective

Staff recognize and address collective disturbance		communications include use of collective disturbance concepts	disturbance and can give examples that have occurred in the organization and how they were resolved
Standard 6 Clients are educated about Sanctuary	<ul style="list-style-type: none"> • Intake information given to clients • Website • Visual reminders of the model in posters or other media 	<ul style="list-style-type: none"> • Psychoeducation groups • Client and staff use of language and tools 	<ul style="list-style-type: none"> • Clients report an understanding of basic Sanctuary knowledge that is appropriate to their developmental level
Standard 7 Families are educated about Sanctuary	<ul style="list-style-type: none"> • Brochures • Website • Family training • Treatment materials • Sanctuary artifacts visible in the environment 	<ul style="list-style-type: none"> • Visual artifacts of Sanctuary 	<ul style="list-style-type: none"> • Families are familiar with some of the basic tools of Sanctuary: community meetings, red flag reviews, safety plans, and self care • Families report a basic understanding of the effects of adversity • Families are familiar with the term Sanctuary as part of the organization's practice

Narrative:

Please use this section to elaborate on evidence regarding any of the standards for Trauma Theory that either are not represented in the evidence table or require additional information.

Pillar Two: The SELF Model

The SELF model organizes the way in which we think about individuals, organizations and treatment. It provides us with a shared language, a framework for treatment and an important problem-solving tool.

Standard 8 - Safety: Physical, psychological, social and moral safety for all members of the community is a primary value for the organization.

- Community members' need for safety guides all policies, practices and treatment
- Ethical issues or conflicts of interest are exposed and resolved.
- Conflict in the community is raised and resolved in a safe way.
- There are protocols in place for preventing and responding to violence.
- Confidentiality is respected and balanced with the need for transparency.

Standard 9 - Emotional Management: Members of the community recognize and manage feelings in non-harmful ways.

- Treatment and supervision practices include conversations about emotional management.
- Behavior management practices are strength based. There is a mechanism in place to identify, discuss and correct drift from these strength based practices towards coercive practices. (i.e. address physical, verbal and psychological coercion)
- Interpersonal activities in this community are observed to be based upon the importance of managing and modeling safe and respectful expressions of affect, regardless of context.
- Community members teach and practice self-regulation/ coping skills.

Standard 10 - Loss: Acknowledging and grieving loss and trauma, and using the past to constructively inform decisions about present and future issues. There is also recognition that all change involves loss.

- Community members address losses in the community (discharges, staff departures, admissions, anniversaries, policy or program changes, etc.) through rituals, groups, therapy, etc.
- Decision making includes the impact of loss
- Daily losses (disappointing performance in program, in level systems, or grades, missed visits or activities, etc.) are recognized and processed therapeutically.
- Community members use the past to constructively inform decisions about present and future related issues.

Standard 11 - Future: Creating or restoring a sense of hope in our clients and our community.

- Discussion of future occurs in conversations with staff at hire and clients at entrance into the program.
- Both staff and clients are routinely encouraged to think about, plan and implement a different immediate, short term and long term future.
- Board of Directors or equivalent body has been educated on the Sanctuary Model concepts.
- Fiscal resources are allotted and plans and positions exist to support maintaining of Sanctuary.
- The organization uses SELF as a problem-solving tool.

Table of Evidence for SELF Standards

Description	Documents	On-Site	Interview
Standard 8 Safety	<ul style="list-style-type: none"> • EOE policy • Injured Staff Protocol • EAP policy • Confidentiality policies • Staff grievance policy • Corrective action plans 	<ul style="list-style-type: none"> • Interactions among staff and between staff and clients model transparency and respect 	<ul style="list-style-type: none"> • Multidisciplinary groups and clients report on experiences with conflict, confidentiality and can give general examples of how physical, psychological, social and moral safety are modeled within the community
Standard 9 Emotion Management	<ul style="list-style-type: none"> • Supervision forms • Behavior management policies 	<ul style="list-style-type: none"> • Posted community norms or rules • Availability of space for taking time away • Emotional vocabulary used in conversations 	<ul style="list-style-type: none"> • Supervisors, clients and multi-disciplinary staff report on emotion management practices, ways that coercive practices are avoided or disrupted
Standard 10 Loss	<ul style="list-style-type: none"> • Policies on bereavement leave • Discharge, admission documents • Policies for communicating staff departures 	<ul style="list-style-type: none"> • Artifacts of loss rituals may be present (plaques, tree plantings, memorials, etc.) 	<ul style="list-style-type: none"> • Staff and clients can describe participation in decisions where loss was considered as a deciding factor in the final outcome • Staff and clients can describe participation in conversations about loss in the community
Standard 11 Future	<ul style="list-style-type: none"> • Admission/intake documents • Service/treatment plans • Budget • Job descriptions include Sanctuary language (i.e. SELF, 7 Commitments) • Red flag meeting minutes • Team meeting minutes • Performance evaluation and supervision documentation 	<ul style="list-style-type: none"> • Visual artifacts of the SELF framework for problem solving 	<ul style="list-style-type: none"> • Staff and clients can give examples of conversations about their future goals • Board of Directors are knowledgeable around the Sanctuary Model • Staff can describe examples of using the SELF framework for problem solving

Narrative:

Please use this section to elaborate on evidence regarding any of the standards for the SELF Model that either are not represented in the evidence table or require additional information.

Pillar Three: The Seven Commitments

The Seven Commitments reflect the value system of the Sanctuary Model which guides our individual and organizational beliefs, practices and policies.

Standard 12 - Nonviolence: The community works towards assuring all members are safe and refrain from hurting each other.

- Staff members use nonviolent techniques when dealing with difficult issues.
- Community members are able to question or dissent from decisions made by those in authority and do not experience retribution or negative consequences.
- Violence of any sort is not acceptable in the community. Incidents of violence are actively processed to discern root causes and prevent reoccurrences.
- The program offers predictable structure including rules, consequences and responses for clients/students.
- Power is used responsibly and nonviolently.
- Point and level systems (if used) incorporate an understanding of clients' triggers, and are flexible enough to allow for recognition of improved behavior in clients despite continued disruptive behavior, are individualized, reviewed and revised when necessary, and contains client input.

Standard 13 - Emotional Intelligence: Recognizing and anticipating the influence that emotions have on behavior and using that information to guide practice.

- There is adequate opportunity for processing the experience of the work.
- General team meetings are held on a regular basis.
- There are protocols in place within the agency for responses to client or staff tragedies (deaths, severe injuries, critical incidents).
- There is adequate recognition of good work/progress for staff and clients.
- Clients and families feel supported by the community.
- Staff members are curious about what behavior "means" rather than assuming that they already know.

Standard 14 - Democracy: Encourages community members to share decision making in whatever ways are most appropriate for their group. This is based on the premise that diversity of opinion yields a better result and that people are more likely to support something they have helped create.

- Decisions are made with information and input from all levels.
- Those who are most affected by a decision have some say in that decision.
- Clients have contributed to creating their treatment goals or service plans.
- Clients and families have formal opportunities to participate in decision-making (ie- client council, committees, meetings, etc.).

Standard 15 - Open Communication: Members agree to be aware of how they communicate with each other. Community members agree to talk about issues that affect the whole community, no matter how difficult they may be, and to do so in a direct and open way. Leaders practice transparency in regard to

decisions or issues that affect everyone. All community members have the information they need to be successful.

- Community members have the information they need to be successful.
- There is fiscal transparency.
- Leadership is transparent with the community about how decisions are made.
- Communication mechanisms are in place to brief staff, clients, and families who are unavailable or absent during meetings.
- Admissions criteria are openly communicated.
- The hiring process includes Sanctuary language in applications, letters of hire and interviewing procedures.
- Job descriptions accurately articulate the tasks of the job and Sanctuary work related expectations.

Standard 16 - Social Responsibility: The agreement that the community will take care of itself and its members. Members share responsibility for doing good work, adhering to the rules of the community, and being accountable for their behaviors and decisions.

- There is active participation in Sanctuary from all members of the community.
- Staff and clients participate in decision-making and problem solving.
- After appropriate staff development efforts, there is an expectation that to retain employment, staff members demonstrate a commitment to organizational and Sanctuary values.

Standard 17 - Commitment to Social Learning: Creating an environment that allows people to learn from each other, their experiences and their mistakes.

- The community is the means for recovery.
- Responses to disruptive or challenging incidents are used as opportunities for social learning through the use of red flag reviews, incident deconstruction and post-crisis analysis.
- Performance reviews reflect a collaborative process between the employee and supervisor, and allow for input and feedback from the employee.
- Performance reviews include Sanctuary job expectations.
- The results of staff and client surveys are disseminated and discussed in the community.
- The milieu supports Sanctuary and treatment with posted schedules, Sanctuary artifacts, private meeting spaces and comfortable areas for learning and relaxing. It is clean and well lit.

Standard 18 - Growth and Change: The belief that individuals, groups and systems can grow and heal. We create situations that promote growth out of our comfort zones and create a sense of disequilibrium that forces movement. Growth and change is achieved through inquiry, self-reflection or assessment, and the acquisition of knowledge.

- Staff members believe that healing and recovery is possible.
- Staff members believe that the agency can improve and grow.
- Positive risk taking is seen as an essential part of the process of change for staff and clients.
- There is adequate Sanctuary training for staff.
- Policies, procedures, systems and rules are reviewed and updated as needed.
- Data and feedback are used to inform program improvement (satisfaction surveys, incident reports, exit interviews, staff retention data, etc.).

Table of Evidence for the Seven Commitments Standards

Description	Documents	On-Site	Interview
Standard 12 Nonviolence	<ul style="list-style-type: none"> • Isolation/restraint policies • Incident reports • Protocol for response to violence • Point and level systems (if used) 	<ul style="list-style-type: none"> • Program schedule posted • Community rules, expectations or norms are posted 	<ul style="list-style-type: none"> • Staff and clients report feeling safe from retribution • Staff and clients report feeling safe to dissent • Staff report participating in conversations about the use of power
Standard 13 Emotional Intelligence	<ul style="list-style-type: none"> • Employee Assistance Program policy • Injured Staff Protocol 	<ul style="list-style-type: none"> • Observable evidence of staff or client recognition 	<ul style="list-style-type: none"> • Staff can describe participation in team meetings • Clients and families report feeling supported by the community
Standard 14 Democracy	<ul style="list-style-type: none"> • Service/treatment plan • Client council meeting minutes 	<ul style="list-style-type: none"> • Observed planning conferences include input from clients and families • Observed meetings demonstrate that multiple perspectives are included, and that decisions are not made autocratically • Observed meetings demonstrate weight is given to strong ideas rather than simply to those that come from the highest ranking person in the room 	<ul style="list-style-type: none"> • Staff and clients can give examples of inclusion in making decisions that have affected them • Leaders can give examples of evidence of including input from multiple levels in decision-making • Staff and clients can give examples of participation in client committees
Standard 15 Open Communication	<ul style="list-style-type: none"> • Materials available in languages other than English • Hiring/interview documents • Job descriptions • General staff meeting minutes 	<ul style="list-style-type: none"> • Observed communication among staff and between staff and clients appears forthright, respectful and transparent 	<ul style="list-style-type: none"> • Staff and clients report having the information they need to be successful and can give examples of how it is communicated to them • Direct service providers can demonstrate an understanding of what criteria

			<p>determine whether a client can be served in the program</p> <ul style="list-style-type: none"> Recently hired staff describe having been introduced to Sanctuary in the hiring and orientation process Clients and staff can describe information dissemination systems in the programs
<p>Standard 16 Social Responsibility</p>	<ul style="list-style-type: none"> Core Team attendance sheets Team meeting notes Notes that include Red Flag participants Supervision notes Performance improvement plans 	<ul style="list-style-type: none"> Community spaces are clean and well cared for, suggesting that community members take a role in maintaining the environment 	<ul style="list-style-type: none"> Staff, clients and families report feeling well cared for by each other and the organization Staff and leaders can describe examples of the ways in which Sanctuary concepts have been used to promote staff development and help transition staff out of the program if necessary
<p>Standard 17 Social Learning</p>	<ul style="list-style-type: none"> Performance review documents Performance improvement plans Supervision documentation Client grievance forms Incident reports Survey results Red flag notes 	<ul style="list-style-type: none"> Posted schedules Sanctuary artifacts Private meeting spaces Observed meetings demonstrate that multiple perspectives are included Observed conversations support the belief that the community is the means to recovery 	<ul style="list-style-type: none"> Staff and clients demonstrate familiarity with outcomes of surveys for program improvement Staff can describe how survey results have influenced their practice Staff and clients can describe participation in red flag reviews

Standard 18 Growth and Change	<ul style="list-style-type: none"> • Training schedule and documentation • Continuous quality improvement plan 	<ul style="list-style-type: none"> • Observed conversations reflect the belief that healing and recovery are possible for clients and the organization 	<ul style="list-style-type: none"> • Staff and clients can describe examples of taking risks that resulted in growth and feeling supported in taking those risks
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Narrative:

Please use this section to elaborate on evidence regarding any of the standards for The Seven Commitments that either are not represented in the evidence table or require additional information.

Pillar Four: The Sanctuary Tools

The Sanctuary tools are the concrete activities or rituals that individuals and organizations use to inoculate themselves against the effects of trauma and chronic stress. Think of them as the medicine or vitamins used to ensure the health and functioning of a community. They are vital for the implementation and sustained success of Sanctuary.

Standard 19 - Community meetings- Community meetings are practiced regularly and with fidelity.

- Community meetings are held when staff and/or clients convene. Adaptations in number of meetings are made with thoughtful consideration of population needs and setting. Residential settings will have two Community Meetings per day.
- All three questions are asked and answered by each individual.
- All staff meetings begin with community meeting.
- Executive leaders model the use of community meetings.

Standard 20 - Safety Plans- Safety plans are used by staff, clients and families.

- Safety plans are displayed by all staff and clients. Decisions about the way they are used and displayed (worn on a lanyard, kept in a pocket, taped to a desk, posted on a wall, etc.) are made with thoughtful consideration of the population and the needs of the setting.
- Safety plans are reviewed and updated as necessary and these are documented.
- Executive leaders consistently model the use of safety plans.

Standard 21 - Red Flag Reviews- Red flags reviews are used to respond to critical incidents and are practiced with fidelity.

- Red flag reviews are held when critical incidents occur and include staff at all levels, families and clients as appropriate.
- The outcomes of red flag reviews are disseminated and influence intervention.
- Red flag reviews can be called by any member of the community, and all community members, including staff, clients, families and stakeholders are given information about their right to use this tool.

Standard 22 - Team Meetings- Every staff member participates in a Sanctuary team meeting which is held regularly, is used to build a strong community, and reinforces the tenets of Sanctuary.

- There are formal meetings scheduled regularly for teams to meet together. Teams are defined as groups of people who have a shared purpose in their work.

- Team meetings include time dedicated to reflecting on the experience of the work as well as team dynamics and communication in addition to client or business related agenda items.
- There are group norms, rules or expectations within the team that individuals will practice nonviolent communication with each other.
- Staff have the ability to review the agenda and provide input when appropriate.
- Meeting minutes are recorded and shared with participants.

Standard 23 - Sanctuary Psycho-education- Psycho-education about trauma and the Sanctuary Model is used with clients and/or families.

- Psycho-education is provided to clients and families in either group or individual forums. These may be provided in experiential or didactic forums.
- Direct care staff is familiar with the Sanctuary Psycho-education Curricula and assists in the facilitation of the sessions.
- Adaptations to it and its lessons are encouraged.
- Clients are educated about the organization's use of Sanctuary and are instructed on terminology as developmentally appropriate and as it pertains to the services they are receiving.
- Family members are provided opportunities to learn about the organization's use of Sanctuary

Standard 24 - Self Care Plans- All community members have a self-care plan and practice self care.

- All staff and clients in the community have participated in a process of creating a self care plan document.
- Family members are offered information about this tool and the opportunity to create one for themselves.
- Organizational policies and practices demonstrate activities that promote self care and wellness (i.e. available reading materials, physical space configuration, wellness programs).
- Workloads are monitored with attention to types of cases assigned to ensure that staff members are able to effectively manage the work
- Organizational policies and practices demonstrate activities that do not contradict self care and wellness (i.e. breaks are not provided, excessive scheduling of overtime for direct care providers, consistent use of mandated overtime, etc.)
- There is an ongoing dialogue around Self Care.

Standard 25 - Sanctuary Treatment or Service Planning Conferences- Client treatment or service planning conferences incorporate the principles of Sanctuary and a trauma informed perspective.

- Planning is done with a multidisciplinary team.
- Treatment or service planning meetings include discussion of the four components of the SELF framework.
- Service or treatment documents include reference to the SELF framework.
- Clients participate in setting their own goals.

Standard 26 - Sanctuary Supervision or Coaching- Every staff member participates in formal, consistent Sanctuary supervision or coaching.

- Supervision or coaching sessions are held regularly for all staff. Determination of regularity of supervision meetings is made with thoughtful consideration of staff needs and the type of setting.
- Supervision or coaching sessions are formally scheduled as protected time and held in an appropriate location for all staff.
- Supervisory or coaching sessions include constructive feedback, recognition and opportunities to reflect on the experience of the work. Sessions begin with a Community Meeting and Safety Plan review.

- Issues related to the complex concepts, self care and safety plans are included in supervision regularly.

Standard 27 - Sanctuary Core Team- The organization has a core team, which includes members of the Steering Committee, that meets regularly to execute implementation tasks, monitor use of Sanctuary and sustain its use in the organization.

- Organization's Core Team meets regularly. Determination of the regularity of Core Team Meetings is made with thoughtful consideration of geographic and other factors specific to the organization.
- There is participation from Executive Leaders.
- Membership in the Core Team is multidisciplinary and comprehensive in representing the organization.
- There are clear expectations for participation, attendance, and disseminating information.
- There is a process for transitioning members both into and out of the Core Team.

Standard 28 - Sanctuary Training- All staff members have completed training in the content outlined in the Sanctuary Staff Training Manual. There is an ongoing training plan that includes module training, orientation training and booster training.

- All direct care service providers have had training in the four pillars, covering the Sanctuary concepts.
- Sanctuary Model is included in the initial employee Orientation sessions.
- There are staff members dedicated to providing Sanctuary training for an organization's staff.
- Initial trainings for new staff are scheduled regularly after initial Orientation session(s).
- At least two Booster trainings in Sanctuary content are provided for all staff every year.

Table of Evidence for the Tools Standards

Description	Documents	On-Site Observation	Interview
<p>Standard 19</p> <p>Community Meeting</p>	<ul style="list-style-type: none"> Community meeting protocol 	<ul style="list-style-type: none"> Community meeting observations of both staff and clients All participants are asked and answer all three questions 	<ul style="list-style-type: none"> Staff and clients report participation in community meetings. Staff are able to articulate the value (the ‘why’) of community meetings. Staff are able to indicate how the information gathered is used/shared to support treatment goals.
<p>Standard 20</p> <p>Safety plans</p>	<ul style="list-style-type: none"> Safety plan protocol 	<ul style="list-style-type: none"> Safety plans visibly displayed by staff and leadership Safety plans visibly displayed by clients 	<ul style="list-style-type: none"> Families report knowledge of safety plans Clients and staff report use of safety plans. Clients and staff report feelings of being supported in the use of the safety plans.
<p>Standard 21</p> <p>Red Flag Reviews</p>	<ul style="list-style-type: none"> Red Flag protocol Intake pamphlets for clients/families regarding red flag Red Flag minutes in direct and indirect forums Minutes reflect focus on solutions, multiple participants, and SELF language 	<ul style="list-style-type: none"> Red Flag review starts with a community meeting Review of history of the issue, including possible existence of parallel process, reenactment or collective disturbance 	<ul style="list-style-type: none"> Staff, clients and families report awareness that they can call a red flag Some staff can describe participation in a Red Flag Some clients can describe participation in a Red Flag
<p>Standard 22</p> <p>Team Meetings</p>	<ul style="list-style-type: none"> Team Meeting minutes or logs 	<ul style="list-style-type: none"> Open dialogue about community issues and team functioning Agenda leaves room for conversation about the experience of the work 	<ul style="list-style-type: none"> Staff report participation in regular supervision meetings Staff describe the experience of feeling safe to

		<ul style="list-style-type: none"> • Members appear to feel safe to share • Conflict is addressed openly and nonviolently • Differing opinions are accepted and respected 	<p>share, having time to talk about their experience of the work, opportunity to talk about community issues, and that differing opinions are respected</p>
<p>Standard 23</p> <p>Sanctuary Psycho-education</p>	<ul style="list-style-type: none"> • Attendance logs for groups • Copy of curriculum being used • Pamphlets/brochures • Visual artifacts 	<ul style="list-style-type: none"> • Psycho-education groups cover developmentally and otherwise appropriate material for the population or are adapted as needed • Psycho-education groups begin with a Community Meeting 	<ul style="list-style-type: none"> • Clients report having participated in Psycho-education and have a developmentally appropriate understanding of Sanctuary in relation to their work • Staff are familiar with several modalities and curricula for teaching clients and/or families about Sanctuary concepts
<p>Standard 24</p> <p>Self Care Planning</p>	<ul style="list-style-type: none"> • Wellness policy • Self Care plan template for staff and one-page template for clients • Families receive printed information on Self Care activities • Partnerships and opportunities have been created (and communicated) in the community to provide self care opportunities 	<ul style="list-style-type: none"> • Physical spaces exist for taking time away from program if needed • Practices and communications from leaders encourage self care among staff • Communications from staff encourage self care among clients • Workloads are monitored through the lens of self care 	<ul style="list-style-type: none"> • Staff and clients are able to discuss their Self Care Plans • Staff report feeling supported by leaders to practice self care • Clients/families report participation in conversations about practicing self care or making a self care plan • Staff report there is a place for them to regenerate during the work day

	<p>(yoga classes, massage, EAP)</p> <ul style="list-style-type: none"> • Self Care is reflected in PTO policies 		<ul style="list-style-type: none"> • Staff report being supported in using their self care plans
<p>Standard 25</p> <p>Sanctuary Treatment/Svc Planning</p>	<ul style="list-style-type: none"> • Sign in sheets that include multidisciplinary members of the team • Treatment/service plan with goals incorporating SELF framework • 	<ul style="list-style-type: none"> • Treatment /service planning meetings include a variety of staff members • Planning meetings begin with a Community Meeting • Some review of trauma history is provided • Accommodations are made to include clients and families in ways that are appropriate to their needs and setting • The SELF framework is used in conversation and planning 	<ul style="list-style-type: none"> • Clients report participating in creating their goals • Direct care staff report having participated in treatment/ service planning meetings for their clients • Mechanism that shows how goals are communicated to staff. • Direct care staff report knowledge of client goals and familiarity with SELF as a treatment organizing framework
<p>Standard 26</p> <p>Sanctuary Supervision/Coaching</p>	<ul style="list-style-type: none"> • Supervision protocol & Form • Formal documentation of supervision (notes) on the Form 	<ul style="list-style-type: none"> • Supervisors appear available and accessible to their reports • Supervisors report providing regular, ongoing supervision • Self care and the complex concepts are reviewed during Supervision sessions 	<ul style="list-style-type: none"> • Staff report that there is protected time for supervision • Staff report that their supervision includes recognition, self care, constructive feedback and support
<p>Standard 27</p> <p>Sanctuary Core Team</p>	<ul style="list-style-type: none"> • Core Team guidelines for membership • Meeting Schedule • Minutes • Core Team Work plan 	<ul style="list-style-type: none"> • Core Team minutes are made available to all community members • Core Team members represent different areas of the organization • Core Team meets regularly • Core Team meetings balance process and projects 	<ul style="list-style-type: none"> • Core Team members report active participation in Core Team meetings, events and activities (including one Communication and one Power Retreat) • Core Team members can describe ways in which they have role modeled

			Sanctuary in the community
Standard 28 Sanctuary Training	<ul style="list-style-type: none"> • CQI plan • Agency training plan • Training logs/sign in sheets • Training agendas • Training evaluations and post tests 	<ul style="list-style-type: none"> • HR or Training department can describe adaptations to the curriculum and how it is disseminated 	<ul style="list-style-type: none"> • Staff report having attended Sanctuary training on an ongoing basis • Staff are conversant in Sanctuary terminology and appear comfortable with the concepts as they relate to their work