


The Sanctuary Model: A Trauma-Responsive Environmental Model for Secure Residential Facilities Within the Juvenile Justice System

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ABSTRACT

Exposure to trauma is considered a critical factor in explaining the onset and maintenance of youth aggression. Integrating trauma-responsive practices into the operations of youth-serving systems improves incarcerated youths' adaptive functioning and ability to succeed when back in society and serves as an opportunity to reduce the likelihood of future aggression. The Sanctuary Model is an approach to organizational culture change based on the structural development of processes that facilitate trauma-responsiveness within a therapeutic community environment. The Colorado Division of Youth Services adopted the Sanctuary Model as part of the primary foundational organizational model of care in 2014. This conceptual article first describes the Sanctuary Model and discusses its implementation using Bowen and Murshid's (2016) social justice and trauma-informed social policy framework. The article provides an analysis that leads to seven recommendations that will assist organizational leaders in justifying the model at every stage of implementation, including the ongoing sustainability of the practices.

KEYWORDS: Sanctuary Model, organizational culture, trauma-responsive, social policy

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INTRODUCTION

The juvenile justice system (JJS) in the United States operates in the space between a historical, societal pull toward punishment and the promise of rehabilitation (Clark & Herbolsheimer, 2021; Cullen, 2013). On any given day, 43,580 adolescent offenders reside in a secure facility in the United States, with approximately 37% detained for violent

offenses (OJJDP, 2019). In addition to having become a critical public health concern (Krug et al., 2002), youth violence costs the United States over \$14 billion annually, including the cost to confine juveniles in secure facilities (Abinader et al., 2019). Furthermore, incarceration directly increases the likelihood that youth may exhibit future aggression and re-offend (Maschi et al., 2018). With research indicating that the populations confined within

secure facilities show an extensive history of trauma exposure (Bloom, 2013a; Ford et al., 2013; Ko et al., 2008), addressing the impact of trauma is a necessary response to the public health concern of youth offending and incarceration. Therefore, many entities within the JJS, including the correctional administrators at the Colorado Division of Youth Services, recognize the need to pursue the incorporation of a trauma-responsive model to address youths' underlying trauma and the environment of care.

This conceptual article analyzes the Sanctuary Model through a social justice and trauma-informed social policy framework lens (Bowen & Murshid, 2016; Reisch, 2002) with a purpose to aid juvenile justice systems in reducing structural and systemic factors contributing to lack of opportunity and perpetuation of social problems (e.g., violence) for incarcerated youth. The need for universally available trauma-responsive prevention and intervention programs is more than evident (Herrenkohl et al., 2019). Furthermore, understanding the need for trauma-responsive models of care in secure residential settings and translating that need into practice requires a sound social policy approach to gain broad organizational and political support, including sustainable funding.

Organizational cultures are slow to change, and public policy often evolves slowly. First, a problem

(e.g., the need for a trauma-responsive environment) must be recognized and resources applied to demonstrate the need credibly (Jacob, 1988; Kingdon, 1984). Second, the organization must be receptive to solving the problem and articulate the need to propel the issue forward onto the policymaking agenda (Burstein, 1991). A trauma-informed social policy framework offers a structure to define the need and demonstrate adherence to principles to ensure juvenile justice systems adopt models that place health at the center of organizational practices (Bowen & Murshid, 2016). However, little guidance exists for juvenile justice administrators in navigating the complexities of the public policy process to adopt a trauma-responsive model of care. The Substance Abuse and Mental Health Services Administration (2014) defined a trauma-informed approach as including the following six principles: 1) Safety, 2) Trustworthiness and Transparency, 3) Peer Support, 4) Collaboration and Mutuality, 5) Empowerment, Voice and Choice, and 6) Cultural, Historical and Gender Issues. Bowen & Murshid (2016) simplified the categories when articulating the social policy framework (See Table 1).

We provide a conceptual argument for the adoption and implementation of a trauma-responsive environmental model of care that can be replicated across other juvenile justice systems to target initial system efforts. First, we demonstrate the link

Table 1
Core Principles for Trauma-Responsive Care

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1. Safety
 2. Trustworthiness and Transparency
 3. Collaboration and Peer Support
 4. Empowerment
 5. Choice
 6. Intersectionality
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Table 1 Note. Adapted from "Trauma-informed Social Policy: A Conceptual Framework for Policy Analysis and Advocacy," by E. A. Bowen and N. S. Murshid, 2016, *American Journal of Public Health*, 106(2), pp. 223-229 (<https://doi.org/10.2105/AJPH.2015.302970>).

between trauma and offending and the corresponding need for trauma-responsive environments in correctional settings. We then describe the Sanctuary Model as part of the primary foundational model of care adopted by the Colorado Division of Youth Services in 2014. We conclude with an analysis of one model (i.e., Sanctuary Model) through a trauma-informed social policy framework lens and offer recommendations for organizational leaders and advocates who wish to pursue funding for implementation. This analysis is based on Bowen and Murshid's (2016) Trauma-Informed Social Policy framework.

THE IMPORTANCE OF A TRAUMA-RESPONSIVE ENVIRONMENT IN A CORRECTIONAL SETTING

National data indicate a high prevalence of trauma exposure among youth in the juvenile justice system (Abram et al., 2004; Ford et al., 2013). Trauma exposure includes events directly experienced or witnessed as threatening or harmful to one's physical, psychological, or emotional safety through injury, violence, or loss (American Psychiatric Association, 2013; Kilpatrick et al., 2000; Tebes et al., 2019). Dierkhising et al. (2013) reported that high rates of justice-involved youth in their sample had experienced childhood trauma, often in various contexts including traumatic loss and bereavement or separation from a caregiver, physical assault, child maltreatment (physical, emotional, or sexual abuse, and neglect), community violence, and domestic violence. The original Adverse Childhood Experiences (ACEs) study established a strong dose-response relationship between various forms of trauma and several adverse health and social outcomes (Anda et al., 2020; Felitti et al., 1998). Indeed, exposure to trauma is widely considered a critical factor in partially explaining the onset and maintenance of youth aggression (Barkauskienė et al., 2019; Baron & Forde, 2020; Braga et al., 2017; Maschi et al., 2018; van der Zouwen et al., 2018; Vitopoulos et al., 2019). Early trauma exposure is

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also associated with increased involvement in child welfare and juvenile justice systems (Garland et al., 2001). Once incarcerated, further offending may increase entrenchment in the system and the likelihood of long-term negative health consequences for youth, in addition to further societal costs (Haerle, 2019). In sum, because incarcerated youth are more likely to have experienced multiple episodes of trauma across time, they are less likely to recover quickly (Dierkhising et al., 2013) and more likely to commit subsequent offenses.

Once confined, the secure environment can either perpetuate or help resolve trauma (Bloom, 2013b; Bloom & Farragher, 2011; Ford et al., 2012), thereby impacting whether a youth continues through the pipeline toward persistent adult offending. Thus, transforming an organization's culture to become trauma-responsive may avoid ongoing system involvement, decrease overall aggression, and improve quality of life in adulthood, including reducing the risk of certain diseases during the lifespan. Overall, responding to previous trauma exposure effectively and appropriately is paramount when working in incarcerated settings when the goal is to prevent further exacerbation of violence (Ford et al., 2012).

Environments can either reduce or increase risk (Ford & Blaustein, 2013; Sichel et al., 2019). Traumatic experiences occur within the context of a particular environment and interact with multiple factors to determine their physiological and psychological impacts (Ko et al., 2008), such as the capacity for self-regulation (Stucke & Baumeister, 2006). The accumulation of risk across ecological levels makes it more likely youth will act aggressively (Bronfenbrenner, 1979; Baron & Forde, 2020). Therefore, institutional factors may elicit or inhibit aggression in traumatized youth in response to their environment.

Establishing and maintaining environments that prevent further harm and are sensitive to the individual needs of youth (Ford & Blaustein, 2013;

Sichel et al., 2019) is a primary concern for those interested in preventing aggression among incarcerated youths. Staff characteristics affect the delivery of services and strongly impact youths' experiences in residential care (Ko et al., 2008). Notably, staff can reinforce or dispel negative stereotypes of juvenile offenders (Cavanagh et al., 2019). Integrating trauma-responsive practices into the operations of youth-serving systems may improve youths' mental health, increase the likelihood for success once back in society, and serve as an opportunity to reduce aggression and recidivism. For example, Elwyn et al. (2015) reported a decrease in youth misconduct resulting in injury and a reduction in the use of restraint from 6.6 incidents per 100-person days of youth confinement before implementing the Sanctuary Model to 1% following implementation. A follow-up study showed positive post-implementation communication and community-building gains in the institutional environment (Elwyn et al., 2016).

Trauma-responsive care systems focus on trauma-informed assessment and interventions, family involvement and engagement, and funding mechanisms supporting an integrated care approach to working with youth. Targeting early trauma identification and evaluation to determine the most appropriate interventions and services to address specific therapeutic needs is a priority in current research (Zettler, 2021). However, this approach depends solely on individual treatment needs and ignores environmental characteristics affecting behavior. Zettler (2021) included a brief summary of the Sanctuary Model as a trauma-responsive cultural change model but primarily reviewed trauma-informed interventions at the individual or family levels. There has been a call for broad change in juvenile justice toward transformative trauma-responsive care, with attention to both vulnerable populations and system reform (Dierkhising & Branson, 2016). This article attends to both elements and

offers practical knowledge that is immediately useful in attending to the organizational culture.

The journey from idea to implementation in juvenile justice settings is remarkably slow and is tied to the juvenile justice cycle through the level of public support for offender rehabilitation (Bernard et al., 2010; Merlo & Benekos, 2010). Fueled by the emergence of trauma-informed practices in the 1990s (Purtle, 2020), Harris and Fallot (2001) first envisioned trauma-informed service systems to avoid treatment failures and client re-traumatization. Conditions such as leadership commitment to change, universal screening, training, and education, improved hiring practices, and policy and procedure revisions are critical to trauma-informed services (Harris & Fallot, 2001).

Dierkhising and Branson (2016) called for a research and policy agenda focused on creating a trauma-informed juvenile justice system to improve clients' well-being. Schubert et al. (2012) emphasized that secure youth residential facilities must attend to perceptions of safety and fairness in the environment to maximize therapeutic engagement and support. Support for implementing trauma-informed models of care lies in the fundamental mandate in social work to forward social justice aims (Reisch, 2002). Reynolds (1951) suggested that achieving social justice requires systems to meet the criteria of belonging (person-in-environment), retention of humanity when receiving services, and mutuality (i.e., ability to repay society for help received). Mutuality is achieved for youth involved in the juvenile justice system when public safety is maximized. Tebes et al. (2019) asserted that by infusing trauma-informed practices into the criminal justice system, we have the opportunity to change adverse outcomes that contribute to overall population "ill-health and to address inequities in those ubiquitous causes" (p. 502). The Colorado Division of Youth Services internalized the challenge and turned to the Sanctuary Model to provide

the framework to transform into a trauma-responsive model of care.

THE SANCTUARY MODEL

The Sanctuary Model was initially developed for trauma patients receiving services at short-term inpatient facilities (Bloom, 1997; 2013a) and has since been modified for residential juvenile justice facilities (Rivard et al., 2004). This Model provides a macro-focused approach to organizational culture change based on trauma-responsiveness within a therapeutic community environment. It also incorporates a micro-component that focuses on individuals' treatment experiences within a therapeutic setting (Esaki et al., 2020). The Model is designed to bring safety to the organizational culture by educating staff and residents about the behavioral effects of trauma, through a commitment to the principles of nonviolence, emotional intelligence, fairness, social learning, and responsibility, and by following specific procedural guidelines that support open communication in a safe environment as the means to heal and grow (Elwyn et al., 2015). Ultimately, the Sanctuary Model empowers youth who have criminally offended to develop and implement positive skills to impact their lives and communities.

The Sanctuary Model embraces a holistic trauma recovery framework (Foderaro & Ryan, 2000), promoting safety through a commitment to nonviolence within treatment environments (Elwyn et al., 2015; Rivard et al., 2005). This approach supports an organizational culture that cohesively addresses and promotes healing from physical, psychological, and social trauma (Esaki et al., 2013). As a theoretically and empirically based model, it assumes that a therapeutic community environment can address the adverse biological, affective, cognitive, and social consequences experienced by those who have faced traumatic events (Bloom, 2011).

The Sanctuary Model reshapes the treatment setting by teaching all roles within the environment, including those implementing the intervention, to use adaptive and practical coping skills to replace ineffective coping strategies learned from prior traumatic life experiences (Foderaro & Ryan, 2000; Rivard et al., 2005). The intervention encourages individuals to utilize cognitive-behavioral empowering techniques to manage emotions and productively address trauma symptoms within their enhanced therapeutic environment. Doing so improves mental health by decreasing trauma symptoms and fostering a positive self-concept by utilizing tools to improve their lives and communities (Rivard et al., 2005). Key to this therapeutic model is developing healthy, meaningful, and connected relationships with caregivers within the interdependent community who teach appropriate regulation of one's emotions (Brock et al., 2006). Core practices (e.g., community meetings, problem-solving processes, safety plans, and self-care plans) are implemented and monitored through fidelity checklists. To incorporate the Sanctuary Model into practice, organizations must be amenable to organizational and behavioral change, and commit to providing resources for hands-on support and streamlined, practice-based, refresher training (Galvin et al., 2021).

Research suggests that implementing the Sanctuary Model in juvenile secure residential facilities results in multiple positive process and outcome evaluation findings (Elwyn et al., 2015; Elwyn et al., 2016; Kramer, 2016; Rivard et al., 2004; Rivard et al., 2005; Stein et al., 2011). Rivard et al. (2004) examined the implementation of the Sanctuary Model within three residential programs on one campus for youth considered delinquent. The Model was implemented in nine residential units, with eight residential units serving as a comparison group (standard residential services). Over a period of one year, focus groups with administrators and counselors reported improved communication

among staff, increased feelings of safety, reduced chaos, and overall increased trust in the environment. Staff became more mindful of the importance of their own communication in relation to safety for themselves and the youth in their care, as well as in promoting environmental harmony and fostering healthy working relationships. Additionally, staff reported that the Model directed responses to inappropriate behavior that successfully encouraged residents to adapt and cope with their environment more effectively (Rivard et al., 2004).

Rivard et al. (2005) again reported significant differences across groups for resident outcomes. Specifically, significant differences were found among youth housed in the Sanctuary Model residential units compared to those in the standard residential services for the Youth Coping Index scale, Nowicki-Strickland Locus of Control Scale, and Verbal Aggression Scale favoring residents in the Sanctuary Model units. These findings supported previous evidence that the Sanctuary Model provides a practical treatment framework for residential facilities to foster internal control development and reduce verbal aggression (Rivard et al., 2004; Rivard et al., 2005).

The North Central Secure Treatment Unit Girls Program (NCSTU), a secure residential girls' facility in Pennsylvania, also implemented the Sanctuary Model with positive results (Elwyn et al., 2015). An initial study examining changes within the facility two years post-implementation indicated that resident and staff perceptions of safety increased while violence among youth decreased, resulting in less frequent use of physical restraints among residents by staff (Elwyn et al., 2015). After implementing the Model at NCSTU, researchers conducted a three-year follow-up to identify specific factors within the facility that changed (Elwyn et al., 2016). Findings suggested an increased sense of safety, improved staff member attitudes and relationships, a more positive atmosphere within the

facility overall, higher levels of accountability among residents and staff, and enhanced staff-to-resident relationships.

Overall, the data support the efficacy of the Sanctuary Model as a novel, comprehensive approach towards augmenting the treatment environment and the treatment method, suggesting that when reproduced faithfully over time, this framework holds enormous potential to benefit incarcerated youth (Elwyn et al., 2015; Elwyn et al., 2016; Rivard et al., 2004; Rivard et al., 2005). While the positive empirical outcomes are encouraging thus far, the Sanctuary Model has yet to be studied in terms of its impact on recidivism, nor has it been examined within community-based samples. Additionally, participant costs compared to the model benefits are not yet known (Zettler, 2021).

THE INCORPORATION OF THE SANCTUARY MODEL IN THE COLORADO DIVISION OF YOUTH SERVICES

At the forefront nationally in transforming its youth services to a trauma-responsive model of care, in 2010 the Colorado Division of Youth Services (DYS)ⁱ embarked on a statewide implementation process to reshape their organization's cultural environment. The initial effort to justify the policy transition began approximately four years before securing funding. In the meantime, a primary change agent articulated the need for a trauma-responsive approach and began building a consensus view on the Sanctuary Model as the most effective method to meet the comprehensive needs of Colorado's DYS youth and staff. The Division received funds through the Colorado General Assembly in the fiscal year 2014-2015 to begin statewide implementation (initially ten youth centers, four regional offices, and the central administration office).

From 2010 to 2014, the change agent focused on pre-adoption activities (e.g., building awareness on

the importance of trauma-informed care as an organization-wide focus, demonstrating the credibility of the model, building consensus as to the need for implementation, and building political support for the model's widespread adoption). The Division's Leadership Team began reviewing trauma prevalence, and the change agent regularly presented ways the Sanctuary Model could be applied to address perceived challenges in the environment. External stakeholders also began assessing the Division's role in systematically evaluating and treating trauma among youth in secure residential care. DYS presented its proposal to the Colorado legislature for the fiscal year 2014-2015, and the Division was awarded the funds for the initial three-year period to begin implementation.

The three-year core implementation process began in the fall of 2014 with a 5-day foundational training for approximately 80 leaders. Teams were formed at all sites to lead implementation activities. Year 1 (Engaging the Organization) focused on assessing each site and knowledge-building through planning, training, consultation, and coaching to ensure all organization members understood the multi-year process to which the organization had committed. Concrete aspects of applying the Model included building a shared language, implementing a core problem-solving and organizing tool called S.E.L.F. (Safety, Emotion Management, Loss & Future), and employing basic tools to assess the impact of trauma in the environment. Year 2 (Embedding Tools and Policies) focused on continued planning, policy and protocol revision, and the Model's implementation across the entirety of the organization. Integrating the Sanctuary Commitments (i.e., nonviolence, emotional intelligence, democracy, social learning, open communication, social responsibility, and growth & change) and utilizing the S.E.L.F. tool were critical focus areas. Year 3 (Evaluating the Organization's Progress) involved monitoring and revising the new policy standards to ensure continued success. Key focus

areas for Year 3 included evaluating the implementation tasks from Years 1 and 2, with an emphasis on using the tools and practices for sustainability.

Full implementation of any model is an ongoing, iterative process requiring a long-term commitment. Organizational culture is not static and requires continuous assessment and effort to maintain. Therefore, organizations that adopt a trauma-responsive model of care must conceptualize implementation as a process. As factors within the organization change, leaders are obliged to ensure continued focus on model sustainability (Esaki, 2020). The Division of Youth Services faced many implementation challenges (e.g., addressing staff turnover, providing continuing foundational training opportunities, and securing political and funding support for ongoing sustainability efforts). However, having been embedded within the organization's central values and policies, the core concepts are now fundamentally engrained within the procedural operations at all sites. Current efforts focus on investing funds to achieve official certification in the Model from the Sanctuary Institute at all sites, symbolizing the organization's firm commitment to a trauma-responsive environment for all youth and staff.

The lessons Colorado's DYS learned from the start of implementation to today guide the need for the current article. In the next section, a trauma-informed social policy analysis framework illustrates one formal way change agents and agency leaders may articulate the need for a trauma-responsive model of care and solidify political support across administrations (Bowen & Murshid, 2016). Integrating a few key approaches into the adoption decision and planning early in the process may position other juvenile justice agencies to either avoid or concisely address many implementation challenges, thereby limiting time spent in ongoing justification in resource-constrained times. Since 2014, one Colorado DYS youth center and one DYS region office have achieved certification from the Sanctuary Institute as trauma-responsive sites. More youth cen-

ters and region offices are preparing for review in 2022. This timeframe highlights the complex nature of implementation in a state-level system across multiple sites. In the absence of a social policy framework to describe the ongoing need for the Sanctuary Model, the DYS has faced intermittent challenges as leadership positions experienced turnover. The analysis below firmly positions leaders to justify the model at every implementation stage and into ongoing practice sustainability, concluding with practical recommendations for juvenile justice agencies embarking on initial steps toward this aim.

TRAUMA-INFORMED SOCIAL POLICY ANALYSIS

Bowen and Murshid (2016) argue that a trauma-informed policy analysis framework ensures that the intersectional nature of trauma-related issues is recognized across all domains impacting youth, including the secure residential setting. Recognizing the residential environment as integral to either promoting or inhibiting overall health is congruent with understanding the importance of the environment in social determinants of health (Rapp, 2016; Rudolph et al., 2013). Trauma-informed policy analysis is particularly relevant to addressing problems with a known relationship to trauma (e.g., violence) (Bowen & Murshid, 2016). Trauma is experienced disproportionately by marginalized groups, not unlike the disproportionality seen in minoritized youth confinement (Bell & Ridolfi, 2008). The practice of disproportionate minority confinement is ultimately a form of structural violence (i.e., processes that serve to constrain), leading to fewer opportunities and perpetuating adverse outcomes for minority youth (Desai, 2019).

The Substance Abuse Mental Health Services Administration (2014) offers the following core principles for trauma-informed care: safety, trustworthiness and transparency, collaboration and peer support, empowerment, choice, and the intersec-

tionality of identity characteristics. As the central focus upon which the trauma-informed social policy framework is based, these core principles inform our analysis of the Sanctuary Model's justification, adoption, and ongoing implementation.

Trauma-Informed Social Policy Principle 1: Safety

Principle 1 requires that the policy makes provisions for the basic safety of vulnerable populations (Bowen & Murshid, 2016). Safety is a necessary precondition of trauma-responsive services (U.S. Department of Health & Human Services, 2020). The core components of the Sanctuary Model seek to promote all levels of safety: physical, psychological, social, and moral. This is accomplished by infusing Sanctuary practices into training, building skills capacity, and using tools in the environment to model safety practices (Esaki et al., 2013). Developers can effectively lay a foundation for safety during the three-year implementation period by adhering to standards outlined in trauma theory, social learning theory, and complexity theory to develop activities on the individual, interpersonal, organizational, and community levels (Abramovitz & Bloom, 2003; Bloom & Farragher, 2011). Ongoing safety is achieved by conducting foundational training for all new employees, providing on-site coaching and booster training, creating safety plans for youth and staff, and embedding training into the program manual, policies, and procedures. Additionally, leaders must take a direct role in guiding team members toward an in-depth understanding of the Sanctuary Model and participate in using all tools (e.g., self-care plans, modeling social responsibility). Finally, youth and staff participate in problem-solving groups when safety issues arise to discuss resolution or restore safety if harm occurs.

Universal trauma and mental health screenings at intake are critical to fostering a safe environment. Thus, upon entering a youth center, each youth participates in a comprehensive screening process to

determine the risk for self-harm and suicide, trauma exposures, medical, dental, and behavioral health history and current needs, including mental health conditions. These screenings also help ensure that residents understand how staff attend to safety and convey that staff care about residents' experiences while in the secure setting. Upon evaluation, a trained multi-disciplinary team works with youth to address their safety needs.

Formal knowledge about trauma and its impact on youth and staff is critical to providing trauma-responsive care (Sundborg, 2019). Promoting a culture of mutual feedback helps both staff and youth openly communicate about individual and community needs. Embedding leadership roles within all aspects of programming also serve to maintain connections between youth and staff. When disruptive behavior occurs, a formal debriefing addresses the impact on the community and brings insight into alternative responses for the future. Additionally, mediation and group processes help to restore community functioning after an incident. Educational opportunities to better understand trauma theory and reenactment also normalize the environment. The organization recognizes that what dynamics play out at the individual level also tend to manifest at the organizational level. Therefore, staff are trained to recognize dysregulation in the environment and de-escalate or prevent unsafe behaviors. When conflict arises, staff are trained to assess whether the dysregulation is associated with unaddressed harm in the community. Generally, acknowledging unresolved conflict followed by problem-solving groups restores the community to a balanced state. This practice models healthy conflict resolution, ensures that all parties have a voice in the process, and ultimately promotes safety.

Weekly psycho-educational opportunities for youth that include reviewing the Sanctuary Model components help residents recognize all the tools they have at their disposal to counteract the impact of trauma in their lives. Staff are trained in the Model

and experience on-the-job training on integrating the tools into a broader treatment and programming model of care. Finally, youths' family members receive information about the Sanctuary Model and general programming to ensure they utilize the Model's shared language and tools when interacting with their youth. Fidelity measures are utilized for all implementation tasks and tools.

Trauma-Informed Social Policy Principle 2: Trustworthiness and Transparency

Principle 2 relates to goal transparency, goal-setting procedures, and policy outcomes (Bowen & Murshid, 2016). The Sanctuary Model offers clear targets for short-term, mid-term, and long-term goals and outcomes. Short-term goals include reflecting on power and conflict, building a new view of organizational dynamics, sharing language across all staff and youth, including staff in decision-making, and increasing social responsibility. Mid-term goals consist of changing self-perceptions, increasing team collaboration, changing policies and procedures, and sharing best practices across sites. Long-term goals include improving treatment outcomes, avoiding trauma reenactment, improving staff retention, and increasing funding streams for trauma-responsive interventions (Esaki et al., 2013).

Linking implementation activities to desired goals and outcomes is critical to articulating a clear justification for transforming the organizational culture to staff and stakeholders. Beliefs among youth and staff naturally aggregate to form the organizational culture in residential settings and are inextricably linked to the environment's health (Bloom, 2016; Vijayalakshmi & Bhattacharyya, 2012). Engagement is much more likely when staff and youth understand why the Model is needed and how they benefit from implementation.

Trauma-Informed Social Policy Principle 3: Collaboration and Peer Support

Principle 3 examines the extent to which policy prioritizes the target population's knowledge and experiences (Bowen & Murshid, 2016). The Model embeds a series of tools to promote connectivity between youth and staff. Training, coaching, and psychoeducation support learning about trauma and its impact on individuals and the environment. Knowledge about the stress continuum and the psychobiology of trauma, including the implications for development and social interactions and how trauma affects both youth and staff are foundational (Bloom & Farragher, 2013). Organizations interested in adopting a trauma-responsive model must have an infrastructure to support ongoing knowledge and practice acquisition. Both youth and staff (irrespective of role) are encouraged to become mindful of their learning process and become a part of the training team. The Sanctuary toolkit provides skills to build knowledge, community, and connection, which are all viewed as antidotes to the adverse impact of trauma in the lives of those within the therapeutic community (Bloom & Farragher, 2013), including how youth may provide support to each other.

Trauma-Informed Social Policy Principle 4: Empowerment

Principle 4 refers to the need for shared power/decision-making with the population of interest in the course of policy creation (Bowen & Murshid, 2016). When adopting the Sanctuary Model, the Colorado DYS incorporated the commitments of nonviolence, emotional intelligence, democracy, social learning, open communication, social responsibility, and growth & change (Bloom & Farragher, 2011, 2013). To use their power responsibly, leaders must continuously self-reflect on "beliefs, values, assumptions, and behavior" (Bloom & Farragher, 2013, p. 159). In turn, this builds trust and empowers

youth and staff alike to embrace the tools within the environment in response to conflict and promote a healthy organizational culture. Democracy emerges through opportunities to question and provide input before establishing new policies. Communication must be timely when decisions are made outside of the inclusive process (e.g., new statutory requirements).

Trauma-Informed Social Policy Principle 5: Choice

Principle 5 advocates as much choice as possible (Bowen & Murshid, 2016). System justification theory contends that individuals are motivated to "defend, justify and rationalize the status quo" (Jost et al., 2008, p. 592). Once system change is beyond question, system justification processes rapidly adjust to the new circumstances, and a new status quo is established and supported. Evidence exists that individuals will defend the status quo even when it goes against their interests (Blasi & Jost, 2006; Jost & Banaji, 1994). Gollwitzer & Moskowitz (1996) posited that behavior that affects goals is flexible and adaptable. Levels of resistance to change are inevitable. However, human beings can adapt, and innovation becomes possible because we adjust our perceptions of reality (Jost et al., 2008). The Sanctuary Model provides the overarching umbrella of commitments, tools, and education to continually recalibrate the status quo, providing a new operating system to view organization dynamics (Bloom & Farragher, 2011) and moderating interaction methods to counteract the effects of trauma in the environment.

Trauma-Informed Social Policy Principle 6: Intersectionality

Principle 6 embodies an understanding of discrimination, privilege, and rights violations across combined identities, with the primary aim of addressing disparities. The notion of historical trauma (a cycle of disempowerment and repeated trauma) must

be considered to fulfill this principle (Bowen & Murshid, 2016). The Sanctuary Model is inherently inclusive in that trauma is recognized as a universal experience (Bloom & Farragher, 2011, 2013). Attention to the environment and its impact on youth and staff is central to operationalizing the commitments and tools. Youth are empowered to utilize the Sanctuary Model tools to voice concerns and challenge the application of power within the setting to restore opportunities for autonomy and choice. All community members commit to reflecting upon and utilizing the commitments and tools to prevent and address harm within the therapeutic community. Leaders have a special responsibility to model the behaviors and build trust as a foundation from which to extend an invitation for all to engage in the “challenging, nonlinear, messy, and ongoing” work of implementation (Bloom & Farragher, 2013, p. 284). Ultimately, the Model aims to prevent re-traumatization and identify and repair harm when it occurs. In this regard, both youth and staff are empowered to actively address inequities toward increased individual health and a healthy organizational culture.

IMPLICATIONS

The act of incarceration itself can be traumatic (Deveaux, 2013). Rehabilitation can only occur where safety exists; therefore, organizations must constantly monitor the environment for needed adjustments to ensure all youth and staff can operate within a culture of safety. Staff must have adequate training and coaching, providing attention from an integrated system of care model where possible (NCCHC, 2015). With an emphasis on collaboration, the juvenile justice system can realize its overarching mandate for developmentally appropriate care for all who enter its doors.

The role of the juvenile justice system in preventing further harm goes beyond rates of recidivism. Safety is necessary for treatment engagement

and recovery from trauma, and environmental elements matter. Attending to the setting characteristics is a novel way to address trauma and aggression in incarcerated youth. There is a call for broad change in juvenile justice toward transformative trauma-responsive care with attention to vulnerable populations and system reform (Dierkhising & Branson, 2016). The contribution of this article builds upon the knowledge of “what” needs to be implemented and moves to “how” juvenile justice systems can approach the initial justification of the need to adopt a trauma-responsive organizational model of care for long-term political and stakeholder support. Implementation is a process that takes time. The Trauma-Informed Social Policy Framework (Bowen & Murshid, 2016) provides a politically neutral method through which an organization can demonstrate the need to invest in our youth and staff to protect and restore dignity to the ideal of rehabilitation through the juvenile justice system (Palmer, 2015). We propose the following recommendations for organization leaders to plan and implement a safe treatment environment.

Applied Recommendations

1. Identify champions within your organization (e.g., potential early adopters) and all key stakeholders involved in the organizational and political decision-making, including leaders who support and demonstrate commitment to implementation.

2. Immediately prepare a targeted empirical justification supporting the need to select and implement a trauma-responsive model of care (e.g., use the Trauma-Informed Social Policy Framework to frame a written argument to external stakeholders, with updates as implementation stages progress and outcomes are demonstrated). This justification can be modified to comply with the required format for legislative funding requests and serves as the foundational document around which all critical internal and external communication can be framed as needed.

3. Form a partnership with a university to plan a research agenda before adoption; include the projected costs into any funding requests to ensure outcomes can be measured and reported from initial implementation through ongoing sustainability activities. Include realistic milestones based on the level of implementation achieved.

4. Assess organizational readiness for change as part of pre-adoption activities using a validated instrument (e.g., Organizational Change Recipients' Beliefs Scale; Armenakis et al., 2007).

5. Select and implement a change management model to structure the process of communication and awareness-building to address readiness for change (e.g., ADKAR model; Hiatt, 2006).

6. Select an implementation framework to guide a formal approach toward full implementation, including ongoing support and sustainability (see Theory Comparison and Selection Tool-T-CaST; Birken et al., 2018).

7. Assign a central role within the agency to plan and track the organizational approach to implementation, maintain reporting requirements, and ensure leadership support and involvement in implementation.

CONCLUSION

The trauma-responsive model of care implemented in the Colorado Division of Youth Services has served as the core organizing framework upon which the continuum of services is based. It offers a shared language, set of tools, and commitment and values that set the level of respect and foundation upon which healthy organizational culture can be developed and sustained over time. Future direction includes a continuous quality development and improvement focus to achieve certification status and formal process and outcome evaluations to contribute to the building evidence of the effectiveness

of trauma-responsive care in secure juvenile justice residential settings. A clear limitation of the current article is the lack of primary data to inform future decision-making. The application of principles from the trauma-informed social policy analysis framework is a feasible approach in public policy (Bowen & Murshid, 2016). Future research should focus on examining the components of the Sanctuary Model (e.g., perceptions of safety, the impact of training, and coaching outcomes) related to key outcome measures (e.g., decreased aggression). The framework offers a way for systems to organize their efforts toward a shared goal of transformative care for youth and healthy environments for all, to counteract the effects of trauma at both the individual and organizational levels.

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DECLARATION OF INTEREST

The authors report no conflict of interest.

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ⁱ See <https://cdhs.colorado.gov/our-services/division-of-youth-services> for more information.