ELEMENTS FOR HOLISTIC SANCTUARY DESIGN BASED ON THE EXPRESSED NEEDS OF TRAUMATIZED AND AT-RISK ADOLESCENTS

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Approval of the Dissertation

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This dissertation by Lisa K. Burns has been approved by the committee members below, who recommend it be accepted by the faculty of Saybrook Graduate School and Research Center in partial fulfillment of requirements for the degree of

Doctor of Philosophy in Psychology

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Abstract

ELEMENTS FOR HOLISTIC SANCTUARY DESIGN BASED ON THE EXPRESSED NEEDS OF TRAUMATIZED AND AT-RISK ADOLESCENTS

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This study addresses the problem of inadequate or inappropriate treatment for traumatized and at-risk adolescents and the lack of inclusion of this served population in its design. Current services include residential mental health treatment, group homes, inpatient and outpatient substance abuse treatment, psychiatric care, foster care, school interventions, juvenile incarceration, family/group/individual therapy, and community agency involvement.

A holistic sanctuary model is based in concepts of therapeutic community and healing environment, inclusive of holistic practices and humanistic ideology, and focuses on intrinsic healing rather than behavioral change. This model is contrasted with current forms of residential treatment. The literature review supports the suggested approaches, such as therapeutic community, holistic practices, and healing environment, of the proposed model. The researcher conducted semistructured interviews with 10 youth aged 13 to 19 who were identified as at risk and/or traumatized, seeking their perceptions regarding their treatment needs, their attitudes about received interventions, and their suggestions for the design of a holistic youth sanctuary model as an alternative to existing treatment systems. A thematic analysis of the interviews resulted in themes expressed as

needs that informed the researcher of important or necessary elements for a holistic sanctuary design.

The youth indicated their needs for structure, freedom, autonomy, respect, guidance, meaningful human connection, consistency, and competency in staff. They needed communication and engagement. They needed to learn and to be inspired. They needed to be in connection with the natural world and to experience a safe and healthy environment. Additionally, the youth who participated in the study voiced unanimous enthusiasm for the design of a holistic youth sanctuary and gave specific suggestions for design elements for this treatment model. This study informs the field of adolescent treatment design and mental health care reform, critiques and discusses change from a humanistic stance, and gives voice to an underserved and marginalized population.

Dedication

In loving and grateful memory of my parents, Betty and Jess Burns,

and in memory of Belinda Bates, Goddard College MA ’03.

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Table of Contents

List of Tables....ix

CHAPTER 1: INTRODUCTION TO THE STUDY....1
Definitions....2
The Nature of the Problem....5

CHAPTER 2: LITERATURE REVIEW....12
Nature of the Literature Reviewed....12
Trauma Therapy....12
Sanctuary....13
The Concept of Sanctuary....13
Bloom's (1997) Sanctuary Model and Trauma-Informed Service Delivery....14
Therapeutic Community....16
Early Beginnings in Europe....16
Therapeutic Communities in the United States....21
Foundational Principles....25
Therapeutic Community Resources....26
Meeting Developmental Needs in a Sanctuary Setting....27
The Youthful Survivor: Alternatives to Contemporary Trauma Treatment....28
Holistic Approaches to Trauma....29
Somatic Therapy and Body Work....34
Biofeedback....36
Consciousness Therapies....37
Expressive Arts Therapies....39
The Value of Animal Therapy....40
Doing No Harm....40
Sanctuary as a Context for Social Healing....41
Sanctuary as a Context for Experiential Education and Awe-Based Learning....41
Sanctuary and Environmental Factors....44
Statement of Research Question....46

CHAPTER 3: METHODS....47
Methodology....47
Qualitative Inquiry Utilizing a Social Constructivist, Advocacy/ Participatory Stance....47
Thematic Analysis of Qualitative Data....47
Methods....48
Research Participants....48
Data Gathering: Instrument....50
Procedure....52
Data Collection....52
Data Analysis....53

Themes and Codes....54
Discussion/Interpretation....54

CHAPTER 4: RESULTS....57
Research Participants....57
J.J....57
Jamie....59
Chantele....61
Barry....63
Alazay....66
Rick....69
Monica....71
Joey....73
Matt....73
Sunshineraise....74
Emergent Themes: A Comprehensive Overview of Research Participants' Responses....75
A Desire for Adults to Understand the Challenges of Youth....78
A Desire to Be Heard Regarding Treatment Needs....78
A Desire for Connection With Similar Youth....79
A Desire for Connection With an Adult Mentor....79
A Desire for Fairness in Treatment....80
A Desire for Competency in Staff....80
A Desire for Respect....81
A Desire for Communication....82
A Desire for Trust....83
A Desire for Social Harmony and Community....83
A Desire for Autonomy....84
A Desire for Self-Paced Healing....85
A Desire for Direction and Guidance....85
A Desire for Support....86
A Desire for a Compromise Between Structure and Flexibility....86
A Desire for Security and Safety....87
A Desire for Privacy....88
A Desire for Self-Expression....88
A Desire to Move Toward Adult Security....89
A Desire for Individualized and Creative Education....89
A Desire to Explore Spirituality....90
A Desire to Maintain Contact With Family and Loved Ones....90
A Desire for Cleanliness....91
A Desire for a Home-Like Atmosphere....91
A Desire for Communion With Nature....91
A Desire for Positive Surroundings....92
A Desire for Health and Wellness....92

Discussion....93
Limitations and Delimitations of the Study....93
Researcher Bias....94
Implications for Mental Health Professionals....95

REFERENCES....99

APPENDIXES....108
A. Semistructured Interview Guide....108
B. Sample Recruitment Flyer....110
C. Research Participants....112
D. Interview Responses....114
E. Pilot Study Results....131
F. Bibliography....154

List of Tables

Table D-1 Interview Responses for J.J., Jaime, Chantele, Barry, Alazay, and Rick......114
Table D-2 Interview Responses for Monica, Joey, Matt, and Sunshineraise................124

Chapter 1
Introduction to the Study

My overarching interest is the planning and design of an alternative, holistic approach to youth treatment within a sanctuary model. A holistic sanctuary model is based in concepts of therapeutic community and healing environment, inclusive of holistic practices and humanistic ideology, and focused on intrinsic healing rather than behavioral change. The literature reflects my belief and experience that currently existing treatment systems are, for the most part, inadequate or inappropriate to the needs of at-risk and traumatized youth. *At-risk* relates to previous and current behavior or circumstances that put youth at risk for failure in school and community, and *trauma* refers to overwhelming events such as severe loss, victimization, and domestic/societal violence. Most youthful trauma survivors are at risk, and most at-risk youth have experienced trauma.

There is a dearth of literature regarding the inclusion of youth in determining their treatment needs. This demonstrates that existing systems struggle in understanding the importance of this factor in treatment design and delivery. It is also apparent in the literature presented here that attention to the effects of trauma experience in current treatment is lacking and that traumatic experience can be an indisputable and debilitating factor in the mental health of youth.

There is a need for change in the approach to treating and reclaiming at-risk and traumatized youth. I propose a holistic sanctuary model, intended not to simply warehouse or change difficult behavior but to promote healing and growth. The following is a sample statement of purpose I wrote as the foundation for a sanctuary model:

To rescue endangered and damaged youth by interrupting and replacing destructive and unhealthy environments and cycles of harm with an emotionally, physically, and psychologically safe, wholesome, and protected atmosphere of natural and simple beauty;

To offer within that safe haven consistent and capable mentoring, a wide variety of therapeutic interaction and activity, and inspired teaching and learning with the belief that these safeguards will create a readiness where intrinsic and spontaneous recovery may occur;

To supplement natural developmental healing in this environment with the availability of holistic arts that may serve to nourish the minds, bodies, and souls of children and adolescents suffering from traumatic life experiences, severe dysfunction, and the ravages of substance abuse;

To accept and to nurture the individual spiritual growth of each child as unique, personal, and self-directed;

To help growing individuals to discover and unwrap the gifts within them as a source of meaning, inspiration, and healing;

To restore damaged youth to their communities with the skills and support required to transition to higher levels of functioning as healthy citizens, thus breaking generational cycles of despair and dysfunction;

To commit to the betterment of systems that serve youth by example, grounded in humanistic and transpersonal traditions of unconditional positive regard; spiritual meaning; the restorative power of loving therapeutic relationships; and the belief that all human beings have an inherent right to safety, health, and dignity.

Definitions

The following definitions reflect either commonly held understandings or my own definitions of the terms used in the study. In each case, the distinction will be made to the reader.

- *Adolescent service systems* are defined as agencies or other entities that provide services to at-risk and traumatized youth, both defined here. They may include, but are not limited to, educational settings, foster care, human services, public and private treatment centers, community mental health, and

juvenile justice programs, both residential and nonresidential. This definition is my own and is based upon my professional experience as an adolescent service provider.

- *At-risk youth* are defined for the purpose of this research as youth who have displayed and who continue to display behavior(s) putting them at risk for school failure; physical harm; self-harm; substance abuse; and further high-risking behavior such as running away, criminal activity, gang involvement, and sexual acting-out not appropriate to developmental age. In my research of various definitions, the meaning of at risk varies by state and by agency. The term as it is broadly defined here represents the inclusion of risk factors recognized by professionals in the educational, human service, and psychological communities who frequently use this term. For example, educational literature primarily defines at risk as related to those whose behaviors may lead to dropping out of school (Dobizl, 2002). Colorado Revised Statute §13-3-113(a) defines at-risk youth as being between the ages of 5 and 18 who may experience poverty; family substance abuse; and/or conflict, child abuse, peer delinquency, and single parenting (State of Colorado: Second Regular Session, Sixty-Sixth General Assembly, 2008). This definition informs much policy federally and by state (F. Bolton, personal communication, December 13, 2006).
- *Corrections* and *corrections ideology* are defined for the purpose of this research, as related to the field of criminal justice, specifically juvenile justice.

These definitions are my own but reflect common usage in my professional sphere.

- *Holistic* is defined as an ideology that addresses the health and wholeness of the person inclusive of mind, body, and spirit. This broad definition is commonly held by those engaged in psychology and the healing arts. Individual *holistic modalities* discussed in this study may focus on one or more facets of *holistic treatment*. For example, somatic therapies are applied physically but may aid psychological and/or spiritual healing (Mines, 2003a, 2003b).
- *Humanistic* in this study refers to humanistic psychology, the study of human capacity in relation to the individual experience of each human being, focusing upon each individual's capacity for meaning-making, choice, creativity, and development toward health and well-being (Bühler & Allen, 1972).
- A *sanctuary* is defined for the purpose of this research as a residential treatment facility that is both humanistic and holistic in nature, designed to provide a safe haven from detrimental and at-risk environments, where residents are enabled within the constructs of a clinically sound, aesthetically nurturing setting to develop healthier ways of being. Its focus is on healing rather than simply a change in behavior. This definition is my own and is compared and contrasted in the text with other definitions of sanctuary.
- *Trauma* is defined for the purpose of this research as overwhelming experience that may include, but is not limited to, loss of physical integrity,

loss of personal freedom, threat to life, serious injury, physical or sexual abuse, severe loss, or separation. This definition is one I have paraphrased and expanded from the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-IV; American Psychiatric Association, 2000).

- *Traumatized* is defined for the purpose of this research as the result of having directly witnessed or having personally experienced trauma, or of having been subject to vicarious trauma, to the extent that psychological, emotional, and/or behavioral functioning are adversely affected. This working definition is my own, although it is widely held among professionals who work with significantly impacted youth. It is not contingent upon a diagnosis of posttraumatic stress disorder, though features of PTSD may be present in the traumatized person.

The Nature of the Problem

In the field of adolescent psychology, I am confronted daily with systems that operate in less than humanistic ways, often creating more problems in the development of youth than they solve. I have observed that a harsh corrections ideology pervades much adolescent treatment and is based in what I believe to be a long-standing, subtle, yet pervasive social bias that teens are inherently dangerous and must be controlled. Another factor relating treatment to corrections ideology is the number of youth who are involved in juvenile justice concurrently with, or in place of, receiving adequate mental health care (Skowyra, 2006).

I believe that environments based in strict, behavioral, punitive values may be unhealthy, restrictive, and stunting to the physical, emotional, psychological, and spiritual

development of young people. An important developmental need of adolescents is to discover their voices through empowerment and education. They can be encouraged to articulate their needs and beliefs to others to be nourished individually and to contribute to community. Education can help the developing youth to accomplish this by offering creative opportunities for self-expression. Youth can be given power by adults in community, education, and family systems to become participants in their own growth and healing and co-creators of their individual destinies by simply consulting and listening to them. However, a common belief of adults within the adolescent service systems I have observed is that young people cannot possibly know what is good for them, or they would choose it. The recipients of youth services are rarely consulted as to what they feel might benefit them.

Most of the youth I work with have not had healthy choices available within their toxic environments of origin, and fewer yet in the confines of residential treatment. In my experience, these youth have felt trapped in dysfunctional family systems and oppressive, authoritative, or mandated applications of interventions that are designed to contain and control difficult behavior, even if this difficult behavior is an entirely understandable response to trauma. For example, the child who runs away from home repeatedly is often ordered back home or to a group or foster home by the court if that child is determined by social service experts to be beyond control of the parent. If the initial run was sparked by a reaction to trauma incurred at some point in the home or by at-risk behavior, the child is placed in what is deemed to be a secure environment. These residential environments are most often structured around earning levels of freedom and privilege by conforming to outlined expectations of behavior, often using a point system. Truly traumatized youth

have, at some point, been subject to events beyond their control that have caused them emotional, psychological, and spiritual damage that limits their ability to function in the community, let alone the strict confines of the residential facility in which they are placed. They may not have the internal resources or the autonomy to sort things out for themselves, as most of their time is highly structured and monitored. They have once again been placed within an environment where they have no personal control, which replicates the circumstances of their original trauma (Jennings, 2006).

Young trauma survivors are often found in inappropriate or harsh placements. They make up a large percentage of the population in juvenile corrections and substance abuse residential care because their problematic behaviors and severe acting-out have made them unmanageable in traditional educational and community settings, though mental health issues lie at the core of their dysfunction. Sage (2006) cited the gravely significant findings of the U.S. General Accounting Office (2003) and others (U.S. Congress, House of Representatives, Committee on Government Reform, 2004; Hartney, McKinney, Eidlitz and Craine, 2003), revealing that many youth are wrongly detained in juvenile justice because they do not have access to mental health care. Sage (2006) explained:

> Recent reports paint a disturbing picture of youth with mental health difficulties being “warehoused” or “dumped” in juvenile justice detention centers because appropriate treatment is not available. Thousands of young people with mental health needs are in detention for minor offenses that normally do not warrant detention, and others linger in detention facilities even though they have not been charged with any crime. (p. 28)

The majority of incarcerated youth have serious mental health needs. Skowyra (2006) cited a recent mental health study conducted by the National Center for Mental Health and Juvenile Justice on youth in three different types of juvenile justice settings.

This study found that over 70% of youth met *DSM-IV* criteria for at least one mental health disorder. This number remained high after disaggregating the data to exclude conduct disorder and substance abuse disorders, with 66% of the youth in the study still meeting the criteria for some mental health diagnosis.

Even in traditional mental health settings, trauma survivors may be retraumatized (Jennings, 1994, 2004, 2006) by treatments that use restraints and pharmaceutical controls rather than trauma-sensitive practice. When the patient has a history of traumatic experience in which he or she was stripped of control and autonomy, the treatment itself should not duplicate the dehumanizing experience. Jennings (2006) recounted her daughter Anna's retraumatization in treatment as a graphic example that led to her eventual suicide. A survivor of child sexual abuse, Anna was given a variety of diagnoses including borderline personality disorder and several types of schizophrenia, while her basic trauma history was ignored:

> The tragedy of Anna's life is daily replicated in the lives of many individuals viewed as "chronically ill." Their disclosures of sexual abuse are discredited or ignored. As during early childhood, they learn within the mental health system to keep silent. (¶7)

Anna Jennings was treated in 15 psychiatric hospitals for a period of 10 years in ways the author believed did more harm than good. The use of physical restraints and the administration of psychotropic medications created psychological reenactments of Anna's original trauma at the hand of a sexually torturous babysitter, placing her in a victim role rather than in a survivor role. Anna took her own life at the age of 32 after several previous attempts. Similar experiences of retraumatization in treatment are documented by Rothblum (1986) in an edited book featuring a feminist perspective regarding the treatment experience of a Viet Nam nursing veteran. Rogers (1996)

described her personal experience as a trauma survivor misdiagnosed with schizophrenia. Each of these contributions to the literature on trauma underscores what the authors believe is complicity on the part of the mental health field to silence victims.

As a school district intervention counselor, I work with expelled and at-risk youth at The Opportunity Center (TOC), an interagency collaborative and alternative educational setting in Grand Junction, Colorado. TOC houses 2-day treatment programs for middle- and high-school students at risk of out-of-home placement. These programs are co-sponsored by the local department of human services and the school district. TOC also provides alternative education for severely at-risk youth and those from medium-secure residential corrections, which is an overflow group home setting for youth who have been in or are not appropriate for traditional incarceration. Many of these students have been expelled from traditional settings or are unable to manage their behavior. Many are trauma survivors with histories of severe loss, abandonment, and abuse.

A Multi-Agency Adolescent Review Team (MART) and The Opportunity Center Community Assessment Team (TOC/CAT) conduct a multi-agency review of each student on a case-by-case basis, recommending educational placement and ancillary therapeutic or community services for students and their families. These review teams consist of personnel from community mental health, social services, probation, the school district, and other similar agencies who frequently work with youth. Such professional connections and experiences have put me in a position to observe diverse points of view, as well as subtle shifts in thinking and practice, and resistance to change.

In this evolving and interactive paradigm, the focus is on applying available educational, therapeutic, and socially supportive services designed to support youth and family functioning and to monitor and control behavior. Although therapy is sometimes recommended, in this community most practitioners use a cognitive-behavioral approach. This approach seeks to examine and restructure the individual's thought processes so that resultant behavior patterns will more readily conform to socially acceptable norms thought to be healthy. Issues of emotional, psychological, and spiritual healing are not addressed within the TOC paradigm, which is considered locally and statewide to be progressive. Moreover, there are few, if any, recommendations for holistic treatment plans.

In adolescent service delivery, containment of persons and manageability of behavior are often prioritized over individual or developmental needs of youth served. A holistic treatment approach is difficult to find for children or adolescents, yet developing youth are confronted with challenges to mind, body, and spirit. At-risk and traumatized youth especially can benefit from a comprehensive holistic treatment paradigm.

Although there is great benefit to interagency collaboration, in my experience the youth themselves are rarely consulted regarding the treatment they will receive. The experiences and worldviews of at-risk youth are often distinct from those of mainstream society. Their perceptions are altered by harsh experiences and the division between themselves and authority is often pronounced, influencing their conduct and outlook. In most cases, they are mistrusting of adults, often with good cause when they have been abused by them. This is a generally accepted truth among professionals working with this population. Without judgment attached to that observation, it makes sense that to learn

about the needs of this population, one would do well to ask those questions of the youth themselves. It is my hypothesis that *at-risk and traumatized youth may be able to articulate what treatment approaches may benefit them.* Another hypothesis is that *when introduced to the idea of holistic treatment in a sanctuary setting, these youth may give valuable input for such a design.*

This research study supports the humanistic ideals of client-centered treatment in that it includes and honors the input of those to be served, valuing their contribution to their own ability to move toward healing. This approach is empowering to the individual whose strengths and innate capacities may inform the clinician and researcher. This study provides practical information and authentic input for those engaged in adolescent mental health care reform. The resulting findings are of specific interest and value to me as a researcher who is engaged in the design of the holistic sanctuary model.

Chapter 2
Literature Review

Nature of the Literature Reviewed

I was unable to locate studies in ProQuest or Ebsco databases that have directly solicited or analyzed the input of at-risk or traumatized youth regarding their experiences in treatment. Research for this literature review included the search of psychology and alternative health journals, Internet resources, dissertations, books, and personal communications. It is probable, then, that no studies have addressed how such youth would respond to ideas about treatment in a holistic sanctuary setting. The literature reviewed in this study reflects knowledge and theoretical frameworks that currently and historically support these concepts: trauma therapy, sanctuary, and therapeutic community. Also addressed in the reviewed literature are a variety of holistic treatment modalities that I believe may be appropriate to this population, as well as the social, educational, and environmental factors complimentary to sanctuary design. Their inclusion in this review is intended to give the reader a framework for the feasibility and value of using this approach with this population, as well as to lay a foundation of general knowledge I have gleaned in conceptualizing this approach.

Trauma Therapy

The most notable writers in the field of trauma include van der Kolk (1994) and Herman (1992/1997), theorists who have worked in a collegial fashion to help bring the issues of traumatic stress to the fore of modern psychology. The work of van der Kolk (1987, 1994) and van der Kolk, McFarlane, and Weisaeth (1996) is perhaps the most

respected and complete guide to understanding the principles and treatment of posttraumatic stress disorder (PTSD) available anywhere in the literature.

Herman (1992/1997) echoed the need for the recognition and acceptance of trauma as a primary component in mental health care and also outlined the stages of recovery from traumatic disorders. Herman's stages of recovery (Safety, Remembrance and Mourning, Reconnection, and Commonality) have formed the framework for trauma-informed practice as it has been further developed by other theorists and practitioners. Bloom's (1997) SAGE framework, discussed at length in the next section, is similar to Herman's work, and the structure is nearly identical. A student of Herman's, Bloom (1997) acknowledged this parent framework as the basis for her own, extending its application beyond the traumatized individual to systems responsible for treatment.

Sanctuary

The Concept of Sanctuary

Most individuals are familiar with the term *sanctuary* as having to do either with some form of religious/spiritual tradition or structure, or a preserve for endangered creatures (Dictionary.com, 2008). The common definition of a sanctuary, as it has been most notably applied in contemporary society, is a haven devoted to wildlife rather than human beings. However, sanctuary is also an ancient code of protection dating back to the early Christian church. An individual fleeing from persecution or legal judgment, including a death sentence, could seek sanctuary within the Church (Shoemaker, 2005). This instance of sanctuary implied the Church's belief in personal and spiritual redemption. Each of these interpretations aims to save an endangered being, spiritually or physically.

Bloom's (1997) Sanctuary Model and Trauma-Informed Service Delivery

The common denominator in all sanctuary settings is the idea of safety from external dangers or threats. Combining the protective and redemptive act of providing physical sanctuary with organizational applications, such as those theorized by Bloom (1997), could result in a structure of protection, inclusion, and nurturance based in a trauma-sensitive treatment paradigm. Bloom's (1997) work is based in a feminist perspective. It is most notable in its critique of current service delivery systems for their potential to retraumatize clients by removing individual control and choice, thus dehumanizing their experiences of treatment. From an organizational psychology platform, Bloom has authored the Sanctuary Model™ approach to treatment, whereby clients are empowered through democratic therapeutic community rather than controlled by an oppressive systemic hierarchy. Bloom's sanctuary model is trademarked to allow for the marketing of curriculum in organizational development education. This allows for the dissemination of her ideas and methods in a controlled context, which is effective in marketing and distribution but inhibits modification. Bloom's work is valuable and prolific and should be seen as landmark research. I believe it is important for clinicians and administrators of treatment facilities to be able to customize applications for specific treatment populations and specific treatment environments as needed. The trade-marking of the model as it was conceived by Bloom may inhibit creative applications of sanctuary approaches by others if there is an assumed ownership of the concept.

Bloom (1997, 2001) has written extensively on the subject of pervasive societal violence, its traumatic effects on individuals, and on the systems serving them. The premise of the Sanctuary Model™ is that traumatized populations have been ill served by

institutions that have been so instilled in structures of power and control that they have become dehumanized and dehumanizing, thereby traumatized themselves. Often, the abuser has been abused, the author reasons. Bloom says that ours is a *traumatized culture* shaped predominantly by negative power and violence, thus perpetuating dysfunctional traumatic responses in individuals, groups, and organizational systems. Her model critiques oppressive psychosocial dynamics related to the treatment of emotionally disturbed individuals and makes a political statement about the ravages of violence in our culture. Based on the foundational trauma theory work of van der Kolk (1994); Herman (1992/1997); and others, the model employs curriculum training to bring trauma-informed practice and education to mental health facilities, hospitals, clinics, and mental health seminars.

The Sanctuary Model™ bases its treatment approach on theoretical assumptions about the effects of trauma and the clinical facilitation of client improvement through four stages of recovery (Prchal, 2005). With the SAGE approach, therapists first help the clients feel safe, assisting them to attain safety [S] in themselves, their relationships, and their environments. The second stage involves helping clients to learn to modulate their affect. Affect modulation [A] is accomplished by helping clients raise their levels of awareness, learning to regulate their affect in response to memories, interpersonal relationships, and stressful events. The third stage in a client's recovery involves working with the client in the process of grieving [G]. In this stage, the therapist supports the client in the process of identifying, feeling, and dealing with grief and personal losses. The fourth stage of recovery is termed empowerment [E]. In this stage, the therapist helps the client shift from a victim role to that of a survivor, to build personal safety, and to be

able to effectively help others. This SAGE framework can be incorporated with the Sanctuary Model™, integrating therapeutic community, community meetings, and psychoeducation meetings and groups.

Bloom has applied this clinical framework to an organizational paradigm that advocates systemic change in the interest of trauma survivors, clinicians, and milieu staff treatment teams. I believe her work gives mental health administrators new ways to understand trauma's impact on individuals and organizations. It also illustrates why clinicians and staff workers suffer burnout, becoming disillusioned and ineffective in their work. Bloom's model is a "wake-up call" to the mental health field to stop its unconscious participation in the perpetuation of trauma. As practitioners and activists for best practices, we must look critically at the true nature of the patient and the true motivations of the caregivers. I agree with Bloom that trauma lies at the heart of much dysfunction in our society.

Therapeutic Community

Early Beginnings in Europe

Sanctuary design on the physical level involves careful environmental planning. On social and emotional levels, it requires thoughtful attention to the microcosm of community. A wealth of information from experiments in the 20th century and today can be gleaned from the history of therapeutic community, though they were not called by that term until many years after their inception (Ward, Kasinski, Pooley, & Worthington, 2003). Whitely (2004) explained that the treatment milieu currently known as the *therapeutic community* evolved as a response to the suffering and maltreatment of mentally ill persons in Europe in the late 1700s. Phillipe Pinel was the superintendent of

the Bicetre and SalPetriere asylums in Paris in 1792. He is reported to have personally cut the chains off patients to protest their inhumane treatment. A reformer of standards for mental patient care, Pinel called for what he termed *traitment morale*, or moral treatment in practice.

Samuel Tuke, an English Quaker of the same time period, was influenced by Pinel's attitudes and actions. Additionally, he was deeply affected by the plight of a mentally ill neighbor who lived and died miserably. Thus, he created what may be considered the prototype for the first therapeutic communities, The Retreat. The Retreat is still in existence today, offering a variety of services and functioning as a nonprofit mental health hospital (The Retreat, 2007).

Tuke and Pinel were criticized by 17th-century writer Michel Foucault, who felt they had replaced the former inmates' physical chains with the imposition of their own ideas of moral treatment. Foucault accused Tuke and Pinel of condescension, reducing their residents to infants while exalting their own status as administrators. This Foucault saw as ". . . an allegory on the constitution of subjectivity . . . from the beginning, intervention and administrative control have defined the modern state" (Sarup, 1993, p. 63). Although there is certainly room to argue about the misuse of administrative control over the centuries, given the residents' previous stations in life, the lack of any other acceptable alternatives at the time, and the fact that The Retreat enjoyed a lasting impact, it seems a harsh criticism. To be sure, later asylum models produced horrifying stories of mistreatment, even into the 20th century (Tomes & Gamwell, 1995). The therapeutic community, however, when humanely conceptualized and maintained, remains a viable mental health treatment option (Kennard, 2004).

The Little Commonwealth was a therapeutic community created in 1913 by Homer Lane for delinquent youth referred by parents or the court (Kennard, 2004). This community was established in an English reformatory and utilized a model based on a complete democracy. All residents over the age of 14 were included in rule-making for the community, without interference from adults except in matters related to work or education. The Little Commonwealth was a successful facility until its fifth year, when Lane was accused of sexual misconduct with female residents.

Many mental health facilities and asylums in America and England were modeled after these early communities, notably the *living and learning projects* for disadvantaged youth in Britain during the 1930s (Bridgeland, 1971). Youth psychoanalyst Marjorie Franklin created Quest Camps, or *Q Camps.* The Q camps have been critiqued over the years as softheaded liberalism run amok. Extremes of permissiveness and lack of infrastructure ultimately ended the Q Camp experiments. They were beset by financial and governance problems and were eventually shut down by the British government, which had sponsored them during World War II. However, they served as a laboratory for what was and what was not effective in residential care, as well as the basis for the establishment of a growing awareness of the balance between the democratic input of youth and the authority of adults.

David Wills, who partnered in the Q Camps, created the Hawkspur Experiment, a therapeutic community for boys in existence from 1936 until 1940. Wills is credited as being perhaps the most visionary and influential of all early leaders in the therapeutic community model for young people. He was a man of personal magnetism who wrote extensively on the subjects of his own and others’ ideas about community and social

rehabilitation (Kasinsiki, 2003). Hawkspur was a democratic community devoted to youth involvement in decision-making as The Little Commonwealth had been but with more adult structure in place. Hawkspur served delinquent boys aged 16 to 19. The boys themselves built the buildings from materials at hand, working alongside Wills as their leader. This process served as an active laboratory in Wills' community design. He believed that youth should be engaged in simple yet meaningful productivity with each other and with caring adults, and that this process created an environment in which youth could heal relationally and emotionally. Further, Wills believed this process offered opportunities for a synthesis of group decision-making and self-governance that were key to his philosophy. This project was considered innovative and potentially successful but was preempted by the war, when many of the residents enlisted (Kasinski, 2003).

When Hawkspur closed, Wills took a position at The Barns Hostel in Scotland, where he continued this approach, serving as warden in the facility for youth who were either delinquent, disturbed, or evacuees who could not be placed in foster families due to their behaviors. At The Barns Hostel, Wills implemented many of the ideas he had tried at Hawkspur and began utilizing professional resources as well in the form of consultants and therapists from outside the therapeutic community to aid treatment goals within it. He also created distinct physical spaces within the community to meet the social, educational, and therapeutic needs of its residents (Kasinski, 2003).

Collaborative meetings between Lane, Franklin, Wills, and others such as Leila Rendell of the Caldecott Community, another therapeutic environment for troubled and underprivileged children, were common in England during this time (Kasinski, 2003). In a fashion unclear to me as to primary ownership, but largely attributed to Wills and

Franklin, one evolving therapeutic community approach became known as Planned Environment Therapy. The model focused on the youths' strengths and sought to reconnect them to others within therapeutic community (Kennard, 2004).

Early attempts to provide sanctuary for troubled youth were both lauded and criticized for practicing beyond the norms of convention (Jenkins, 2006). These early establishments went through periods of evolution as the pioneers who created them made experiential adaptations, sometimes by trial and error (Kasinski, 2003). Each community had its own unique identity and practices but still held the common values of democratic process and inclusion of youth in the everyday workings and relationships of the community, which was believed by all actively engaged within that paradigm at the time to be therapeutic (Ward et al., 2003).

Although seen as primarily effective and successful interventions, The Little Commonwealth, the Q Camps, and Hawkspur were cut short by lack of continued funding or by the constraints and challenges of wartime. In the case of Homer Lane's alleged indiscretion with female residents at The Little Commonwealth, it is believed that, although there may have been merit to the allegations, the British government was looking for a reason to discontinue funding such an unorthodox venture. Sponsorship of these enterprises by the public agencies that funded them was at times tenuous because they were innovative and unproven. In some cases, the stability of the communities was shaken when charismatic leaders stepped down, and the projects dissolved (Kasinski, 2003). Wills and Franklin remained notably as leaders in the therapeutic community field, having been visionary pioneers in this approach (Jenkins, 2006). These early communities, pioneered by leaders such as Lane, Franklin, Wills, Rendell, and others,

inspired many who followed in the evolving paradigm of therapeutic community specifically geared toward youth.

The tradition of Planned Environment Therapy still exists in the United Kingdom, and some therapeutic communities for young people have enjoyed a long life, such as the Peper Harow Special School, which was the first of its kind to actually call itself a therapeutic community. Though it closed in 1993, its affiliate, Thornby Hall, still exists (Peper Harrow Foundation, 2008), and the Peper Harow Foundation continues to support work with children and youth (Kasinski, 2003).

Therapeutic Communities in the United States

Therapeutic community for young people has been relatively ignored in U.S. modern practice. Youth are often streamlined into systematic service delivery and unfortunate institutionalization (Abramovitz & Bloom, 2003). Some possible reasons for this trend include the following: lack of credibility and/or consistency in therapeutic community pioneer work, psychological treatment bias, inconsistent or inadequate research, and lack of U.S.-based therapeutic community organization.

Bridgeland (1971) noted that researching early therapeutic communities and comparing their efficacy has been virtually impossible because no two were identical and most were in a state of constant change. Intake procedures varied, so populations varied. The identification of criteria for *maladjustment* changed over time and from program to program. The nature of trauma, along with its believed effects and recommended treatments, is highly individual, contextual, and subjective, presenting research challenges in qualitative and quantitative methods of inquiry. Perhaps the best records available of the early therapeutic communities were the direct narratives of those who

pioneered the movement, unscientific though they may have been (Bridgeland, 1971; Ward et al., 2003).

Dr. Bruno Bettelheim worked as the director of the Orthogenic School at the University of Chicago from 1944 until 1973 (Rosenfeld, 1994). Although Bettelheim was considered insightful and ingenious in his attempts to create a therapeutic environment in which to treat severely disturbed youth, he was, after his suicide in 1990, criticized for his lack of clinical preparation and the questionable efficacy of his methods (Finn, 1997). Bettelheim is remembered as a pioneer devoted to his own vision of humane treatment for severely troubled children. He was lauded and defended by colleagues and former students for his approach and successes (Rosenfeld, 1994) and alternately accused posthumously of misconduct, misrepresentation, and even cruelty, as he was said to have hit children while disciplining them. Finn's (1997) critique of Bettelheim, based on the review of two biographies (Pollak, 1998; Sutton, 1997), is a scathing commentary supporting claims of Bettelheim's alleged plagiarism and scholarly falsification, drawing him as a charlatan who perhaps meant well but was purposely fraudulent and particularly misinformed. Finn (1997) stated that his self-proclaimed successes with autistic children at the Orthogenic School were "ludicrous" (¶9) and based on a lack of understanding about the disorder. Further, Finn criticized Bettelheim for never allowing observers to see what he was doing in practice and for using methods that were not based in research. In Bettelheim's defense, Rosenfeld (1994) pointed out that no one ever made those claims during his long life. Bettelheim was a man with a difficult history. A survivor of concentration camps, he was plagued by depression before committing suicide at the age of 90.

The accusations against Bettelheim and his lack of lasting credibility may have done more to harm the concept of therapeutic community for disturbed youth in the United States than to promote it.

Abramovitz and Bloom (2003) explained that residential treatment for youth since World War II has been predominantly behavioral and psychoanalytical. These authors critiqued existing systems and called for a return to therapeutic community, democratic governance, and trauma-informed care. In this vein, Foderaro (2001) examined the use of strategies to create safety and to practice nonviolence within the microcosm of inpatient residential care, stressing that such experiments have implications for a variety of far-reaching interventions. Strategies for creating safety are the self-selection of residents who voluntarily seek admittance to the community and an overarching and broadly defined concept of violence, including aggression, misuse of power and control by staff, and self-injurious behavior. Safety is further created through the assurance that appropriate boundaries will be observed by all and taught to all within the therapeutic setting. Foderaro (2001) believes that violence occurs within community, and a new paradigm for healing can be achieved through healing as a community.

Stout's (2005) dissertation from Asuza University reviewed the research on therapeutic communities specifically pertaining to substance abuse treatment of adolescents and young adults. Stout's study found that, overall, therapeutic communities are effective for the treatment of substance abuse and have many other benefits, but the research supporting them over time has been less than rigorous. The author explained that research regarding adolescents is difficult at best because it is fraught with complications involving parental permission and the mobility and availability of research participants.

Further, Stout stated that the concept of therapeutic community is so broadly interpreted that it lacks a commonly used language, making data collection all the more subjective. For instance, ideas about what constitutes success in these kinds of programs vary. *Improvement* and *relapse* are subjective and hard to quantify, as different institutions may define those terms differently.

Existing therapeutic community intervention in the United States is mostly offered as an adjunct to incarceration. The Center for Therapeutic Community Research, an offshoot of National Development and Research Institutes, Inc., reported that over 80% of individuals served by community-based therapeutic offerings have criminal backgrounds. Prison-based, modified therapeutic communities have been shown to reduce recidivism, improve functioning, and reduce relapse substance abuse behaviors in patients when combined with adequate aftercare. Unfortunately, few inmates get this kind of treatment and follow through with aftercare as recommended (DeLeon, 2000). These findings represent all prison-based therapeutic community treatment, not exclusive to youth.

Circle Tree Ranch, a program of the Amity Foundation, is one example of a contemporary therapeutic community. This substance abuse rehabilitation community located in Tucson, Arizona, serves adults who may have dual diagnoses, such as substance dependency and concurrent personality or depressive disorders. The director of Circle Tree Ranch, Pamela Jay, gave me a tour of the facility. While on the tour, she explained that the residential component is deeply steeped in the tradition of therapeutic community. Meetings involving all residents are held morning and evening to underscore the philosophical tenet that the community is a whole organism. These meetings may be

educational or inspirational, with celebrations and concerns addressed by the entire community. Psychoeducation groups are presented in a curriculum separated into four basic domains: self-help restorative education that focuses on the teaching of Twelve Step and other recovery principles; understanding the family dynamics that affect individual social and emotional development; exploring moral development and the development of conscience, character and personal responsibility; and emotional literacy, the skill set of attunement, empathy, and expression for the feelings of self and others. Individual and group psychotherapy are also available at Circle Tree Ranch. Violence and trauma recovery, and family inclusion and reconnection, are a part of this substance abuse treatment paradigm (P. Jay, personal communication, December 3, 2005).

At Circle Tree Ranch, holidays and customs of all faiths are celebrated and respected. A culture of inclusion and inquiry is promoted by staff toward all residents, and crises and conflicts are welcomed as learning opportunities. Circle Tree Ranch provides community, as well as solitude, in a quiet, desert setting conducive to self-reflection and recovery. The environment is one of simple beauty, where the individual in search of healing can retreat from the toxic environment of mainstream life and focus on inner growth.

Foundational Principles

There are various forms and applications of therapeutic community. Each therapeutic community is unique, and it appears that American and European practices and approaches may differ. Generally however, therapeutic communities appear to be based upon common foundational principles (Kasinski, 2003; Kennard, 2004). First, therapeutic communities utilize all systemic resources for optimum benefit, including

patients themselves as agents in the cooperative healing process. The patient or resident is afforded an elevated status within a democratic environment. Second, the therapeutic community is seen as a microcosm for engagement with others in working out personal issues and goals. Re-enactment of trauma, problematic behaviors, and conflict resolution may create stimulus for change and learning. Every moment is seen as a teachable moment, and crises are seen as potential opportunities for growth. Third, residents are encouraged to be tolerant of the behaviors of others, accepting that they too are in the process of change and personal transformation. Finally, therapeutic communities operate within a *culture of inquiry*, characterized by an attitude of willingness to question assumptions and ingrained attitudes (Kennard, 2004).

Therapeutic Community Resources

I could find no online directory of U.S.-based therapeutic communities or framework for their exchange of ideas and methods. However, such sharing of resources does exist outside this country. The Association of Therapeutic Communities (ATC; 2007) is a U.K.-based international membership of facilities, clinicians, academicians, and staff workers involved in therapeutic community programming or study. The organization's Web site (www.therapeuticcommunities.org/) explains that it began in the 1960s and 1970s, providing a supportive format in which therapeutic community workers could exchange ideas and experiences. The ATC still serves that function today, providing opportunities for training, forums for discussion, and ongoing support for the healing power of community. There are members of the ATC in Greece, Denmark, Sweden, the Czech Republic, Switzerland, and Hungary. There are no U.S. therapeutic communities listed in its member directory.

A similar organization is the Charterhouse Group, based in Lincolnshire, England, with international members in Denmark and Russia (www.charaterhousegroup.org.uk/home.asp; Charterhouse Group of Therapeutic Communities, 2007). ATC, Charterhouse, and The Planned Environment Therapy Trust (www.pettarchiv.org.uk/) sponsored a joint newsletter from 2001 to 2004, which is archived on all three Web sites, along with valuable articles related to the history and development of therapeutic community and Planned Environment Therapy (Fees, 2007).

Meeting Developmental Needs in a Sanctuary Setting

There are many theories of human development, and it would be ungainly to explore them all in the context of this review. However, it is helpful in the presentation of literature regarding suggested sanctuary elements to refer to a model based in human need. Maslow's (1943) hierarchy of needs is a model that provides a basic understanding of human development and motivation being dependent upon certain needs being met. These needs are arranged into classifications configured into a hierarchy, with the theory that when lesser needs are met, higher needs emerge, and so on, until *self-actualization,* the fullest potential of the individual, is reached. *Physiological* needs such as food, water, and sleep form the bottom level of this hierarchy, with *safety* as the next highest need. The third level is the need for *love* and connection with others. The fourth level is the *esteem* need for respect and belonging. When the individual's lesser needs are met with consistency, the path to self-actualization is more likely. Maslow himself claimed that the state of self-actualization was subjective and not static (Maslow, 1968).

In the context of Maslow's (1943) hierarchy, the elements of a sanctuary model can attend to each of these needs. Certainly, the physiological needs of shelter, food, and

physical safety are paramount. Then, as those needs are met, the "higher" needs of love and esteem may be addressed as well. Youth who are alienated, lonely, and disenfranchised may entirely disengage through chemicals or suicide, or seek out belonging in counterculture groups such as gangs and prostitution in order to experience a sense of community. These experiences of disengagement or pseudoconnection can be dangerous or deadly. Artz, Nicholson, Halsall, and Larke (2001) elaborated on the third and fourth levels of need:

> The need to escape loneliness and alienation, the need to give and receive love and affection, and a sense of belonging form the third level of Maslow's hierarchy. At the fourth level . . . the need for respect from others, for status, for appreciation, dignity, and a sense of mastery, power and achievement out of which can come feelings of confidence, competence and self-worth. (p. 15)

Brendtro, Brokenleg, and Van Bockern (1990) pioneered Reclaiming Our Youth, a Native American-inspired program based on principles of need similar to Maslow's. In this model, the child is engaged in processes to repair broken or never-made connections to principles of generosity, belonging, independence, and mastery. Brendtro et al. underscored the importance of social and environmental influences along with that process. Only within community can these connections be made.

The Youthful Survivor: Alternatives to Contemporary Trauma Treatment

Trauma-informed treatment is critical for youthful trauma survivors. Commonsense dictates that child and adolescent development may be disrupted or damaged in response to traumatic environments or experiences and that these can grievously affect the mind, body, and spirit of the growing individual to the point that functional and potential capacities may be diminished.

The literature (De Bellis et al., 1999; Rothschild, 2000; van der Kolk, 1994; van der Kolk et al., 1996) increasingly draws distinct cause-and-effect principles between traumatic experience and measurable neurological and physiological negative effects. Similarly, I believe that traumatic experiences may damage the newly developing spiritual foundation of the victim, potentially creating existential and spiritual conflicts that may not be addressed in cognitive-behavioral approaches. Concentration camp survivor and psychologist Viktor Frankl (1946/2000) explored the basic human capacity to make meaning of suffering in order to withstand and even overcome its potential devastation to the spirit. It seems to me that problems linked to issues of faith and meaning-making are likely compounded in the suffering of young people, particularly those at risk, due to their lack of experiential resources and their bruised perceptions of those in power over them. When attention is paid to the existential questions of meaning in the context of trauma treatment, the whole self, including the developing spirit, can be addressed. Insights into human nature, the nature of good and evil, transcendence, and free will can be powerful pathways to overcoming trauma's debilitating effects.

Holistic Approaches to Trauma

Using Herman's (1992/1997) trauma treatment approach as a framework, holistic modalities that have demonstrated efficacy in related populations are suggested here as alternative approaches that may better be applied to young trauma survivors than offerings currently available in contemporary treatment. Holistic therapies address the physical body, the psychological health, and the spiritual needs of the individual. For example, holistic practices include massage, acupuncture, art therapy, music therapy, dance therapy, and prayer or meditation. Herman (1992/1997) believes that the best

treatment practices with trauma survivors are client-centered, empowering, and compassionate.

Gordon (2006) successfully utilizes biofeedback, yoga, meditation, breath work, and guided imagery, often working directly with, or training others to work with, youthful trauma survivors of war and political violence. Gordon, Staples, Blyta, and Bytyqi (2004) conducted a pilot study with traumatized high school students in Kosovo. A total of 181 youth participated in a 6-week program geared to address symptoms of PTSD. These students were chosen for study as a community group based on their collective overwhelming experience of war trauma. No selection criteria were used to include or exclude the voluntary participants, who represented about 40% of the student body of one high school. Participants ranged in age from 12 to 19, but most fell into the 16 to 19 age range. As many as one fifth of the student population had lost one or both parents in a community where ethnic warring had destroyed 90% of the homes. All the youth had witnessed war and its devastating and dehumanizing effects firsthand. The first stage of the study was for the researchers to train the school's teachers in techniques for dealing with PTSD symptoms that they in turn would teach to the students. These techniques included practices designed to promote relaxation, such as breathing exercises and autogenic training, a technique in which the individual learns to speak to the body, providing suggestions that trigger a relaxed response. Guided imagery was also utilized as part of the training. Guided imagery uses positive mental images and the gentle guidance of the imagination to promote a sense of safety and well-being. Other techniques taught included therapeutic drawing and the skill of learning to construct genograms—organizational diagrams of family dynamics and losses—to identify and talk

about the experiences of trauma. The technique of biofeedback was also taught, where individuals learn to adjust or adapt their physiological stress responses by using technology to monitor the fluctuations of their body temperature.

Pre- and posttest measures of PTSD symptoms were administered in this study, using the PTSD Reaction Index, an instrument comprising 16 questions reflecting the criteria for PTSD as it was then defined from the American Psychiatric Association's (1981) *Diagnostic and Statistical Manual of Mental Disorders* (DSM-III). This instrument was chosen for the study based on its historical use with children (Pynoos et al., 1987) and because it was translatable to Albanian, the language in which it was administered. Special care was taken with translation. This study did not use a control group. The 6-week educational training program for students was conducted three times, with 2-month intervals between each of the scheduled trainings. At the program's conclusion, follow-up self-report questionnaires were obtained from 139 of the participating youth. Results showed that 88% of the youth who began the treatment reported significantly impairing PTSD symptoms. After treatment, that number dropped to 38% (Gordon et al., 2004; Gordon, 2006). This is an important study because it featured a holistic approach to the problem of trauma, specifically targeted at youth. The study is limited in that it focused on a group that presented a specific trauma set of individual and collective experience that was fairly recent at the time, and so it is not known if the effects would have been the same or consistent from participant to participant had those traumatic experiences been varied in duration, exposure, and kind. It is also difficult to assess entirely if the techniques used were in fact the apparent healing factor, or whether the simple attention to treatment was part of the effect. Gordon

et al. (2004) noted that the students reported they felt supported by the attention given them, and this may have been responsible for at least part of the desired outcome. Given that the program was administered by local teacher trainees, there are other factors that may have affected the results. The local teachers who were trained to administer the program may have been traumatized as well either by direct or vicarious experience, which may have affected the training of students. It was noted by the authors of the study that program components were omitted by the teachers who avoided some of the more technical aspects of the training. In that case, cultural interpretations may have altered the content of the program. Overall, it is likely, as the authors suggested, that the techniques learned by the students did help them achieve some personal control over their experience of trauma, enabling them to exercise mastery over hyperarousal, anxiety, and upsetting mood states. It is promising research because it is innovative in its use of therapeutic interventions and also practically applied with local resources. The encouraging results of this pilot study have inspired Gordon's work as it continues in the war-torn areas of Israel and Palestine where war trauma leaves its mark on young people (Gordon, 2006).

The Position Statement from the National Association of State Mental Health Program Directors (2005) emphatically states that good trauma treatment is individualized and tailored to the specific needs of the client. Bloom and Courtois (2000) voiced the need for careful planning, case management and service delivery utilizing a variety of modalities in residential treatment for trauma survivors.

The marriage of holistic treatment and trauma theory in practice is difficult to find in a larger context such as standard residential treatment. However, at the dissertation

level, promising research is appearing in the literature. Cane's (2000) Project Demonstrating Excellence (PDE), Union Institute's Ph.D. dissertation equivalent, researched the use of psychoeducation, Tai-Chi, imagery work, and body work (acupressure) with survivors of Hurricane Mitch in several Central American communities. Pre- and postquestionnaires were given to recipients of the holistic treatments offered to the Honduran community. Results of the data analysis showed a lessening of posttraumatic symptoms with individuals when these treatment modalities were incorporated. Focus groups and in-depth interviews with the leaders involved in the grassroots application in each country were conducted as well. Again, the Honduran community was chosen for data collection. Results from focus groups and the interviews showed a positive reaction to these forms of treatment and promise towards continuing their application for trauma survivors. It may be hoped that more research will follow, creating a broader basis of literature for this holistic approach to healing trauma.

It appears that holistic practitioners are incorporating their modalities with trauma survivors because they believe they work. These providers are not usually a part of the research community, and their work often does not contribute to building an evidence-based paradigm. Many of the clients benefiting from such applications are likely private-pay, meaning that the therapy they receive is not of a prescribed type nor is its duration dictated by an insurance company or other form of third-party payment such as Medicaid. It is my observation that holistic treatments for trauma occur on more of a grassroots level instead of taking place in established medical-research treatment facilities. Therefore, documentation is not widely found in the research literature.

Somatic Therapy and Body Work

Mines (2003b) is a somatic therapist and the author of *We Are All in Shock: How Overwhelming Experience Shatters You and What You Can Do About It.* She is also the founder and director of the TARA approach, a holistic intervention for trauma resolution featured at the Web site www.tara-approach.org. The term *Tara* is taken from a form of subtle energy medicine utilized in this approach known as *Jin Shin Tara.* The components of the TARA approach, taken from the Web site are as follows:

> 1. Jin Shin Tara: A subtle energy medicine system informed by pulse diagnosis and the energy pathways on the etheric body [the energetic field around the physical body] known as the Rivers of Splendor. The tools necessary to use this system are made available through the TARA Approach.
> 2. A basic understanding of the physiological and neurological impacts of shock and trauma.
> 3. The use of language as well as touch to restore true health and release essence. (¶5)

In this treatment paradigm, it is further believed that negative experiences are stored in the *etheric* body, or the energy body, of the individual, and that they are activated or triggered by external or internal cues, resulting in chronic physiological stress states. TARA's founder and practitioners believe that attention to the inner spirit and concentrated care for the damaged soul of the survivor is key to healing and that such healing may be guided noninvasively, arising from within. In this way, it is a client-centered approach, respecting the pace and autonomy of the survivor. The Web site further states that "catharsis is not helpful in the treatment of shock and trauma" (Mines, 2008, ¶6e); therefore, the TARA approach has been designed to empower and provide safety for the survivor.

Mines joins other experts in the field of bodywork and somatic therapies (Kurtz, 1990; Levine, 1997, 2006; Rothschild, 2000, 2004; Scaer, 2001, 2005) in promoting body

work and body awareness as a path to healing the psychophysiological effects of trauma. Some body work and subtle energy practice, such as Reiki, need not involve touch.

Body work is thought by some to provide a deep release of trauma stored in the body. Mines (2003a) trains massage therapists, body workers, and somatic therapists to work with trauma survivors. This author insists that somatic therapists are front-line workers in the reclamation of physical integrity after a trauma. She claims that body practitioners can access and potentially alleviate parasympathetic responses that affect or debilitate the survivor. Mines (2003a) stresses a careful and individual approach: "There are two primary cautions to body workers who choose to serve survivors. One is not to move quickly and the other is to never be formulaic" (p. 81).

Rothschild (2000) emphasized the importance of creating safety with trauma clients by giving them the tools to handle physiological states of hyperarousal brought on by triggers to posttraumatic stress. This author is well known and respected in the trauma field as an expert in the realm of body awareness and reactivity principles. Using the metaphor of learning to drive, Rothschild (2000) explained that one must learn how the brakes function, and how and when to use them, before starting and driving the vehicle. Therapy that is brief, directed, outcome-driven, and motivated by restrictive pressures of third-party payment may not allow for trust-building, therapeutic safety, or client-centered practice. Rothschild believes that the client should be in the driver's seat —taught to recognize and to respond consciously to de-escalate physical responses to triggers rather than to be at their mercy.

A foundational principle of all trauma-informed practice is the notion that the pace must belong to clients and that therapists must never ask clients to relive the trauma

(Herman, 1992/1997). Decompensation and retraumatization can occur when overzealous or hasty therapists press too far, too quickly, especially for self-disclosure related to the traumatic incident (Yalom & Lesczc, 2006).

Rothschild has developed specific body awareness exercises to allow trauma survivors to manage their anxiety and fight/flight/freeze responses, thereby creating safety for the client in the context of treatment. In her 2004 article, Rothschild explained:

> There is a common misconception among many trauma survivors and trauma therapists that working in states of high distress, including flashbacks, is the way to resolve traumatic memories. But being in the throes of hyper-arousal and flashback indicates that the hippocampus isn't available to distinguish past from present, danger from safety . . . as Judith Herman has said, a trauma survivor's primary need is to feel safe, particularly in therapy. Applying the brakes to keep arousal low and the hippocampus functioning makes this goal much easier to achieve. (Concluding ¶)

Biofeedback

Biofeedback is another modality that may be used to establish self-regulation and safety for trauma clients. The body may be reclaimed by its owner in the process of learning to regulate breathing, heart rate, and blood pressure. Teaching biofeedback empowers the client and creates a sense of self-mastery over vital functions. Calderon and Thompson (2004) provided an overview of the literature regarding biofeedback relaxation training (BFRT) in conjunction with meditation; guided imagery; and autogenic training, the use of verbal cues to enhance systematic relaxation. These modalities have been empirically shown to improve client control of stress responses. Calderon and Thompson discussed the *fight or flight response* (Cannon, 1929), in contrast to the findings of researchers who studied what would later be called the *relaxation response* (Benson, Beery & Carol, 1974, cited in Calderon & Thompson,

2004), stressing that personal empowerment over physiological states is extremely valuable.

Consciousness Therapies

Psychological safety is as important as physical safety for trauma survivors and may be approached through the use of consciousness therapies, a broad category that includes guided imagery and hypnosis. Achterberg, Dossey, and Kolkmeier (1994) underscored the effectiveness of imagery for a variety of physical and emotional challenges, from organic illness to anxiety. Imagery promotes relaxation, which in turn promotes the optimal body-mind state for healing on all levels. Feelings of safety in the client may be enhanced by visualizing imagery related to physical and spiritual protection prior to, or during, other psychotherapeutic applications. For example, Cardeńa, Maldonado, van der Hart, and Spiegel (2004) described ways in which hypnosis can be effectively used to teach the client to reframe disturbing images and memories through techniques that might be described as photographic adjustments (distancing, blurring, changing colors, etc.). Again, the client is offered tools for empowerment.

Johnson's (1989) *Inner Work: Using Dreams and Active Imagination for Personal Growth* is an excellent primer for working with dreams, dialogues, and imagery. Feinstein and Krippner's (1997) *The Mythic Path: Discovering the Guiding Stories of Your Past—Creating a Vision for Your Future* gives practical and creative guidance for addressing the changing personal mythology that can be part of any life transition. It is certainly arguable that the human response to trauma—from event to acceptance and healing—presents a dynamic shock to one's personal mythology. The child or adolescent, as a being whose personal mythology is not yet fully formed, may

suffer a variety of detrimental effects from trauma, such as practices of self-injury and patterns of reenactment. Transformative practices such as dream work, dialogues, and imagery work may provide relief from overwhelming emotional pain and give the trauma survivor healthier alternatives to maladaptive coping behaviors.

Leaders in the field of consciousness, shamanism, and transpersonal studies believe that trauma is a kind of initiation, similar to the rites of passage more common to primitive societies (Hartman & Zimberoff, 2005). At each stage of human development, rituals and passages to help the initiate acclimate to the demands of moving forward are important. Yet, these mile markers are rare in current culture.

West's (2004) *Silver Linings: Finding Hope, Meaning, and Renewal During Times of Transition* is one of the few self-help books designed to target the trauma survivor. She provided easily accessible practices including guided imagery, ritual, and dream work that the trauma survivor may engage in to promote personal and spiritual growth through the journey of what the author calls "the grace of misfortune" (p. 16). Leading the reader through the stages of loss, wilderness, and rebirth, also quite similar to Herman and Bloom, West offered transformative practices in which the trauma initiate may engage as on a shamanic quest for healing. Wainrib (2006) believes that holistic approaches to healing trauma offer a more complete treatment paradigm than talk therapy. Her book titled *Healing Crisis and Trauma With Mind, Body, and Spirit* includes practical, holistic interventions for use with clients affected by trauma. These interventions create safety and personal empowerment through the reclamation of the body and the healing of the spirit and the psyche.

Expressive Arts Therapies

Expressive arts therapies such as art therapy, creative writing, psychodrama, dance, and music therapies are valuable modalities for the expression of emotions associated with trauma (Johnson, 2004). There is an inherent grief process in healing from trauma and the need for expression of deep feelings that may be difficult or impossible to articulate in traditional talk therapy. These expressions may find a more useful form in movement, song, art work, or the written word.

There is a wealth of literature in the field of creative or expressive arts therapies and their many applications with juvenile and pediatric populations (Carey, 2006; Malchiodi, 2003, 2008; Phillips, 2003; Riley, 1999, 2003). In a society where economics typically drives education, arts programs are often minimal in public education settings, and fewer and fewer students are afforded the opportunity to experience the therapeutic benefits of performing in drama, music, dance, and art. The Sanctuary Plus (Iris Project) at the Parsons Child Study Center in Albany, New York, has piloted the Real Life Heroes program (Parsons Child and Family Center, 2007). This model combines Bloom's Sanctuary Model with the therapeutic intervention of storytelling as an expressive arts therapy to children in residential care and their families. The main focus of this program is to reframe trauma and its resulting dysfunctional shame and blame responses with healthier self-concept and functioning through the use of psychoeducation about trauma, new relationship attachments and behaviors, creative expression, and trust. The program reports effective reduction in the symptoms of PTSD among youth served and improved functioning in residential care and aftercare (Kagan, Douglas, Hornik & Kratz, 2006).

Riley (1999) wrote on the subject of art therapy with adolescents and the particular ways in which this modality may be used individually or with groups in both

inpatient and outpatient settings. The author interviewed practicing art therapists regarding their views and experiences working with troubled teens. Roberta Lengua, one of the art therapists featured, practices in a residential facility for youth aged 6 to 18 years. Lengua stated that adolescents are often wary toward art therapy but usually embrace it with enthusiasm once it becomes familiar. In the context of therapeutic relationship, art therapy can provide subtle but powerful insight into treatment needs in a noninvasive, client-empowering way.

The Value of Animal Therapy

Benda and Lightmark (2004) reviewed the research regarding the use of animals, particularly dogs and horses, for physical and psychological health. The healing power of animals in relationship to humans has a deep and rich history that is illustrated in mythology, shamanism, symbology, art, and spirituality. The authors believe that the research produced in the past 20 years bears this out, earning some animals the distinction of "people whisperers" (p. 30) who are able to produce profound healing effects on humans. Measurable benefits to health and well-being result from caring for animals and being cared for by them.

Doing No Harm

As a caveat to suggesting alternative therapies for trauma survivors, I believe that careful applications and ethical considerations must inform the clinical director of any treatment program for this population. Lilienfeld, Lynn, and Lohr (2003) have written an excellent edited book that addresses science and pseudoscience in psychotherapeutic practice. In this work, Lynn, Lock, Loftus, Krackow, and Lilienfeld (2003) cautioned against using some practices—for example, imagery, dream work, or hypnosis—for the

purpose of memory retrieval. Doing so could lead to false memory issues and/or retraumatization. However, these approaches do potentially promote relaxation, self-awareness, and self-expression and are alternative therapies that may be quite helpful if used ethically and with a deep commitment to protect the client from harm. It is essential that practitioners working with traumatized populations observe a critical perspective in the selection of alternative treatments and that they be administered ethically and only by those possessing expertise.

Sanctuary as a Context for Social Healing

The task of reconnecting and finding commonality after the potentially disintegrating and damaging effects of a traumatic history can be approached in a variety of ways. Those ways must be individually, collectively, and culturally sensitive. This calls for a paradigm of *social healing* (O'Dea, 2004) that could easily be aligned with humanistic/transpersonal principles and trauma-informed treatment. Oord (2005) provided a resource guide for social healing, in many cases directly related to trauma, as well as a context for a relationally based approach to meaning-making and community healing. James Gordon (2004) sees the need for wisdom to infuse modern medicine with common sense. He believes that practitioners need to turn from competition with one another to the aim of healing for all who need it, and he urges a shift to therapeutic communities where love is a healing agent (Gazella & Snyder, 2006).

Sanctuary as a Context for Experiential Education and Awe-Based Learning

Frederick Bolton (personal communication, December 13, 2006) is the director of attendance for Mesa County Valley School District 51, in Grand Junction, Colorado. He

works extensively with youth at risk, in a community where methamphetamine abuse is rampant and children of all ages are routinely traumatized by their proximity to or involvement with drug abuse, domestic violence, neglect, and physical and sexual abuse. Bolton stated that for youth with a history of significant trauma, education is nearly always impacted. It is common for traumatized youth to have significant gaps in their learning related to truancy, substance abuse, and court involvement.

Because compulsory education is mandated in most states until the age of 17 or 18, interventions with traumatized youth must include educational placement. According to Bolton, these students are frequently not able to maintain their ability to learn or manage their behavior in a traditional public-school setting, and alternatives must be explored. Creative alternative and experiential learning may also be therapeutic. Achievement and mastery in hands-on and developmentally appropriate activities provide learning opportunities and gains in self-esteem. Activities such as gardening, pottery-making, caring for animals, weaving, cooking, and bicycle repair are examples of ways that students who are struggling to overcome trauma may find therapeutic success. It is Bolton's experience that at-risk behaviors in youth decrease with improved self-esteem and emotional stabilization. Creative educational approaches are important to the comprehensive treatment of this population.

Schneider (2005) encouraged an "awe-based" learning approach that offers deeper meaning and intrinsic value rather than typical, traditional methods of teaching and learning and includes the experiential, hands-on exploration of all subject areas in creative ways. The author suggested a curriculum that inspires students to ponder the great mysteries and marvels of the universe, breathing life into what are traditionally dry

and rote subjects. As Schneider pointed out, the current educational climate is standards/ assessment driven, and, whereas the present system may educate youth, it may not be serving their moral or intellectual development in any spiritual or philosophical dimension.

As an educator for over 10 years, I have experienced the difference firsthand between content and experiential learning and have learned in casual interviews over the years with former students—both my own and others—that experiential activities were the ones they remembered and felt they grew from. The ideological underpinnings of this kind of student-centered, progressive education are not recent. John Dewey and Rudolph Steiner were both noted pioneers in the field of alternative education (Fenner & Rapisardo, 1999; Hansen, 2006; Steiner & Sagarin, 2003), focusing on instruction and content geared toward the natural development of the child. This stance is in opposition to that of expecting conformity from the child for the sake of instruction. Although a lengthy discussion of alternative education is not appropriate to this literature review, it is important to note that the traumatized youth presents specific needs that require flexibility and creativity in an educational approach that is developmentally sensitive and that serves the mind, the body, and the spirit of the growing child.

Breunig (2005) gave an account of the wealth of philosophy and practice in experiential education from its roots with pioneers Johann Frederick Harbart (1776-1871), William James (1842-1910), Colonel Francis Parker (1837-1902), John Dewey (1859-1952), Rudolf Steiner (1861-1925), and Maria Montessori (1870-1952). Today, experiential education is still seen as an underutilized treasure that could be more visible in the public schools. These pioneers each contributed to a legacy

of philosophy and practice focusing on the growth of the child, the value of experience, and the importance of social development in the context of interactive learning with the natural world. At its heart, this type of creative, progressive education is the sort that David Wills encouraged in his early therapeutic communities with maladjusted youth.

Sanctuary and Environmental Factors

Hartig and Cooper-Marcus (2006) discussed the neglected aspect of natural environment in the modern medical health care model, calling for the inclusion of healing gardens in facility design. Although acknowledging that there are various definitions of healing, and that they are not synonymous with cure, these authors explain that “healing gardens figure in a broader transformation of the places where healing occurs, a transformation spurred on by recognition of the importance of place characteristics for health care” (p. 37). This philosophy is echoed by Day (2006a, 2006b) and Woods (2002), both proponents of landscaping that promotes humane opportunities for healing and transformation.

Much has been written on the topic of sacred spaces, special places where the energy of the land seems to lend itself to human experiences of spiritual connection (Gallagher, 1994; Mann, 2002). Sites such as Machu Picchu, Stonehenge, Glastonbury, and many others are considered sacred and have been the destinations of long and arduous pilgrimages by seekers of insight and enlightenment. In North America, Sedona, Arizona, and Mount Shasta, California, are two centers for what some think of as divine earth energy. There are too many sites considered sacred to list here. Human beings do seem to be drawn to certain places for the experience of simply being there, for whatever perceivable benefits they may gain. Whether those benefits take the form of healing,

miracles, extraordinary experiences in perception, or otherwise, they demonstrate that humans are in relationship with the earth and its energies (Gallagher, 1994). Achterberg et al. (1994) reflected, “Some geographical locations seem to have healing significance, either because of their exotic beauty, historical events that happened there, or their exceptional displays of earth and sky” (p. 23).

Woods (2002) listed among these places sites that run along earth meridians known as *ley lines*. Stones and structures dating back to ancient times have been erected along these routes, possibly to mark the trails of pilgrimages or to guide shamans.

Powerful centers of the earth’s energy are sometimes referred to secularly as geophysical anomalies (Gallagher, 1994) or divinitized as sacred (Woods, 2002). They have been anecdotally accepted over the centuries as having effects on human health and psychological well-being. In short, they present a case for the concept of the power of place.

Gallagher (1994) acknowledged that “subtle geophysical energies” (p. 79) do show significant relationships to human behavior and suggested further research on how the brain may be affected by such energies. If it is true that humans may react negatively to some geomagnetic fields, it may also be true that some energy may have beneficial effects. The healing properties of water, and places near water, have been studied extensively for centuries. Only recently, research has shown de-ionization as a possible factor in that effect, though those investigations remain inconclusive (Gallagher, 1994).

The credibility of these practices is not endorsed or disputed here. They are presented merely to illustrate that avenues of exploration do exist for investigating optimal environments. Taken all together, these are but suggestions for inquiry in the

process of identifying and capitalizing on whatever natural healing elements may be present in the determination of a site for a sanctuary. More than the consideration of the cost of land and the zoning requirements of residential treatment for mental health, the environment in terms of geographic setting and aesthetic quality may have a significant effect in aiding or hindering emotional, spiritual, and psychological wholeness. If a sanctuary at its best is holistically designed, elemental features that speak to the soul and spirit of its inhabitants must be considered in the search for an appropriate setting.

Statement of Research Question

The preceding review of literature lays the foundation for the research question: *What might be the design elements of a sanctuary model for traumatized and at-risk youth, based upon the input of adolescents who have experienced receiving other intervening services?*

Chapter 3
Methods

Methodology

Qualitative Inquiry Utilizing a Social Constructivist, Advocacy/Participatory Stance

A qualitative study befits this doctoral research, as it can elicit the personal, contextual experiences of service recipients. I explored the youths' attitudes concerning existing practices and therapeutic environments and their suggestions for change. In this way, the research methodology reflects social constructivism and advocacy/participatory stances (Creswell, 2003). It is constructivist in that it explores subjective meaning as expressed by individuals who have experienced particular forms of socially constructed systems. This research advocates for a marginalized population, seeking the expertise of those individuals who are most impacted with an agenda toward improvement. It is participatory in that it is intended to extend my vision in the eventual design, building, and realization of a youth sanctuary.

Thematic Analysis of Qualitative Data

This qualitative study utilized thematic analysis of data produced by the use of a semistructured interview guide (Aronson, 1994; Boyatsiz, 1998). Thematic analysis can best be described less as a methodology and more as a way of working with qualitative data, in this case the raw data produced by interview questions and discussion within the interviews. In the process of thematic analysis, the researcher identifies patterns of meaning that emerge through the assignment of identifiers, or codes, that mark each pattern as separate and distinct. These patterns of meaning may be referred to as *themes*. Boyatsiz (1998) defined a theme as "a pattern of information that at the minimum

describes and organizes possible observations or at the maximum interprets aspects of the phenomenon" (p. vii).

The following terms are based on Boyatsiz's (1998) structure for working with raw data through thematic analysis, modified as befits the logistics of this research. The *unit of analysis* is the interview. The *subject* of the interview (topic) and the *object* of the interview (the research participant) make up a *single unit sample of analysis*. A series of interviews conducted and analyzed individually and together form a *composite unit of analysis*. In the following breakdown of subsections, specific and systematic steps are outlined by which another researcher or researchers wishing to duplicate this study may select criteria-based research participants and gather and analyze data. This specificity should produce results that provide interrater reliability.

Methods

Research Participants

This study focused on at-risk youth who have likely had traumatic experience, who were identified as at risk (see definitions), and who have received a variety of interventions and services. This profile ensured that the input informing this research was indeed expert. It was hypothesized that youth might vary somewhat developmentally based on age and experience but that they might have more in common experientially and environmentally than they would differ. For example, it was likely that they would have experienced similar home and school environments, parent-child and peer relationships, and agency interventions. In order to obtain a cross section of typical youth for the investigated population, I selected from participants who differed in gender, age, ethnicity, and living situation, as these factors contributed to unique experience. Research

participants were to range in number from eight to ten, or until saturation was reached. *Saturation*, by my definition, is consistent results in interview data. In the pilot study, extremely similar responses were obtained after four interviews. Youth selected for this qualitative study were required to meet the following criteria:

1. Aged 13 to 19
2. Historical or current multi-agency involvement
3. Identified as at risk or traumatized by human services or similar agency case managers, probation officers, youth corrections personnel, school staff, psychologists, psychiatrists, or therapists
4. Currently still in need of services according to previously listed agents and/or agencies

These criteria were selected for practicality and consistency. I feel that youth under the age of 13, also perhaps identifiably at risk, may be less able to articulate their experiences and needs. Although there may be variability of sophistication, maturity, and articulation among 13- to 19-year-olds, a variety of concrete and abstract responses should provide the best composite view of at-risk youth, who are often involved with services for several years of development. It was important to confirm at-risk or traumatized status by another entity because self-report or family identification may be unreliable. Agencies have their own criteria sets for such identification. This measure prevented me as a researcher from making uninformed or emotionally based assessments in choosing research participants. At the time the research was conducted, the participants still needed to be involved with, or in need of, services to assure experiential proximity to

the problems they face(d). Distance from their needs or experiences might have altered their perceptions.

Finally, the critical reason for the research focus on this highly specific criteria-based population is that they hold a unique position as recipients of needed services and treatments. To interview unaffiliated persons of any age would deny the value of personal experience and direct relationship to the problem. It is both a practical and a philosophical point that the sampling of experiential input be true to the research question itself. In doing so, I have addressed what Boyatsiz (1998) referred to as the decisions of efficacy, efficiency, and ethics in the overall research design.

Recruitment of research participants, as in the pilot study, was through agencies and educational settings. Letters of permission were to be provided if necessary, though research participants living in the home with parents or in a group home may have needed only the informed consent signed by a parent/guardian. Samples of the recruitment flyer and letter of permission are included in Appendix B.

The use of pseudonyms was offered to all research participants, as explained in the informed consent form.

Data Gathering: Instrument

This study involved the use of a semistructured interview guide (Kvale, 1996). This interview guide (Appendix A) was developed to seek input from participants who would fit the profile of the proposed clientele of a youth sanctuary treatment setting. The research participants in this study were not actual candidates for such a treatment option but, rather, were treated as expert consultants, based on their experience.

The interview guide was modified from its original form when used in the pilot study (Appendix E), reduced from 31 to 24 questions. In the pilot study, some interview questions were answered in the context of others, or seemed to be repetitive, and I made changes accordingly. Additionally, slight changes to the interview questions were made to refine ideas or to avoid influencing the participants' responses. The interview questions are based on a variety of things I have wondered about:

- What will these youth express in the ways of desires and needs?
- What is already known about this population, and from what viewpoints?
- Do they think of themselves as at risk or traumatized?
- Do they feel they have been treated well, or effectively?
- Do they think further healing or help is possible?
- Are they optimistic or pessimistic about treatment?
- What will they think of holistic ideas?
- Will asking these kinds of questions help them feel empowered?
- Will they be able to say what they think might be best for them?
- What questions might address the needs of mind, body, and spirit in ways that are concrete and palpable for these youth?

Though these represent a variety of what may be termed as subquestions, the answers to these questions all inform the primary research question: *What might be the design elements of a sanctuary model for traumatized and at-risk youth, based upon the input of adolescents who have experienced receiving other intervening services?*

The interview guide was geared to be age appropriate, participant friendly, and contextually significant, given the age, gender, cultural, and possible sociological

differences between the participants and myself. Every effort has been made to strike a balance between eliciting meaningful personal experience and seeking input regarding ideas that may be new to the research participants. This balance requires understanding that "leading" the participants to desired conclusions to support my biases would be both fruitless and contradictory to the practice of legitimate research. Ultimately, valid data are gathered as objectively as possible, while respecting and protecting the subjectivity that gives it human authenticity.

Procedure

Data collection. This protocol was implemented in face-to-face, audiotaped interviews. If the youth's environment required line-of-sight supervision, staff were present or nearby during the interview, but privacy was sought. I partially transcribed the interviews both at the time of the data collection and later upon listening to the audiotapes, learning from the pilot study that in semistructured interviews using this set of questions, the discussion was often recursive, repetitive, or laden with explanation by the researcher. In listening to the audiotapes, however, it was easy to identify key discussion and quotable material from the participants that I then transcribed verbatim to analyze.

It was important in the development of the instrument used and in the process of interviewing itself to acknowledge researcher bias towards teenagers as fundamentally good human beings who are often developmentally capable of acting in their own best interest and of the humanistic foundation of my therapeutic practice. Therefore, the interview itself has a tone, a mood, and a style designed to give voice to the interviewee. Boyatsiz (1998) referred to this as the way the researcher presents himself or herself to

the interviewee and deals with the data. It is likely that the tone of this interview as positive and empowering creates a climate with the research participant that enhances data collection. Boyatsiz (1998) stressed that consistency of judgment by the researcher is the most important reliability factor: "Qualitative research *is* subjective. Therefore, many factors may threaten the quality of information collection, processing, and analysis. All of this happens before the possibility of confusion in interpretation" (p. 15).

None of the research participants in the study expressed or appeared to feel distress of any sort during or after the interviews. All were highly interested in the sanctuary model and had a variety of valuable input regarding design features. All were able to articulate knowledgably about systems and experiences, indicating what had been helpful or unhelpful.

I found that sometimes a question that appeared clearly worded needed to be repeated or paraphrased for the interviewee. In the next interview, the same question might need no explanation. Communication of the idea was more important than adherence to the wording, and additional illustration or examples were sometimes necessary.

Data analysis. The data from the interview transcripts and notes were analyzed and coded for themes applicable to the design of a sanctuary model specific to the expressed needs of the youth who participated in the research. Understandably, these data are limited in scope and are based solely upon the research participants' experiences and levels of self-awareness. In such a research setting, it may be necessary to qualify and extrapolate meanings that may be inferred and interpreted from the actual verbal communication in the subtextual sense, considering nonverbal and attitudinal inflections

that may occur in the context of the interviews. Although intending to plumb the depths of the interview beyond the strict verbatim responses, careful safeguards against reading unintended meaning into the responses were observed. The best way to do this was at the time of the interview, by asking for clarification and expansion of ideas that may have been initially unclear or speculative in nature.

Themes and codes. Themes may reveal manifest or latent meaning and may be extracted inductively or deductively in various forms of thematic analysis. In this study, data were coded and then emergent patterns of those related codes were arrived at inductively. Boyatsiz (1998) described this encoding process of moving from *seeing* to *seeing a*s (p. 4). I read each transcript of each interview several times, coding responses with a word to describe the general intent of each response. For example, in response to a question about the room or housing a sanctuary setting might offer, a code could be *privacy.* The emergent theme from this and related codes such as *alone time, solitude, and independence* could be expressed as an emergent theme of *desiring autonomy.*

In the data analysis, both the qualitative nature of the themes and the frequency of their occurrence have been addressed. Although not specifically attempting to quantify the subjective data, if certain themes were repeated with frequency, both individually and collectively, the significance of such themes have been remarked upon in the context of what they may have been communicating.

Discussion/interpretation. My task was to extract intended meaning from the youths' responses to the interview questions and to take a thematic view of those responses by identifying specific codes, then to analyze the codes for answers to ascertain

what the themes may have been communicating. The research results have been interpreted and discussed in regard to the following questions:

1. What are the deep-seated needs and wishes being expressed, and how are they being verbalized or otherwise indicated?
2. What do these wishes and needs represent in terms of applications to therapeutic interventions? In what ways are they unique?
3. In what ways were the expressed wishes and needs predictable?
4. What are these expressions telling the researcher in the contextual and textural environments from which they have sprung?

These questions are my own, influenced by Moustakas's (1994) modification of the Van Kaam method of analysis of phenomenological data.

A brief discussion of the background of each participant may be helpful or necessary to illuminate the compiled data for the purpose of deeper discussion. Finally, the discussion culminates in the elements recommended for the foundational design of a youth sanctuary based upon basic needs, therapeutic needs, and expressed interests, with the understanding that many things could be added to the design, but the resultant fundamental aspects are grounded in the authentic input of at-risk youth who are representative of the population that would be served by such a facility.

In the pilot study, each interview was distinct and unique, apart from the fact that I strived for some homogeneity among research participants' backgrounds. Responses developed into recognizable themes identified by codes that were sometimes unique to each participant and sometimes inclusive of all. Patterns emerged regarding wishes and expressed needs. Some of these wishes and needs were based in appropriate and

identifiable developmental benchmarks, such as the expressed need for autonomy and separation from others, or the desire for connection and belonging. Other wishes and needs were more personal, having more to do with the lived history of the individual youth. Identified needs and desires of the youth emergent from the data in the pilot study were as follows: (a) *a desire for protection,* (b) *a desire for autonomy in treatment,* (c) *a desire for structure,* (d) *a desire for meaningful connection and relationship,* and (e) *a desire for self-exploration*. The results, discussion, conclusion, and tables of the pilot study are included in Appendix E.

Chapter 4
Results

The results from the pilot study are included in the overall results of this study because the same protocol was used. Only one question was added to the interview guide after the pilot study, and some questions were omitted from the original instrument for brevity. I found that the responses of all participants were generally very similar, with a few expected individual variables, and saturation was reached effectively.

Research Participants

The research participants in this study ranged in age from 13 to 19. Five were female and five were male. The approximate length of each interview was 1 hour. In some cases, the conversational tone of the interview encouraged research participants to answer more than one question at a time, shortening the interview time overall.

J.J.

J.J. is a 14-year-old Anglo male. At the time of the interview, he was 2 months away from his 15th birthday. It appeared to me that he was significantly older in appearance. His affect during the interview was guarded but polite, and he occasionally smiled. Although he admitted he has anger issues, J.J. did not present an angry demeanor during the interview, even when expressing dislike or contempt for persons or agencies. A soft-spoken youth, J.J.'s replies were often wry and matter of fact. He was a willing and interested participant who answered questions easily and was not afraid to say he had no answer or that he needed clarification. He likes to play video games and go biking.

J.J. has been involved in juvenile justice from an early age, and his charges have stemmed from aggressive behavior. J.J. stated that his first recorded aggressive act was a

misunderstood incident with his fourth grade teacher. He claimed that he was not threatening but that the teacher felt threatened. In the past year, J.J. incurred new charges for assault in a fight that he characterized as a deteriorating "party" at a skate park where many people had gathered to use drugs and alcohol. J.J. is on diversion (an alternative to probation) and likes his diversion officer.

J.J. described unique challenges in his life. His family was evicted from their home, and they lost their car. They now live with his grandmother and his aunt, a living environment he describes as unpredictable and crowded. As an example of the unpredictability of his home environment, J.J. claimed that he had just gotten a new expensive video game system, and someone in the family stole it. J.J.'s family is still together. He stated:

> My family is one of the stupidest and craziest families. . . . I'm not trying to 'dis on them, but that's what I think of it. . . . When we're all cooped up, this whole family, all cooped up in one house, it doesn't work. Especially when there's, like, 15 people around, we all have different backgrounds, we all are different. We have a tent outside, we have people sleeping in the living room, we have three bedrooms, [of] course that's for the people [relatives] who live there, and we usually have the garage. And we pretty much chill in the garage all day because that's the only thing they have to do there.

J.J. attributed the family's eviction from their former home to an undisclosed action of his mother's, which he described as "a stupid stunt" that brought the family to their present state of homelessness and hardship. One of the challenges J.J. mentioned was that as he matured, he learned truths about his family that have been difficult to absorb. J.J.'s father has been diagnosed with cancer that has progressed down his spine. He said, "I'm wondering if my dad's gonna die right now." Although his father underwent treatment and had a remission, the cancer is again active. J.J. shared that his father lives in the tent in the backyard.

Another challenge in J.J.'s life may be described as the climate of what he perceives as ever-present aggression and risk on the street. J.J. described the dangers of making eye contact with strangers of any age on the street. He explained that to do so is often interpreted as a threat that is reciprocated with a challenge to fight. After some discussion, it was clear to me that J.J. feels pre-judged as a bad person, that the world is not a safe place, and that he can trust no one, not even family members. J.J. described his friendships as unstable and marred by betrayal.

J.J. is bitter about agency intervention. He stated that his family has been assisted by the Department of Human Services for housing and auto assistance and that "the thing I've learned, very well . . . is that when people try to help us get a house, a car . . . it's a fuck-over." J.J. blames the agencies in the area for "the way we [his family] are." He said that when his family moved to the area several years ago, they were not in their present state. He admitted, "I'm not sure what a real family would look like." J.J. expressed bitterness about the idea that people have made up their minds about him. He also views his anger as being a challenge sometimes. The following themes emerged from J.J.'s responses to the interview questions: *a desire for sincerity, a desire for trustworthiness, a desire for safety, a desire for self-sufficiency, a desire for consistency, and a desire for respect.*

Jamie

Jamie is a 16-year-old Anglo female who lives at home. At the time of the interview, she had just returned to school from a week as a runaway. She was a willing and interested research participant, having agreed to be interviewed prior to her run. I found her articulate and engaged in the interview.

Jamie likes to be active physically, likes the outdoors, and is artistic. She enjoys spending time with her dog. Her perception of at risk is equivalent to being in danger, running away, being in an out-of-home placement, or being incarcerated. She views herself as being currently at risk. She acknowledged that she has experienced trauma and is a traumatized youth.

Jamie's personal challenges include staying at home, getting along with her parents, and taking care of her younger brother "'cause my parents work a lot." She stated that she and her parents disagree on many things. Jamie has had an extensive counseling history spanning the past 5 years and has an open case with the Department of Human Services. She said that the counseling did address her trauma and that, in some cases, it was helpful and appropriate to her needs, offering some lasting change and healing. Jamie does not recall any treatments or interventions doing more harm than good. She is engaged in a day treatment classroom at The Opportunity Center. She stated that her parents try to intervene with her behaviorally by "taking stuff away, which doesn't work." Jamie feels that at-risk youth need connection with someone to steer them away from risky behaviors. She feels they need to be protected from negative peers.

Jamie believes that counseling is helpful if the counselor is a good fit and is competent. She also believes there is value in mentoring programs and mentioned knowing other youth who have benefited by them. The following themes emerged from Jamie's responses to the interview questions: *a desire for connection, a desire for autonomy, a desire for personal growth and creativity, a desire for safety, a desire for protection from negative influences, a desire for privacy, a desire for a home-like atmosphere, and a desire for a compromise between structure and flexibility.*

Chantele

Chantele is a 19-year-old Latina female who lives with her boyfriend. She is frequently alone and isolated because her boyfriend works out of town. She enjoys drawing, taking walks, and listening to music. She stated that music is the best coping method she had found for stress and emotional upset.

Chantele's perception of what it means to be at risk appeared to be based primarily in her own past experience of suicidal ideation:

> You're putting yourself in a bad position of suicide, or you use drugs. . . . You're putting yourself at risk for bad things that could lead to really big problems that you don't know about, but right then and there you're just thinking of suicide and that's all. You're not thinking of the good things in your life and what's going to come.

Chantele showed some uncertainty about how a person gets to be at risk, unsure whether it is self-inflicted or caused by others. In the same statement she said, "You're putting yourself in that position . . . [but] you don't know that it could be other people that's doing stuff to you that could be putting you in that risk." Chantele believes that she was at risk at one point in time. When she was 4 or 5 years of age, Chantele stated, her mother was diagnosed with bipolar disorder and she was placed in foster care. She claimed that she was once force-fed by the foster parent and stated that of all her interventions, foster care did her harm. When she and her mother were reunited, Chantele felt that a new man became a priority in her mother's life and interrupted the bonding that they were trying to achieve. She expressed sadness that she has never had a close relationship with her mother and stated that she thinks her mother will always prioritize romantic relationships over parenting. Chantele admitted that her at-risk behavior and suicide threats were to get attention from her mother:

> Just to see if she would even care that I lived . . . if she'd even notice that I was her daughter. . . . When I got put in [a psychiatric ward], she never went to visit me, only once, and she told me I needed to stay in there for longer. And all the nurses in there told me that I had no problems, that I wasn't bipolar like my mom said I was, and they tried calling her. . . . She came to visit me that day and said she was going to send me to residential . . . so she was basically, like, putting me off. Ever since then, my mom and me have never had a kind of relationship at all.

Chantele does not see a therapist at this time and cannot afford one. She liked the psychiatric hospital stay: "I actually liked it there. I was sad to leave. I slept well there, ate good, we did activities every day, and whenever I needed someone to talk to, they would always be there, you know."

Chantele's intervention history also includes case management through the Department of Human Services, expulsion intervention, detention, and school attendance contracts for habitual truancy. She suffered educationally due to numerous family moves. She did not complete her education and stated that she lacks the mathematic ability to complete her General Equivalency Diploma (GED). Although no longer engaged with The Opportunity Center, Chantele credits her past experiences and relationships within it for her present state of functioning, which she says is an improvement from the past.

Chantele indicated that her sexual assault trauma was addressed only through the support of trusted friends, not through professional means. She stated that she has difficulty being in public and accessing public transportation. This in turn makes it problematic for her to get work and keep a job. "Sometimes I think I don't ride the bus because it brings it to me, what happened to me in the past. . . . There might be, like, serial killers and they might stalk me or something." Chantele does not own an automobile and often depends on others for transportation or pays for taxi service, which feels more comfortable to her than the public transit bus, even though taxis are expensive.

The themes that emerged from Chantele's interview responses were as follows: *a desire for communication, a desire for confidentiality, a desire for safety, a desire for trust, a desire for security, a desire for removal from dangerous environments, a desire for communion with nature, a desire for creative personal growth, a desire for self-paced healing, a desire for direction, a desire for support, and a desire for positive surroundings.*

Barry

Barry is a 14-year-old Anglo male. At the time of the interview, Barry appeared overtired and stressed. Barry said he is "not an active person," although he enjoys playing football and basketball. He expressed ambivalence about playing sports in an organized fashion, showing some interest but no experience with it, preferring to just play in his own way, on his own time, rather than belonging to a team. He likes playing video games.

Barry believes at risk means "you're not doing good right now, you need to set yourself straight." He does not consider himself to be at risk anymore. He was very clear about the concept of trauma and affirmed that he has experienced "a lot" of trauma in his life. He expressed that he has had several losses. He does not identify himself as a traumatized youth but admitted he is affected by past trauma ". . . a little bit. Maybe I just be more careful now [sic]. Everybody learns their lesson."

Barry's parents moved from their urban neighborhood in another state to Grand Junction in an attempt to provide a better lifestyle and environment for their son. An older sibling, approaching age 18, remained behind and is considered beyond the control of his parents. Barry worries about his brother: "He's got warrants. As soon as the

cops even pull him over, he's going to prison." The older brother's influence and the two youths' proximity to gangs and street violence placed Barry in situations that increased his risk.

Barry is an admitted drug user and has defended the benefits of marijuana for coping with stress and dealing with anger. He expressed that he would like to stop smoking cigarettes. Barry was expelled for repeated fighting in his previous school district. Between the expulsion and chronic truancy, Barry received little to no education for 2 years prior to coming to The Opportunity Center. An additional challenge in Barry's life is the pregnancy of his 15-year-old girlfriend, Alazay, who requested to be included as a research participant in this study. He stated that it is a challenge to "try not to fight" with her.

Barry's perspective of what at-risk youth need to be healthy seems to reflect his lack of awareness of any culture but that of the streets: "What do at-risk kids need to be healthy? I don't know. Some kids need weed to be healthy. Some kids need cigarettes to be healthy, need a gang to be healthy. Need to hustle to be healthy. I don't know." Barry suggested that these negative factors could be necessary for the survival of the at-risk youth, having the positive effects of providing stress reduction, protection, or income. Barry said that, although these were negative influences, they could be necessary for the survival of the at-risk youth. It was my understanding that by "healthy" Barry meant "able to function." He stated in the same interview that kids need to be protected from drugs and gangs. He expressed that there are some gangs that offer protection and help, and others that exploit youth.

In addition to seeing his school counselor as an intervention, Barry was also engaged with drug counseling when he got caught at school with marijuana:

> The vice-principal tried to set me straight, but then I just started going to that drug assessment thing everyday. . . . I would just answer questions . . . they wanted to see how much I did it [marijuana], so I guess I did it a lot, so they wanted to put me on probation and all this stuff, and then I got in more trouble and got kicked out, and that was the end of when people kept trying to help me. I never went to school, ever again.

Barry said that both counseling interventions did address his trauma. He did not find lasting change or healing from either one:

> It didn't do me any harm, but at the same time it didn't do me any good. But I really wasn't going through that much stuff when I was back in school. I was kind of unstoppable . . . well, not unstoppable, but no one could stop me. No matter what, I would come to school with weed every day, bein' hella bad, trying to get in fights just so I could be suspended and not have to go to school. I didn't like my school.

Barry seemed unable to articulate what a good therapeutic environment would look like, stating that when he lived in his former city, no matter how badly he was doing or how much trouble he got into, he did not want to leave:

> No matter how bad it is, I love where I come from and I didn't want to leave. If you pull someone out of what they came from into another area that they don't know anything about, they might become a worse person than they even were.

Barry appeared the least likely of the research participants to engage with the idea of the sanctuary model, stating that nothing could have helped him when he was at his most unstable and that he would have run away from such a place. In his input regarding the design of a sanctuary, it was clear to me that he had few, if any, frames of reference for such ideas and concepts. He did accept the idea when it was fully explained as a place for voluntary rather than involuntary placement. When asked what he thought of the concept, he simply said, "I don't know." He said that he would have preferred to live on

the streets than to try something new because he has a strong bias against group homes, which he felt a sanctuary would be similar to. “People try to sucker you in, and then you’re trapped.” Once Barry was able to visualize and comprehend the sanctuary approach, he could suggest definitive design aspects, to include space, natural sunlight, and a big house. He was able to articulate what his needs would be and how he thought it should be run by adults.

The themes that emerged from Barry’s interview were as follows: *a desire for support, a desire for respect, a desire for adults to understand the challenges of youth, a desire for trustworthiness, a desire for self-expression, a desire to move toward adult security, a desire for autonomy, a desire to stop smoking, and a desire for adult friendship and guidance.*

Alazay

Alazay is a 15-year-old Anglo female living under the guardianship of Barry’s parents. She is expecting her first child with Barry. Alazay chose her pseudonym to reflect a name she and her boyfriend have considered for their child, noting that “it is also a name for an alcohol[ic beverage].” She enjoys being at the beach, hiking, and drawing. Alazay was verbally and intellectually engaged in the interview process and supported the sanctuary concept. She appeared well able to articulate her needs and challenges and to give her opinions regarding her intervention history.

Alazay stated, “At-risk means someone who is young, and, as in my case, shouldn’t be running around.” She stated that running away placed her at risk. She does not consider herself to be at risk presently: “Some people may say I’m at risk because I’m a pregnant 15-year-old. But I have a boyfriend . . . I don’t think I am.”

Alazay's personal challenges are her pregnancy, being separated from both of her biological parents, having a drug-addicted mother, and worrying about getting a job with an eighth-grade education. She is concerned that she does not have adequate parenting skills. Alazay is also worried about what other people will think of her as a teen parent.

When referencing trauma, Alazay stated, "My whole life has been trauma . . . I'm the person to interview if you want to get down into something like that [trauma]." Alazay voluntarily shared that she is a sexual abuse survivor; has exhibited runaway behavior in previous placements, including foster care; and has been homeless. Her biological mother is or has been drug involved, and she has little relationship with her biological father, whom she met for the first time 3 years ago. Alazay moved in with him and did not get along with her stepmother, whom she admitted to assaulting. At that time, Alazay ran away with her boyfriend and was living on the streets for a month. When picked up, she was placed in a holding cell for 5 days. She then lived with her biological mother. Though she denied drug or alcohol problems, she did state that she was once placed in a detoxification unit for 3 days when she was suicidal.

After several failed placements, Alazay was placed under the jurisdiction of the Department of Human Services in her state of residence, with a Child in Need of Services (CHINS) order. Of her displacement and interventions, Alazay stated, "It's just been a big drama, moving from place to place for the past 2 years. But now I'm settled down." She believes kids at risk need to be protected from drugs, gangs, and violence. "This world isn't a very healthy world these days. You're always getting hurt some way or another each day. Always. There's always something kids are getting hurt by."

Alazay's connection to The Opportunity Center was solely through Barry and his parents at the time of the interview. Through TOC, she was given information about low income/uninsured prenatal and delivery care and the Young Parents program at a local alternative high school.

Alazay responded to the concept of sanctuary and holistic treatment positively. She said that she would access most all the therapies suggested in the interview and showed a special interest in art therapy, hydrotherapy, animal therapy, massage, and meditation. "I truthfully think I would try them all, because I'm one to try new things, especially if they have helped other people." The suggestion of acupuncture as a potentially offered modality was undesirable for Alazay because she said she associated needles with her mother's drug use.

Alazay's further suggestions for a sanctuary included an "aqua room," with hydrotherapy and steam, and a playroom for youth who were parents. She expressed the desire to learn about spirituality but did not wish to be directed. She stated that her educational needs would be best met by individualized education to address the gaps in her learning.

The themes that emerged from Alazay's interview were as follows: *a desire for individualized education, a desire for self expression and creative personal growth, a desire for support, a desire to be heard regarding her own treatment needs, a desire to be understood by adults, a desire for autonomy, a desire for connection with similar youth, a desire for separation from negative and at-risk environments, a desire for guidance, a desire for privacy, a desire for communion with nature, a desire to explore spirituality, and a desire for social harmony.*

Rick

Rick is an 18-year-old Anglo male. He did not complete high school and is currently living at home with his mother and stepfather. Rick has no relationship with his biological father. He enjoys being outdoors, fishing, hiking, and camping.

Rick equates being at risk with inevitable adult incarceration if the youth remains at risk. He no longer sees himself as being at risk and acknowledges that he has had to deal with traumatic issues from his childhood. He stated that he does not categorize himself as a traumatized youth at this time. He used methamphetamines heavily between the ages of 14 and 16 and was homeless at times as a runaway, sleeping in parks, abandoned places, or flop houses. Rick characterized himself as "a working-class person, but I'll always be an addict." He recognized the daily challenge of staying drug-free. Rick's physical state deteriorated sharply when he was using methamphetamines, and his desire now is to be healthy: "I look at pictures of me back then, and now I'm like, damn. It was unreal. I was skinny, I was, like, shaving my head, I was out there."

Rick's interventions included diversion; probation; Narcotics Anonymous and Alcoholics Anonymous; counseling; alterative education; Hilltop Youth Services; Department of Human Services case management; and two residential placements, one for incarcerated youth and the other focused on recovery from drug addiction. He is no longer engaged with any of these services, but he knows that he remains at risk for relapse and relies on a continued informal connection with a recovery center counselor, as well as the support of his family, to move on with his life. The recovery center was the only intervention that dealt with his trauma. He credits this center with his success in breaking free from methamphetamines. Rick could not access the recovery program until

it was court ordered. Although he and his family had sought admittance, he was told he had to fail all less-intensive forms of treatment before residential programs could be considered. Desensitization to the presence of drugs in therapy was helpful to Rick, as the access to those substances is still an ever-present risk during and after recovery. Physical monitoring of "feening," also known as "fiending," or the urge to use drugs, was also helpful because he could not lie in treatment.

Rick stated that the most important thing youth at risk need to be healthy is help navigating their family issues. He appeared to me to be bitter about what he perceived as the incompetence of staff in many of his therapeutic placements, particularly those aligned with juvenile justice.

Rick was enthusiastic about the idea of the sanctuary approach to treatment, saying, "That'd be bad-ass." He would have been willing to go to such a place voluntarily if it had been available to him when he needed it. "Even just for anger problems, you'd be surprised, just setting [sic] back, like doing more outdoors stuff, it brings peace to you that . . . some people never find."

Rick was adamant that the best possible therapeutic environment should "not look like a jail." He stated that it should not be intimidating or have big fences. He concluded by talking about the importance of windows to reduce the gloom that is frequently in treatment settings, making them feel institutional.

Rick had good experiences hiking and exploring caves when he went on outings from the recovery center. He believes those kinds of opportunities would be important in a sanctuary model. Rick indicated a need for social opportunities and solitude, valuing both as part of a healing experience. He thinks that roommates have the opportunity to

form trusting, healing bonds. He indicated that he would benefit most from a mix of freedom and structure, with the choice to participate or occasionally sit out from an activity. Rick stated that a highly structured program of daily counseling would not be beneficial.

When addressing the concept of holistic treatment within the sanctuary setting, Rick showed an interest in yoga and said he would try any of the modalities suggested with the exception of equine therapy, which he was exposed to in a previous setting and did not feel comfortable with. In regard to spiritual healing, Rick recognized the need for soul searching as a path to healing. He suggested that solitude and reflection are key aspects to recovery.

The themes that emerged from Rick's interview were as follows: *a desire for communion with nature through activity outdoors, a desire for autonomy, a desire for time to process alone, a desire for guidance, a desire for support, a desire for trust, a desire for respect, a desire for human connection, a desire to maintain contact with family, a desire for separation from at-risk environment and negative influences, a desire for fairness in treatment, a desire for competency in staff, a desire for cleanliness, a desire for health and wellness, a desire for consistency, a desire for social harmony, a desire for connection with similar youth, a desire for limited structure, a desire for a positive environment that is noninstitutional, and a desire for spiritual healing.*

Monica

Monica is a 14-year-old Latina female. She lives at home with both parents. Monica has been involved with intervention services ranging from a prominent community mentoring program to youth corrections for chronic fighting behavior.

Monica has been particularly impacted in school by ongoing anger problems. She stated she has been suspended 10 times since fifth grade and was on track for expulsion at the time of the interview.

Monica believes she was traumatized by witnessing domestic violence in early childhood. Though the stressor has stopped, her parents still fight and argue, often with her. Monica stated that she feels stressed by this discord, and she acknowledged she displaces that stress in violent social behavior and other forms of acting out. Monica has experimented with drugs and alcohol, has run away from home, and is gang affiliated but is not a gang member. This distinction, from my experience, generally means that she has friends who are active gang members and is receiving some form of protection or social status from that affiliation but has not actively pursued membership. An added at-risk factor for Monica is that in this geographic region (Western Colorado), juvenile females are often initiated into gang membership by being “sexed-in,” which means submitting to gang rape by several male gang members on an initiatory occasion.

Monica’s personal challenges are mostly social and behavioral. She finds it difficult to stay out of trouble at school and to ignore people talking about her. She feels stressed by her parents’ fighting and she does not want to stay at home. She finds it hard to avoid fighting with other girls.

The themes that emerged from Monica’s interview were as follows: *a desire for connection and communication with adults whom she can trust, a desire for autonomy, a desire for protection, a desire for a home-like atmosphere, a desire for consistency, a desire for new experiences to enhance personal growth, a desire to be understood, and a desire to receive attention and support.*

Joey

Joey is a 17-year-old Anglo male, living in a group home with several other boys. He has been in at least six placements and referred to more than one foster home, so the final count was unclear. Joey claimed to have a trauma history that he has never discussed in treatment. He has been homeless, incarcerated, in residential treatment, outdoor boot camp style youth commitment, and has a history of chronic drug abuse and anger. When questioned about how he viewed interventions in general, Joey expressed that he feels them to be degrading: "The first time somebody calls you a horse, you call them a jerk. The second times somebody calls you a horse, you call them a jerk. The third time somebody calls you a horse, you go out and buy a saddle."

Joey's personal challenges are overcoming a past of homelessness and drug abuse. He must find a way to live sober. Joey has a juvenile corrections record, and further offenses may lead to commitment. The themes that emerged from Joey's interview were as follows: *a desires for love, a desire to be in community, a desire to contribute, a desire for respect and dignity, a desire for protection, a desire for structure, a desire for freedom, a desire for engagement with the natural world, a desire for creative expression, a desire for individual spiritual growth, a desire for removal from toxic environments, and a desire for independent learning.*

Matt

Matt is another 17-year-old male, residing in the same group home as Joey. He has been incarcerated by Department of Youth Corrections (DYC) and has been in two residential treatment centers for behavioral and drug abuse (methamphetamine and marijuana) issues. He has experienced more of the alternative modalities mentioned in

this study than the other research participants. Matt's personal challenges are separation from his girlfriend, on whom he is admittedly dependent, and facing the possibility of relapse in his recovery from drug addiction. His unresolved anger still creates behavioral problems for him in the context of the group home.

The emergent themes from Matt's interview were as follows: *a desire for a safe and healthy environment, a desire for consistency, a desire for respect, a desire for autonomy, a desire to maintain access to important loved ones, a desire for creative expression, a desire for separation from other environments, a desire for direction, a desire for support, and a desire for creative learning.*

Sunshineraise

Sunshineraise is a 13-year-old Anglo female who stated that she is a member of the Apache, Cherokee, and Cheyenne tribes by heritage. At the time of the interview, Sunshineraise was 39 weeks pregnant. She had already been to the hospital with early labor and was sent home. Sunshineraise lives at a girls' ranch group home in foster care. She has a history of severe drug and alcohol abuse and was the victim of physical abuse as a young child. Sunshineraise was still active in family therapy and was being served by the Department of Human Services and enrolled in a therapeutic school at the time of the interview. She was allowed supervised visits with one parent. She stated that she has never had a normal childhood: "I was raised like I was 18 all my life."

Sunshineraise's personal challenges include separation from her father, who is her closest biological parent. She struggles with belonging in the group home and faces motherhood at a young age. She did not state whether she would keep the baby or give it up for adoption. Sunshineraise did say that not having a mother is one of her biggest

challenges. The themes that emerged from Sunshineraise's interview were as follows: *a desire for trust, a desire for protection, a desire for a home, a desire for support, a desire to have a say in her treatment, a desire for cleanliness, a desire for safety, a desire for supervision, a desire for individual spirituality, a desire for creative expression, a desire for a positive environment, and the desire to learn.*

Emergent Themes: A Comprehensive Overview of Research Participants' Responses

A thematic analysis of the audiotaped and transcribed interview data revealed distinct themes represented here as expressed desires, although they were not necessarily articulated verbatim by the research participants. In cases where the participant did not specifically make a statement of "I wish," "I want," I'd like," or similar phrasing, I analyzed the content of the interview and, after several reviews, made educated inferences regarding statements that indicated the participant wished things were different. Even where these expressed desires were not directly linked by the research participant to the planning and design of treatment, they may be considered important factors that should be fundamental to a sanctuary. I have not attempted to order the themes in terms of importance or urgency. Frequency of expression will be noted in the discussion of each emergent theme, with representative quotes and supportive material unique to each youth. In some cases, I have slightly altered the wording of the expressed desire from that stated under each research participant's individual themes to the collective themes list here, as it made sense to do so by simplifying the language. For example, Barry's desire for adult friendship and guidance was expressed clearly in those terms yet may appear represented separately in the collective themes under the desires for

respect, connection, and guidance. The themes expressed as desires are loosely arranged in what I believe to be interpersonal and social needs, physical needs, treatment needs, and environmental needs.

Other features of a youth-suggested sanctuary design have been discussed separately from the extracted themes, though there may be overlap. These features include their ideas about environment, facility, staff, and holistic treatments that might be offered.

Emergent themes in this study were as follows:

- *a desire for adults to understand the challenges of youth*
- *a desire to be heard regarding treatment needs*
- *a desire for connection with similar youth*
- *a desire for connection with an adult mentor*
- *a desire for fairness in treatment*
- *a desire for competency in staff*
- *a desire for respect*
- *a desire for communication*
- *a desire for trust*
- *a desire for social harmony and community*
- *a desire for autonomy*
- *a desire for self-paced healing*
- *a desire for direction and guidance*
- *a desire for support*
- *a desire for a compromise between structure and flexibility*

- *a desire for security and safety*
- *a desire for privacy*
- *a desire for self expression*
- *a desire to move toward adult security*
- *a desire for individualized and creative education*
- *a desire to explore spirituality*
- *a desire to maintain contact with family and loved ones*
- *a desire for cleanliness*
- *a desire for a home-like atmosphere*
- *a desire for communion with nature*
- *a desire for positive surroundings*
- *a desire for health and wellness*

The results of this study show that youth want and need both structure and freedom. They desire respect from adults and wish to be granted autonomy as individuals who are capable of forward movement. They want to be guided by adults with whom they can find meaningful connection and whom they can trust to be sincere and consistent, competent and caring. These youth want to be seen and heard, and they want to contribute and interact. They want to learn and to be inspired by learning. They want to be protected, and they want to participate in community. They have a desire to be in connection with the natural world and to experience an environment free of the dangers and hazards by which they have been damaged. They want to be healthy, and they want to be safe.

A Desire for Adults to Understand the Challenges of Youth

Barry was most vocal about the disconnection between adults who try to help youth and the youth themselves. He feels that there is little adult understanding of the reality of today's adolescent:

> How grownups grew up is way different from how kids grow up now. Different. Like, grownups grew up in the 70s and the 80s, and, no offense, but they don't understand how stuff goes now . . . we're in a different life than you are. I don't know how to explain it. People are labeled where I come from. They are all labeled.

A Desire to Be Heard Regarding Treatment Needs

Alazay was court ordered to engage in counseling but did not. She stated,

> I'm more of a stubborn person. I don't want any help. I don't like counseling . . . I was in diversion, so I had to do it . . . a lot of places, they tell you how your life is. They tell you why you're upset and what's wrong, but the thing is, how is someone going to tell me why I'm upset, what's wrong with me, and how my life is? Because they don't know. That's just their opinion. They think we're all upset because of the same thing, and it's never that.

Alazay did not find any services meaningful or helpful. She did not like the approaches used in previous therapy, claiming that she was talked to but not listened to. She felt no one would understand her life because they had not lived it with her. "I have my breakdowns every once in a while. But it's very rare. I just hold it all inside." Alazay stated that she never got depression medications that she requested. "Someone who knows they're suicidal, who has done suicidal stuff, they need a little extra help." No services ever offered lasting change or healing. "I still to this day hold everything in. I still to this day am depressed about everything." Some interventions made her feel worse. "It made me upset that when I asked for something they didn't give me anything in return." Sunshineraise objected to mandated family therapy, saying that it retraumatized her. Most research participants had some kind of experience with feeling that they had no

control over what was happening to them, other than the options of refusal or noncompliance.

A Desire for Connection With Similar Youth

Alazay expressed that she thought she could benefit from a group setting where other youth had similar issues. Rick shared the benefits of having a roommate to whom he could relate when he was at the recovery center. He explained that the relationships built between youth who share either similar issues or similar backgrounds can be very healing.

A Desire for Connection With an Adult Mentor

Barry's most helpful intervention came through a school counselor who served as a mentor:

> My counselor, he was hella cool, he used to tell me, like, how it was, and how it really was for him growing up, like, not even be a teacher, just telling his real life to me, you know? He told me everything that went on in his life, and so I related with him and he was, like, saying a whole bunch of stuff that made me think about stuff, and I always listened to him.

Every research participant directly articulated a need for connection to a trusted adult, many sharing that they felt adults had disappointed them or had been too aloof in status to be accessible in treatment situations. Jamie, Chantele, Alazay, Monica, and Sunshineraise all expressed a degree of sadness or unhappiness about their unfulfilling relationships with parents and said that they needed someone to take the time to know them. Youth alternately used the words *personalize, security, friendship*, and so on to describe how they felt a mentor could relate to them. They did not confuse mentorship with therapy and articulated clearly that personalities between mentors and youth should

be carefully matched. They also recommended that a mentor be assigned to no more than three youth at a time for greatest accessibility. Alazay remarked that a mentor should be someone who "goes the extra mile . . . listens to your dreams." The research participants identified the mentor role as the one most likely to help with goal-planning and transitioning from the sanctuary setting back to the community. They believe the mentor would know best when a youth was ready to make that transition, indicating that this relationship would probably be the most key aspect of the sanctuary from their perspective. I feel that every youth interviewed was hungry for such a relationship and that only one or two had ever experienced anything similar.

A Desire for Fairness in Treatment

The desire for fairness in treatment was indirectly voiced by anecdotes supplied by some of the participants in the study. Most often these comments occurred in response to questions about common mistakes made by those who offer services to youth. Exaggeration and underestimation of faults and behaviors, punishments not appropriate to the infractions, and adult manipulation were mentioned by the youth. These examples of what they considered unfair treatment may be linked closely to their desires for adult trustworthiness, consistency, and competency.

A Desire for Competency in Staff

I have observed in my work that young people who have had especially difficult formative years, inadequate adult supervision, or many adult responsibilities have little patience with adults whom they consider unqualified. Many youth programs and facilities

in my state hire college students or adults with no formal training for supervisory duties. Rick was most adamant about his feelings regarding staff incompetence:

> A lot of them, not all of them, but most of them . . . they have people working in there that don't know what the fuck they're doing, you know? They don't even have a degree, they just came from McDonalds, you know, because they got a couple dollar raise to come in there to work. . . . I would say the biggest thing is not have counselors just, like, always on during the day. . . . I remember nights just, like, freaking out, and some dumb ass [staff] who's just got done at McDonalds is sitting there trying to tell me to calm down, and it's just making it worse.

A Desire for Respect

The desire for respect from adults with whom they are engaged in services was voiced by virtually every participant in this study. The youth interviewed expressed what they perceived as a lack of respect in various ways. Rick was insulted by reward systems that he felt were demeaning:

> Like, stupid rewards, like, a pop or something. You know, like, if you do good on something . . . not, like, stupid shit, like, if somebody gave me a fucking pop, to be, like, oh yeah, that makes my whole week. It's just stuff like that, it kind of feels like a slap in the face. It pisses me off more than anything.

Rick felt he was not respected by staff in many of his interventions. He was angry that they were demeaning and pretentious. He did not feel confidence in young staff workers. "If somebody would just talk to you like a person, you would get a lot further than if they talk down [to you]." He did not feel he received guidance or support in many of his interventions and that his ideas about his future were not respected.

Joey felt that he was treated "like a little kid" in residential care, angry that he did not have the liberty of being able to go to the bathroom without asking. "DHS [Department of Human Services] and DYC [Division of Youth Corrections] think of us as numbers, products." Several youth spoke of dehumanizing attitudes and actions in

treatment, ranging from being ignored to being "talked down to." Their desires for connection with a trusting adult reflect a need for relationship without power and control.

J.J. stated that he feels he has been "treated like total shit" by the staff at his school. However, J.J. did express some respect and appreciation for some of his teachers. His complaints appeared to be in reference to supervisory classroom coaches for the incarcerated youth in the building. These staff members have contact as well with the nonresidential youth, such as J.J., who may be in mixed classes. J.J. said that if he had to live at the residential corrections campus, as some of his classmates do, "I'd blow that whole block up." He felt that the corrections program staff is overly controlling and disrespectful to students and that these individuals "act differently," more objectionably, when the teachers are out of the room. As ancillary staff, their presence is necessary to maintain line-of-sight supervision and to maintain the adult-to-child ratio observed by The Opportunity Center.

A Desire for Communication

The desire to communicate was apparent in all the youth I interviewed. They have a keen understanding of the difference between being talked to and being talked at. Chantele experienced this kind of healing communication with a particular nurse during her stay in a psychiatric unit. Alazay believes at-risk youth need someone "who wants to sit down and listen to what they have to say and not right off the bat disagree with them . . . and understand where they're coming from." When communication is withheld, denied, or not present, these youth may feel like giving up on ever truly connecting with others. J.J. said he does not have anyone to talk to. "I don't really care anymore . . . I just say, fuck it."

A Desire for Trust

Most at-risk youth I have worked with have trust issues. J.J.'s background has taught him that the world and the adults around him are unpredictable and even unsafe. Chantele does not feel safe and does not know whom she can trust. She acknowledged that trauma has shaped her:

> I have really big trust issues with letting people into my life, and sometimes it interferes with me and [her boyfriend's] relationship. . . . Sometimes it's good to get that out. You've got to accept the fact that you have been traumatized.

Trust is something these youth seem to believe in but have little experience with. It appears that a lack of trusting relationships also hinders therapeutic gains. Joey explained that his trauma was not addressed, and he never talked about it. He did not connect that fact with his statement that in his experience there are poor relationships between youth and facility staff adults, but it is a fair assumption, given that he voiced a desire to "personalize" with adults in an atmosphere of trust and sincerity.

A Desire for Social Harmony and Community

Although the desires for social harmony and community were sometimes expressed separately, there was a distinct overlap in participants' statements, so they have been combined here. Additionally, the idea of positive contribution within community is discussed in this section. Most youth feel that it would be good to be in the company of those with whom they could experience mutual growth and understanding, while guided by adults with whom they had a positive connection. Surprisingly, when asked about rooms and needs for personal space, few asked for solitude, and most would choose a roommate to whom they could relate. As Alazay remarked, "You've got to learn to live with people."

Joey’s comment regarding contributing within community was heartfelt: “[Youth] have lots of love to give. They want to give something back. It’s not that they hate you. They’ve never learned any other way to react. They need different input, outlets for that.”

A Desire for Autonomy

A desire for autonomy was perhaps most the most ubiquitous theme to emerge in the results of this study, running as an undercurrent through issues related to environment, relationships, and treatment. Autonomy was frequently linked with needs for guidance, with a desire for balance between the two. This is to be expected and seems a reasonable perspective for the teen who is between childhood and adulthood. An example of situational needs for autonomy can be observed through Barry’s experience with a persistent staff member:

> She kept talking to me. I wanted her to leave me alone, and she kept talking to me. I was mad at the time, and instead of calming me down, it just made me more mad. I just needed a second to chill out, and she just came out of nowhere and started talking to me. And when she talks to me, it’s not like this [tone of the interview], basically she’s grilling me, telling me what I need to do, like hella snappy.

Jamie’s idea of a best environment for healing includes engaging socially and moving toward positive choices:

> I think it’s nice to be able to, you know, leave and go out, you’re not just confined to one space . . . and you are interacting with the social world and broadening your social circle. I think when people have friends, it’s a lot easier for them to do the right thing, like, if they have good friends . . . as long as the place, the environment, is safe as well.

Jamie feels that most interventions are too controlling and come from a negative stance as opposed to a positive position that considers compromise and youth input. She stated, “I think it would help to have a say.”

A Desire for Self-Paced Healing

The desire for healing at one’s own pace was likely prompted when I introduced the sanctuary model to the participants. It is difficult to know whether this desire would have arisen spontaneously from their experiences. However, they responded alternately with enthusiasm or disbelief that such a paradigm could exist. Most participants looked incredulous and then smiled. Some then claimed that if it did exist, they would embrace such a treatment approach wholeheartedly. It was often at this point in the interview that the youth made unsolicited statements that they wished such a place existed and that they would like to go. Alazay put it succinctly:

> I think that’s probably one of the best things that anybody could ask for. That’s also another thing, people try to rush you into changing. But that perfect pace, you, you, and only you can determine how fast it’s gonna be for you to change because everybody has different paces, has different traumas, and certain traumas take longer to get over. . . . I say sign me up now. Take me away from all this! Is it a stable home forever?

A Desire for Direction and Guidance

Although autonomy is important to these youth, they showed a respect and a need for direction and guidance in making their own choices and growing toward healthy development. They recognize that they need help with motivation and goal-setting and can benefit from adult experience. Rick stated that oftentimes a youth needs the gentle nudging of a respected adult to move beyond comfort zones and push on toward real achievement. Several of the teens interviewed stated that they wanted help not only with

exploring their goals but with concrete direction in how to make them a reality. Suggestions included having goal-setting as a part of the curriculum, individualized plans for making progress, and exposure to career fields or educational options they may not have considered.

A Desire for Support

A desire to be supported by others ran as an undercurrent through many of the other desires that emerged from the interviews. Support could take the form of understanding, belonging within community, receiving respect from adults, and being guided and nurtured. Specifically, support was related to not being prejudged by others or diverted from their dreams and ideas. The youth appeared to see that the autonomy they desired was inevitably linked to a need for support as they navigated their mistakes and successes.

A Desire for a Compromise Between Structure and Flexibility

Unanimously, the youth interviewed expressed their needs for both structure and flexibility in treatment, in community, in education, and in personal growth. Some of the participants suggested level systems of behavior within a sanctuary, pointing out that they had benefited from that approach in their own placements. A level system follows a paradigm in which entry-level youth have few freedoms or rewards. They must earn their way up a hierarchy of mandated behavior to attain a level of rank where they may enjoy the benefits of their growth through tangible displays of freedom or material reward. Rick's distaste for the reward of soda is one example of how level systems work. A youth might be given soda, candy, or the opportunity to watch a movie or have a visitation pass

if the expected behavior was apparent during the week and recorded by staff through a point system. Some indicated that they did not like level systems but that something more flexible could work. All agreed that forced participation and extreme structure in programming was unhelpful. Most of the participants suggested that in a sanctuary model participation should be encouraged, yet the option to sit out of programming occasionally should be available.

Several of the youth disliked constant therapy. All were in favor of a menu of holistic modalities and group activities from which they could choose to participate or opt out. Jamie stated,

> I think it sounds nice. I would live there . . . the fact that it would be a country setting, so it's not loud, there's not a bunch of stuff going on, and it gives you time to think about yourself and what you need to do and how you're doing it . . . having a controlled setting and somebody there . . . you're not thinking about all the bad stuff you do. It would be nice for it to be somewhere where you don't feel like you are pressured to change who you are, and you could be yourself, and it's not like a complete lockdown facility [with] this structured routine that you're doing every single day. It's more like being in a home rather than a behavior facility.

A Desire for Security and Safety

A desire for security and safety, and to be removed from dangerous or toxic environments, was also one of the most common themes to emerge in this study. They are discussed together here, along with the desire from protection, because they were intermingled subjects in the narratives of the youth. When invited to use his imagination for the purpose of designing a sanctuary that he could approve of, Barry stated that it should be "like paradise. I'd rather be dead than be in the world, 'cause the world is an awful place. There's nowhere in the world that is good, no matter where you are in the world, bad things are gonna happen to you." After being reassured that such a place could

be safe, Barry said, “It should be a place where there’s no more problems, there’s no fighting, a place to relax. I don’t really know how to explain it.”

Matt made the analogy of being transplanted to the pure environment of a sanctuary, saying “You need to get uprooted from your dirty soil.” Several of the youth were specific about things at-risk and traumatized youth need to be protected from, mentioning “druggie parents,” “dangerous people,” gangs, and crime. Most agreed that a separation from the negative influences of media, both in television and music, was necessary.

A Desire for Privacy

Although it could be expected that teenagers want privacy, this desire was simply stated and not heavily emphasized by any of the participants. They saw privacy for hygiene and moments of emotional difficulty as being important to a sanctuary model. Alazay stated,

> I know, for me, when I am upset or I am going through something, I just need a moment to myself. I need to be able to relax, by myself. Be able to breathe . . . to cry myself to sleep, to be able to do anything by myself where I don’t feel like I have to hide it.

A Desire for Self-Expression

A desire for self-expression emerged from discussions about creativity and autonomy. It was present in every interview, either expressed directly, as by Barry, who likes to write self-expressive rap lyrics, or indirectly, as by Joey, who felt reduced to “a number” by former interventions that gave him no means of expressing his individuality. Only two of the participants indicated that they were not particularly creative. The others

were interested in using music, art, writing, crafts, hands-on learning and building, or other creative methods to express themselves.

A Desire to Move Toward Adult Security

The youths' desire to move toward being secure as adults was subtle and yet perceptible in this study. Many of the youth interviewed do not see the adults in their families as being secure financially or stable emotionally and, therefore, do not possess a positive frame of reference by which they may measure their own futures. They appear to lack confidence in being able to achieve health and security but hope for it all the same. This theme was most often implied in their desires for adult guidance and support with goal-setting.

A Desire for Individualized and Creative Education

Most of the research participants have been involved in some form of alternative education that has introduced them to individualized education. They were quite vocal about their needs to receive remedial instruction, to have hands-on learning opportunities, and to enjoy their own unique learning styles.

J.J. has been a student at The Opportunity Center School for 2 years. He is not happy with the education he is receiving and feels it is being "kept" from him. He explained that when the daily schedule went to a one-room-one-teacher level system, where the students remain in their level with their teacher all day, he was denied the experience of learning as he learns best, which is with variety.

Without exception, every participant indicated a desire to learn meaningful material and to experience the world by interacting creatively and engaging physically

with it. Some, like Matt, related stories of field trips or lessons that had made impressions on them. All were in favor of a relaxed atmosphere for learning, taking advantage of the outdoors, and getting students involved with the natural world. All participants saw themselves as needing individual attention to help them overcome their academic deficits.

A Desire to Explore Spirituality

Overall, the research participants agreed that spirituality is important and that they would be interested in learning about it in a nondirected way. None of the participants expressed any sort of desire for the inclusion of a religious affiliation in a sanctuary model, although Monica did say that she would like to have the ability to go to confession. All of the participants feel that they would not want an approach that is dogmatic or forced. Most seemed to hold the view that spirituality is personal and should be treated as such. A few of the youth who were interested in exploring their spirituality indicated that they would like to learn to meditate. Matt suggested the inclusion of Native American drumming and games. Joey stated that growing spiritually "makes you more whole as a person." Sunshineraise specifically stated that she did not want to be forced to go to church. Her placement at the time of the interview included church attendance.

A Desire to Maintain Contact With Family and Loved Ones

Although the participants in this study saw removal from the home while residing in a sanctuary setting as positive, they had strong desires to maintain contact with friends and family members, either by telephone or visitation. Some suggested occasional home visits or overnights if the youth really needed them. Matt expressed a dependence on his girlfriend and voiced the detrimental effects that would result from complete separation.

He stated that, when he was kept apart from her, “I pretty much go to hell health-wise.” Many of the participants acknowledged that if parents or friends were not healthy to be around, visits should not occur, or should be minimal and supervised.

A Desire for Cleanliness

Sunshineraise and Rick both expressed a desire for cleanliness in a residential setting. Sunshineraise explained that one of her previous foster homes was neither clean nor safe. Rick described a residential setting he once lived in that was not conducive to treatment or healing:

> Oh God, it was just, like, tore down, run down, it was an old church. They were expecting us to live in it. It had already been a treatment center, you know, for some odd years before, and then they just throw us in it. It was dirty, nasty.

A Desire for a Home-Like Atmosphere

Jamie, Rick, and Monica all suggested that a sanctuary environment should feel like a home. Rick stated that it should not “feel like a jail” with fences that are intimidating, and Monica said that it would be important for her to be free to get snacks from the refrigerator when she wished, as if she were at home.

A Desire for Communion With Nature

Participants were quite vocal and specific about their desired setting for a sanctuary. All indicated that it should be set apart from the community, in a country setting, with trees, grass, and wilderness. Many spoke of feelings of freedom and health they associated with being outdoors and in communion with the healing properties of nature. Suggestions were made for many windows to allow for natural light; the ability to see the sky; and to hike, explore, and simply be outside in the sunlight. Rick was the most

enthused about this aspect of a sanctuary, saying that staying indoors too much had served him poorly. He said, “I remember at [one locality] . . . I only got to go outside a couple of times . . . you go insane. A long time without sunlight . . . makes you more depressed than anything.”

Prior to my describing the sanctuary concept, Alazay shared her ideas for the best therapeutic environment:

> Away from the city . . . a nice relaxing place . . . my dream therapeutic place would be the outdoors, away from everything . . . all the drama . . . blue sky, near the beach . . . a nice view . . . trees, grass. A wilderness, basically.”

Joey said that the best sanctuary environment would be “a clean, fresh place by a river” and referred to nearby plateau wilderness. “Outside those walls you should be able to see the natural world.”

A Desire for Positive Surroundings

The participants voiced that a sanctuary environment should provide a positive atmosphere. Chantele stated that colors should be bright and cheery, and positive messages and themes should abound. All the youth stated that, in their opinions, music and television should be censored for negative content. Rick was vocal about facilities he had been in that felt institutional, saying they were gloomy and made him feel more depressed.

A Desire for Health and Wellness

It was clear to me that the research participants could identify their needs for wellness and that they desired to be strong and healthy. Some, like Rick, could look back

on their lives and see that they had been unhealthy. When asked about what needs of his should be met within a sanctuary design, Rick stated,

> Decent food. I hate to say, there were crooked cooks in some of them [residential settings] stealing the food, taking it home. You want to be healthy, too, you want your body to feel good. I would definitely say that exercise is big.

The participants suggested that swimming, yoga, hiking, sports, and weight-lifting or workout rooms should all be available at a sanctuary. They also stated that youth need good nutrition and a balance between rest and adequate physical activity.

Discussion

Limitations and Delimitations of the Study

One limitation of this study is that the youth interviewed were not likely to be familiar with some of the concepts being presented. A certain amount of education and clarification regarding issues of treatment paradigms, environment, and therapeutic modalities had to be carefully addressed. Even so, in some cases, the youth may have been responding to ideas they had only heard about and had not been able to observe or participate in directly. This may have limited the nature of their input, and the potential existed for responses to be given based on inaccurate or inadequate perceptions or information. Every effort was made to enhance understanding and to allow for questions and clarification.

Another limitation of this study is that there were no African American research participants, a feature which would have been helpful in distinguishing whether specific cultural needs would have emerged in the context of the study. As the locality of the research conducted is not very diverse, two Latina girls and one girl with Anglo/Native American ancestry provided some diversity.

A delimitation of this study is that the research participants had direct experience in previous intervention and/or treatment settings, such as foster care, group homes, treatment facilities, the correctional system, drug/alcohol rehabilitation, alternative educational settings, and so forth. Another delimitation is that by means of this interview process, youth were given a voice in what they felt was best for them and their healing.

Researcher Bias

As previously stated, I am cognizant of personal and professional bias in this subject area. As a therapist, I have heard many stories of restrictive, controlling, punitive-style behavioral interventions that are counter to trauma-informed practice. I have counseled many disenfranchised youth who were initially confounded by the humanistic approach. These clients subsequently went through a phase of happy disbelief that therapy could feel good and help them improve their lives. I work within an interagency collaborative that is slowly making gains toward child-centered interventions and am witness daily to an evolving paradigm that remains affected by negative biases against youth from some, but certainly not all, of the people and systems who serve them.

Having had the opportunity to hear from clients as well as agencies, and having listened to frustration and alienation from both, I acknowledge a bias in favor of innovations in adolescent treatment that seek to enhance growth and healing rather than to warehouse or control.

As a Saybrook student and as a consumer, I believe in the power of the mind-body connection and the aesthetic value of healing energy and natural beauty. I believe in the value of therapeutic body work, attention to spirituality, and trauma-informed therapy, and in the healing value of simple, life-affirming experiences.

These biases have shaped my vision for a sanctuary and so must be recognized in the context of this study. It is important to the validity of the data and its analysis that the study was conducted as objectively as possible.

Implications for Mental Health Professionals

Although the sanctuary concept was foreign to each research participant, they unanimously embraced the idea, insofar as their experience allowed them to comprehend it, many saying they wished such a place had been offered to them in the past or was available to them in the present.

These expressed desires are indicative of what at-risk and traumatized youth feel would best serve them in their recovery and healing. They reflect a degree of self-knowledge and experience that is valuable in terms of their own development and which should richly inform the field of adolescent treatment. These findings reflect that youth can indeed give voice to their needs and wants in a therapeutic setting, appropriately identifying what has and has not worked for them and articulating unmet needs which they recognize as hindering their progress.

The most striking thing I learned in the context of this study was the reasonable nature of the desires expressed by the youth I interviewed. This underscores a belief I have that most youth act out because their needs are not met. It is eye opening to see that the needs they long for are so simple and could be so easily and humanely met. So, why is it that youth who have been engaged in multiple interventions, who have lived in various placements, and who have been entrenched in multifaceted treatment plans cry out most longingly for things like relationship, community, respect, connection with trustworthy adults, and a reasonable degree of autonomy? Is it because they are absent in

mainstream service delivery? What are the implications of these findings? My assumption is that existing systems of care are inadequate or inappropriate to meeting the basic needs of youth. Perhaps it is because funding tends to drive programming. Perhaps it is due to traumatized service delivery mechanisms, as Sandra Bloom (1997) suggested. Perhaps it is because no one has consulted the populations served.

I was most surprised when writing the review of literature at the dearth of literature seeking the input of the youth served by current systems. There was none in any published form I could locate. It is my contention that any population served in mental health should have input as to the content and manner of delivery their treatment takes.

Not everyone sees the teenager as a marginalized person in our society; yet, in fact, they are caught between the security and relative safety of childhood and the responsibilities and challenges of adult life, often managing the latter with only the emotional and psychological resources of the former. They have a limited ability to advocate for themselves in the adult world and are generally politically, socially, and financially unable to affect what happens to them regarding their care, treatment, and/or placement.

At-risk and traumatized youth have, in my experience, limited capabilities in some areas and sharpened skills in others. For instance, many at-risk youth have serious trust issues and difficulty accepting the authority of adults. At the same time, many have addressed severe life circumstances that have resulted in a certain kind of maturity of will. This determination may lack focus and deteriorate because the youth lacks adult mentorship, guidance, or support.

In my view, all of the themes expressed as desires in this study relate to developmental social, psychological, emotional, spiritual, and physiological needs. Systems of care that do not feature a holistic approach may not address all or even many of these needs. As previously illustrated, an alarming number of these youth are in the juvenile justice system not because of their criminality but because of the lack of options. The treatment they receive is often inappropriate to their needs.

The implications for this research can be far reaching for the field of adolescent treatment. These youth have experienced environments that were designed to aid in growth and behavior change yet which the youth found dehumanizing, stunting, and controlling. Most of the things the youth have expressed a want and a need for in this study do not come attached to a price tag. They are instead an invitation to change the philosophical approach of adolescent care from management and control with the emphasis on changing behavior to a paradigm of encouragement, protection, and nurturing in order for healing to occur.

None of the expressed desires are, in my view, irrelevant or inappropriate. They are, in fact, factors that any adult community would consider germane to a humane existence. Have we overlooked adolescents as fully human beings? Do deep-seated biases and fears drive current approaches to mental health for this population? Is it possible to create an environment that makes up for the previous lack of safety and nurturance so that this population may catch up to where they would optimally be in their growth and development had the risk factors and traumas been absent from their lives? These are the questions I hope will be reflected upon by those who shape the future of treatment and intervention for tomorrow's adults. If existing systems promoted healthy development

and lasting change and healing, it is my assumption that I would have had little data resulting from the interviews that formed the basis for this study. If the experiences of youth were widely varied in treatment, I would not have received such soundly consistent answers from the youth, despite their individual differences.

The growing field of trauma psychology may gain insight from this research, which echoes what is already known about the need for safety in treatment. This study brings to light the specific needs of younger trauma survivors and their ideas about what would constitute the optimum therapeutic environment and relationship.

My hope is that this study will inform the field of adolescent treatment and shape the design for a sanctuary approach to residential care. Of equal importance, I hope that this work will inspire future qualitative researchers to explore the input of this population in many areas pertinent to their lives. The fields of education, law, and medicine may also lack the perspective of at-risk and traumatized youth.

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Appendix A
Semistructured Interview Guide

1. Tell me about yourself. What kinds of things do you really like to do?

2. You are probably familiar with the term *at risk*. What does that mean to you? Do you consider yourself to be at risk?

3. You may also know the word *trauma*. That word refers to life-changing events or circumstances that are really more than a person is equipped to deal with. Sometimes trauma is related to loss, and sometimes to a fearful happening, injury, abuse, etc. Would you say that you have you experienced trauma in your life? Is it accurate to say that you are a traumatized youth? If not, how would you categorize yourself?

4. What are the particular challenges you face?

5. You have been involved in some kind of intervention services. What were they? Are you still engaged with services or agencies?

6. Did these services ever address trauma that you may have had in your life?

7. Did you find that these services were meaningful or helpful? Were they appropriate to your needs? Did they offer any lasting change or healing? Did any interventions do more harm than good?

8. In your opinion, what do at-risk youth need to be healthy? What do they need to be protected from? What are common mistakes made by adults and systems that offer services to youth?

9. You have a unique opportunity to give your opinion about something you know a lot about. What kind of services or treatments would most help you or someone like you? What would the best possible therapeutic living environment look like?

10. Imagine that you are allowed to spend an indefinite amount of time at a youth sanctuary in a country setting with lots of open space and a natural, peaceful, and relaxed atmosphere. A sanctuary model is different from a traditional behavioral treatment facility. Rather than trying to control or change your behavior, the staff at a sanctuary would be nurturing and supportive and would allow you to be yourself while living in a therapeutic community with others. The goal would be to provide a safe space in which you might naturally find healing rather than to force a change, with the belief that change will happen on its own. What do you think of this concept? Would you be willing to try to live in harmony with others who are trying to heal as well?

11. What needs of yours should such a sanctuary meet?

12. What kind of an atmosphere would be good for you?

13. How much freedom and privacy should you have?

14. The word *holistic* means attention to the mind, body, and spirit. I'm going to give you an overview of some holistic approaches to achieving a healthy, whole, and healed self. You may not have heard of some of them, so please feel free to ask me questions. (Explain basic principles of the human need for touch and how bodywork such as massage may be beneficial; how body, emotional energy, and spirit relate to psychological health and vice versa. Talk about such practices as guided imagery, meditation, Reiki, hydrotherapy, aromatherapy, equine-assisted psychotherapy, animal therapy, spiritual counseling, and prayer.) I realize that many of these ideas are new and probably strange to you. Assuming that you had lots of time to develop a trusting relationship with a safe person who could introduce you to some of these practices, what kinds of these holistic healing activities do you think you could benefit from?

15. What kind of room would you like to have? What would be important for you to have as a personal space and belongings?

16. In what ways would you like to be able to use creativity for self-growth and healing? What might that look like in a youth sanctuary?

17. What possible elements of a sanctuary setting could help you explore and prepare for your future dreams and goals? What aspects of your treatment should be related to those goals?

18. Do you feel that you need to heal spiritually as well as physically, emotionally, and psychologically? What kind of things would be helpful for you to heal in these ways? What would not be helpful?

19. If you could go to a youth sanctuary, would you do so willingly? How should it be determined how long a person would stay?

20. Do you think that it would be a good idea to be removed from all other environments while you were at the sanctuary? Why or why not? Should some influences be restricted or prohibited, like television, music, or cigarettes?

21. What would you like to do for fun?

22. How could a staff mentor be helpful to you?

23. How could this kind of setting offer a creative educational opportunity? Assuming you would have to have schooling there, how would you best like to learn? Think outside the box. Experiential learning, outdoor classes, etc.

24. Tell me about any ideas you might have that we have not talked about. Do you have any other ideas for a sanctuary?

Appendix B
Sample Recruitment Flyer

[Date]

[Addressee]

Dear [Addressee of Agency]

Research participants are sought for a graduate dissertation by Lisa Burns, a Ph.D. candidate from Saybrook Graduate School and Research Center. I am seeking youth who meet the following criteria, for participation in a semistructured interview. The research question that formulates the basis of this study is: *What might be the design elements of a sanctuary model for traumatized and at-risk youth, based upon the input of adolescents who have experienced receiving other intervening services?*

Youth selected for this qualitative study must meet the following criteria:

1. Aged 13 to 19

2. Historical or current multi-agency involvement

3. Identified as at risk or traumatized by human services or similar agency case managers, probation officers, youth corrections personnel, school staff, psychologists, psychiatrists, or therapists

4. Currently still in need of services according to previously listed agents and/or agencies

The interview process takes approximately 1 hour and will be tape recorded. If more time is needed or requested, the remainder of the interview can be arranged at another time. Interviews may take place in the home, group home, or agency location. Supervision is permitted and acceptable with reasonable privacy ensured for the research participant. **If you would like to refer research participants for this study, please contact Lisa Burns at (XXX) XXX-XXXX or reply by email to lisone@XXX.net. All referrals will be confidential.** A release of information may be necessary if your agency requires it for the name to be released for the referral; however, personal data obtained in this interview will not be shared directly with the referring agency. A summary report of the completed study may be made available to participants upon request. Letters of permission may be necessary for youth residing in group homes. A sample letter of permission accompanies this document. If interviews are conducted in a facility, it is understood that the authorized personnel of the facility shall take the oversight and on-site responsibilities during data collection and shall help the principal researcher in taking every precaution on-site for the protection of the human participants involved, and that Saybrook Graduate School and Research Center is not liable or responsible for what happens and is done on the premises of the said facility.

Research participants who are in the direct custody of their parents, grandparents, foster care guardians, or group homes may be the most accessible and appropriate for this research. Informed consent documents approved by the Saybrook Institutional Review Board (SIRB) will be provided prior to each interview for signatures by parent/guardian and participant.

With sincere thanks,

Lisa Burns

Appendix C
Research Participants

1. "J.J." is a 14-year-old Caucasian male. All criteria met. Youth is living in grandmother's home with both parents. His family was evicted from their former home. Living environment was described as unpredictable with as many as 15 people sharing the space, family members suspected of stealing from each other. Youth alluded to substance abuse in the home. J.J. is considered by staff at TOC to be severely impacted by poverty, drug abuse, and family dysfunction. He remains at risk. Previous involvements and interventions include the Department of Human Services (housing assistance), juvenile Diversion (alternative to probation), therapy, community service, and alternative education.

2. "Jamie" is a 16-year-old Caucasian female. All criteria met. Youth lives at home with parents and has been a runaway. Jamie is a student in a day treatment alternative classroom at The Opportunity Center. The day treatment program at the time was a partnership between the local school district and the Department of Human Services, which offered individual and family therapy in addition to educational services. Jamie is considered at risk by TOC staff and therapists.

3. "Chantele" is a 19-year-old Hispanic female. She currently lives with her boyfriend and is a former student of The Opportunity Center.

4. "Barry" is a 14-year-old Caucasian male. He lives at home with his parents and his girlfriend of the same age, Alazay, who is expecting his baby. Barry attends class at The Opportunity Center. He was expelled from an urban school district in another state and missed 2 years of school. Chronologically, Barry would be in the ninth grade but has a seventh-grade education.

5. "Alazay" is a 15-year-old Caucasian female who is pregnant with her first child. She has lived in a variety of informal placements but only briefly with one biological parent. Her boyfriend Barry's parents now have guardianship of Alazay, who joined the family after a brief separation when they moved out of state. Alazay is slated to begin an educational program for young parents during the next school year. Her prenatal care is arranged through local service agencies.

6. "Rick" is an 18-year-old Caucasian male who used methamphetamines extensively during his high school years, was a frequent runaway, and was often out of touch with his family. After a long court involvement, Rick was ordered to a youth recovery center and eventual incarceration. He is now living at home, is drug-free, and is training to be a plumber. Rick maintains an informal connection to the recovery center staff for support. For a time, he organized a Narcotics Anonymous group for teens in the area.

7. "Monica" is a Latina female, age 14; all criteria met. Living at home with both parents. Interventions include Teen Court, Diversion (alternative to Probation), anger

management, therapy, Las Chicas group for Latina Adolescents, Partners. Still in need of services. History of fighting and school failure.

8. “Joey” is an Anglo male, age 17; all criteria met. Living in group home. Interventions include residential treatment, foster care, outdoor “boot camp” style corrections, adolescent acute care treatment facility, Partners. History of drug abuse.

9. “Matt” is an Anglo male, age 17; all criteria met. Living in group home. Interventions included residential treatment, rehabilitation center (residential) corrections, counseling. History of methamphetamine addiction and other drug abuse.

10. “Sunshineraise” is an Anglo/Native American female, age 13. Living in foster care at girls’ ranch; pregnant (40 weeks). History of drug and alcohol abuse, school truancy, physical abuse, dependency, and neglect.

Appendix D
Interview Responses

Table D-1

Interview Responses for J.J., Jamie, Chantele, Barry, Alazay, and Rick

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Personal likes	Video games; biking	Hands-on physical activity; being outside; playing with her dog; drawing; pottery; being artistic	Drawing; taking walks; listening to music	Not an active person; likes football and basketball on his own but not on teams; watch TV; play video games	Loves the beach, hiking, piano, drawing, singing	Hang out; outdoor stuff; fishing; camping, etc.
Understanding and self-perception of at risk	At times considers self at risk	Considers self at risk for danger; being close to drugs; drinking; out-of-home placement; running away	Putting self in bad position; suicide; drugs; big problems need sorting out; feels she was at one time at risk but is no longer	At risk means "you're not doing good right now"; does not consider self at risk any more but "might be affected by it"	"I had that at- risk petition on me"; at risk means running away, being young, and running around; doesn't feel she is at risk anymore; "some people would say yes [be]cause I'm a pregnant 15-year-old and living with my boyfriend"	When you are positive you will go to prison if things don't change; feels he is no longer at risk but was previously
Self-perception of trauma	Yes	Yes	Yes	Yes	Yes; "my whole life has been trauma"	Yes; "some years in my youth"

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Personal challenges	Family; living environment; homelessness; relationships; trust; street violence and aggression; anger; and relationships with school staff	Staying at home; dealing with parents who work a lot; she ran away recently	No close relationship with mother; no father; transportation is a challenge, as the bus is unsafe; has trust issues from past sexual abuse history	To stop smoking; separation from older sibling who remains at risk; trying not to fight with his girlfriend; pregnancy; impending fatherhood	8th grade education; looking for work at 15; pregnancy; what other people think; separation from drug-involved parent; relocating to a new state	"Staying clean [off drugs] day to day"; waking up and going to work; "I'll always be an addict"
Intervention history	Human services; diversion; alternative education	Individual and family therapy; human services agency	School detention; psychiatric hospitalization; foster care; mentoring program; alternative education; counseling	School counselors; principals; drug counselor through school program	Courts; detention; counseling; foster care; holding cell when suicidal; "for prostitutes, drugs, runaways"; human services	Diversion; probation; alternative education; Hilltop; Youth Recovery Center; Department of Youth Corrections; Emily Griffith Center; social services; group homes; restorative justice (community service)
Did intervention address trauma?	No	Yes	No	Yes	No, because she refused it	Yes, at recovery center

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Meaningful or helpful/lasting change/more harm than good	No	In some cases helpful	Counseling helpful; educational intervention helpful; no lasting change except a coping method taught by psychiatric nurse; foster care did more harm than good because of foster parent's force-feeding; thinks it should have been a kinship placement	School counseling and drug counseling were helpful/no lasting change; "no one could stop me"; a staff person talking to him when he was escalated was unhelpful; didn't care for the tone used, "like hella snappy"	No; some made her even more upset; "they tell you what's wrong, why you're upset; they tell me who I am"; doesn't like being labeled or misunderstood; asked for anti-depression meds and didn't get them	Recovery center was definitely helpful; follow-up; family support; Hilltop did more harm than good; went to lockup after successful recovery; felt that was unfair and unhealthy; group home positive relationship w/ leader
At-risk needs for health	School; work; take care of self; family; animals	Somebody you can go to, to talk	"A place kind of like a psych ward where kids can go"; food; counselors; rehabilitation; a place to go and get well	Some kids need weed, drugs, gangs to be "healthy"; identified Barry's idea of "healthy" means basic survival; stated that some kids need to be protected from the same things	Someone to listen and understand	Family; rewards
Protect at risk from	Drugs; cussing; "everything"	Negative personal influences	Drugs	Gangs	Drugs; gangs; violence; "just about everything"	No answer

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Common mistakes made	Too strict; no respect for youth; controlling; betraying	Control instead of compromise; yelling and telling what to do	Too many privileges; not keeping communication strong; breached confidentiality	Adults don't understand what it is like to grow up in these times	Making judgments; "they make a bunch of assumptions; not everybody's the same person"	"Most have people who don't know what the f--k they're doing"; trivial rewards systems (soda pop); talking down to you as a person; thinking they are always right.
Best approaches/ therapeutic environment	Therapy offered instead of forced	Counseling; mentoring; "leave and go"; "not confined to one space"; "interacting with social world in a safe environment"	Counseling; a place to provide education, jobs, training	No response	Group setting where youth hold things in common; "so you don't feel like you're alone"; away from city; "city brings drama"	Counseling groups; preparation/ desensitization to being around drug culture once outside again (liked that at recovery center) without using
Response to sanctuary concept	Unsure	"It sounds nice – I would live there"	Liked the idea, especially that it would not be forced; "your healing comes in time, when you are ready"	"Nothing could have helped me"; states he would probably have run away	"Sign me up now"	Strongly positive, "that would be BAD!" (clarified meaning was good); "if it could happen it would be a miracle"

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Desired atmosphere	Trust and respect; safety; people you can count on	Home-like; more privileges when you've earned them	"It should feel like a safe, positive place where you can learn to be safe;" colors and messages are positive; views; mountains and landscaping are important; "you open the window and all you hear is the wind"	Sun; connection to loved ones; a big house	A view; nature; outdoors away from everything; blue sky; near the beach; trees; flowers; wilderness	Someplace that doesn't feel or look like a jail
Needs to be met by sanctuary	To understand how it all works; exercise; hygiene; family; protection; consistency; work through conflicts	To be in a country setting; to be with other people who are there to work on the same things; to be allowed time to think about herself and not be pressured to change; to have a home-like atmosphere	Cleanliness	To be in a good environment where there is no fighting	To be in an environment where she can be creative and supported to work on goals	At least one counselor always on duty; decent food; opportunity to work on healthy body; exercise; go outside; sunlight; recreation outside; a clean environment

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Freedom and privacy needs	Not sure	Expressed desire for personal privacy; would like to be able to eat snacks from the refrigerator whenever; some freedom for bedtimes; both freedom and structure	Not too much choice but a little bit; options for choosing treatment like a menu; choose own music; structure and freedom both important; combination of alone and group time	Not privacy, just freedom to do anything he wanted	A lot of freedom but not illegal freedoms; be able to take a walk, watch a TV show; freedom of speech; as much privacy as you need; "I need a moment by myself"	Privacy for hygiene, but learn to live around people; benefits of having a roommate—"you get tight with each other"; desire for a laid- back atmosphere (semistructured) with some structured counseling but not every day
Holistic treatment interests	Hydrotherapy; equine therapy; meditation; massage	Animal therapy; aromatherapy; all described sound interesting	Massage; aromatherapy; meditation; animal therapy; equine therapy; "I hope your message gets sent worldwide"	Talk therapy only; "I wouldn't do any of that horse stuff"	Art therapy; hydrotherapy; animal therapy; massage; meditation; "I truthfully think I'd try them all, but not acupuncture"	Yoga, any of the holistic approaches; no horses

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Preferred room/personal space	Music in own room; video game available	Relax and feel like it is home; private; decorate own room	Positive colors on the walls; compact disc player; journal; had concerns about sexual abuse victims rooming together; would prefer own room unless overcrowded; own towel, shampoo, personal care items	Would want to share a room with his girlfriend; if that wasn't allowed, a room of his own; "pitch black with black lights and stuff that glows"	A room with space, a big bed, desk, big window, skylight, deck with sliding door, garden right outside; room to herself with closet space, own bathroom; own hygiene products—baby blanket, stuffed animals, books, body pillow, computer or diary	Windows; bright colors, not white walls; a closet; own clothes
Creativity interests	Plant trees; help people; pick up neighborhood; take care of things	Specific rooms for exercise and music; would play clarinet, drums, guitar	A place where art can be done (paints, pastels, pencils); sports areas or gym for handball and racquetball; a music room	Likes to record rap and beats for self-expression; making music; headsets and computer equipment	Music room; art room/studio; reading room; playroom for young parents; walking track or trails; pool room; "Aqua room" steam room	Not creative
Suggestions for future dreams/goal setting at sanctuary	Get a job; have money; buy clothes; listen; learn; try it out; skill-building; guests to talk about jobs/careers	Explore your options; have someone you trust show you how that works; job shadowing; guidance for careers/jobs	Help with career choices and jobs; meet people in different careers	Get a bank account; save money; learn how to make a recording studio; make websites; a counselor to tell him how to achieve goals	A room where you could write down on a piece of paper your goal and a coordinator who helps you get to it	Be supportive and not directive about your goals; information available on whatever your goals are

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Spiritual issues/needs	Feels he has healed spiritually	Not especially spiritual	"Someone really calm who could teach/do meditation; stay away from negative messages in entertainment	None	Would like to learn about spirituality and try meditation both in a non-directed way	Acknowledged spiritual needs and the desire to do soul-searching individually with alone/quiet time
Willingly go?	Yes	Yes	Yes; when she was homeless she was told about the teen shelter but refused because it was "too close to the streets"	No	Yes	Yes
Length of stay to be determined by?	The youth decides	Couldn't be determined up front; compromise between youth and supervisor	Ask the youth when they think they are ready; are they safe?; do they require transitioning?	However long the youth wanted, combined with the opinion of parents and sanctuary staff; doesn't think stepparents should have a say	No time limit – as long as the youth needs "until they can face their trauma and go on"; personal decision about length of stay with the input of staff mentor	"Sometimes in life people need to give you a little push"; stay determined by youth and staff
Remove from all other environs?	Yes	Depends on issues; aggressive youth should not go out in public; if family is safe, they could visit or call	Yes	No	Okay to see family members, "but you should stay put, for the well-being of the person; you went there for a reason"	Visitation of family on case- by-case basis; some parents don't have the money to travel to visit

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Prohibit items?	Unsafe people; gang influence; some censorship of music	Moderate music; personal bias about tobacco stated	Smoking should be prohibited; no angry music; only positive messages and influences	Drugs; alcohol	Smoking okay for over 18; violence and gangs censored out but nothing else.	Prohibit or moderate music; no rap; not have TV on often, "it fills your head with a bunch of bullshit"; some videos are helpful
Recreation desires	Games; cards; football; baseball; gym; indoor swimming pool; make trails; biking; dirt bikes; boats; trailers	TV; music; swimming; horseback riding; "stuff calming for you"; go on walks; enjoy open space; bike riding; combination of group and solo recreation times	Video game room; snow-cone maker; recreation room open always; music; arts and crafts; go to a lake; barbecue; learn to cook; go on trips	Basketball court; football field; workout room; rap studio; dirt bike track; pool with slide and diving board; racetrack	Swimming; walks; hiking; horseback riding; movies; arts and crafts; bonfires; activities; Easter egg hunts; talent show; outside events	Gym; natural outdoor setting; trees
Staff mentor relationship	Adults should be respectful; no bad attitudes	No answer	"Give security. . . always be the same to me"	Just friendship; talking as a person, "not as a job"	A staff mentor/guide for every 2-3 kids; "someone who would sit down and listen to what you have to say and not right off the bat disagree"; "go the extra mile"; someone who will listen to your dreams, not try to change your mind	Get trust; "two- way street"; talk about things but not always about issues; connection and personality are important

Interview Items	J.J.	Jamie	Chantele	Barry	Alazay	Rick
Education	I'd learn about everything; how things are made; anything and everything about the world"	"Being confined to one room and listening to a teacher lecture is not helpful"; outside and hands on; students should be doing more; use nature to teach math	Concern for safety in outside class areas; could be outside sometimes but prefers learning indoors, or the youth could choose where; have own teacher if you need remediation or struggle to learn, to avoid embarrassment; likes learning about different cultures and doing cultural cooking projects	Likes to learn by himself; no distractions; kids at a minimum; inside instruction; books; computers; projects	Inside with air conditioning when it's hot outside; outside in nice temperatures; small classes; projects; individualized instruction; grouped according to ability and not age	Field trips; hands on
Other suggestions for sanctuary	Ambivalent about level systems; likes variety in education	None	Positive place; make sure kids feel safe	None	Religious diversity should be respected; follow Golden Rule.	

Table D-2

Interview Responses for Monica Joey, Matt, and Sunshineraise

Interview Items	Monica	Joey	Matt	Sunshineraise
Personal likes	Dance; teen clubs; boxing; party; music; write poetry	Skateboard; hackey-sack; sports; games; videos	Spend time with girlfriend; listen to music	Be in country; ride horses; write; color; music; do hands-on activities; play with kids
Understanding and self-perception of at risk	Most likely to end up in jail, or killed; does not see self as at risk but knows others do	Homelessness; risk of commitment; death; drug abuse; victimization; sees self as having been at risk when younger but now able to take care of self; still at risk for drug use	Risk for problem behavior; commitment; drugs; doesn't see self at risk for hard drugs; doesn't see marijuana as a drug; believes his anger problems keep him at risk	Pregnancy; sees self at risk (implied since she is pregnant)
Self-perception of trauma	Yes	Yes	Yes	Yes
Personal challenges	People talking about me at school; fighting; court; school suspensions; parents are a challenge; managing line between gang affiliation and involvement with gangs	Homelessness, drug use	Drug addiction; anger problems	Pregnancy; being away from parent; "I was raised like I was 18 all my life"; not having a mom
Intervention history	Partners; diversion; probation; Las Chicas group; educational support group for Latino/a students	Residential treatment center; adolescent treatment unit; Department of Youth Corrections; foster homes; Partners; Alternative Youth Adventures (boot camp style intervention)	Department of Youth Corrections; rehabilitation program out of state; alternative residential youth corrections; group home; counseling	Clinical services; family therapy; counseling; Department of Human Services; foster care; girls' ranch foster care; therapeutic school
Did services address trauma?	Yes, anger management	No; they didn't know and he doesn't talk about it	No	Yes, family therapy (but stated it retraumatizes her)

Interview Items	Monica	Joey	Matt	Sunshineraise
Meaningful or helpful/lasting change/more harm than good	Resists them but knows they help	Adolescent treatment unit “got me to stop throwing stuff against the wall”; isolation and stabilization was helpful, “to see the wrong you’re doing”; didn’t see it as necessary at the time, but does now	Yes, residential treatment was helpful; learned “useful tools”; group home useful for anger issues	No on all; “traumatized for life on that.”
At-risk needs for health	Counselors; people you can relate to	Love; “they have lots of love to give. They want to give something back. It’s not that they hate you. They’ve never learned any other way to react. They need different input, outlets for that”	Nice place to sleep; good food; healthy environment; opportunity to exercise; access to important people in your life (girlfriend). “I pretty much go to tell health-wise” [otherwise]	Good home; support; school; eat right; mental health
Common mistakes made	They give you community service when you fight; the punishment should fit the crime; adults turn on you when you trust them with information; they manipulate youth to get information and then tell the other party they snitched—she has to deal with the fallout from that; controlling; make her be in things she doesn’t want to be in; wants to be able to make some decisions	“[Department of Human Services] and [Department of Youth Corrections] think of us as numbers, products”; no relationships between administrators and youth	Over-exaggerating or underestimating problems and behavior; some youth get different treatment; inconsistent punishments, too harsh or lenient; mental abuse by staff (teasing); youth made fun of for his weight	They over-exaggerate on the services; family therapy only brings up their past, never works toward future; last foster home was not safe or clean

Interview Items	Monica	Joey	Matt	Sunshineraise
Protect at risk from	Gangs; drugs; violence	“Druggie parents; people who are dangerous to your life”	“I think it would work for some kids, but not for others”; if voluntary placement, “then, yes, it would work”	Drama; all the bad stuff; drugs; alcohol; having sex; youth need supervision
Response to sanctuary concept	“That’s better than all the other things”	“That’s awesome; that’s one of the best group home settings”	“Like a Western setting, Native American style”	Likes country setting
Desired atmosphere	Out in a place not in town but near town 20-30 minutes away; big, big place; some freedom; eat when you feel comfortable to do so; like a home	“A clean fresh place by a river”; referred to nearby plateau wilderness; “outside those walls you should be able to see the natural world”	Yes; “if this place was real . . . I would so wanna go there right now . . .”	“I would [go] because I could be myself; things to do, things kids wanted to do there; it would be the funnest.”
Willingness to go to sanctuary	Yes, for really hardcore kids; also if it didn’t cost anything; “I would even go now”	No answer	Unsure	Yes
Needs to be met by a sanctuary	Counselors available at all hours	Food; people; friends; I wouldn’t want to be alone”	Give me time to calm down; access to my people as visitors (girlfriend); access to music	Support, someone to talk to; help if you are pregnant; time

Interview Items	Monica	Joey	Matt	Sunshineraise
Freedom and privacy needs	Need rules but not hard core; no forced participation; "if you made it so people liked it, they wouldn't run"; staff not on you the whole time	"I wouldn't give them freedom to go into town unsupervised"; 10-minute walks, town visits, passes, supervised; there should be urinalysis tests monthly; smoking allowed for older kids; should be able to go to your room when you want to	Freedom on an individual basis; "if you are doing what you should be doing, staff shouldn't have to keep an eye on you; you are giving yourself an opportunity to know you can handle that freedom"; to an extent, can earn privileges; reward system on weekends; weekends off from programming; recreation opportunities for free time	As long as you have staff's trust, they can let you wander; likes solitude; cell phone or some way to communicate when spending time alone
Holistic treatment interests	Breath work; hydrotherapy; would try all of the modalities listed; likes the idea of a chapel, to go to on her own	Unsure about body work for self; "I don't like to be touched"; acknowledged it could be good for others; liked ideas of positive support, equine therapy, swimming, hiking, music therapy	Would utilize all, especially body work and equine therapy; familiar with some modalities; knows the "body holds trauma"; drumming circle for spirituality; spirituality should not be pressured	Aromatherapy; massage; chapel; church attendance should not be coerced
Preferred room/ personal space	2 or 3 to a room or apartment; get your own bathroom to share; own bed; wants computer	My own bed; dresser; closet can share; need space for own stuff	Normal-sized room; bring some of own things	Big room; lots of space; stuffed animals; belongings of own; privacy; closet
Creativity interests	Wants exercise that is therapeutic: "things that people in trouble are never exposed to"	Available, not forced, spaces for artwork, music; soundproof room with musical instruments	Art-building for pottery, drawing, painting; "I'm a kinesthetic learner"; LEGO toys; musical instruments	Writing; paper; drawing; a big, huge art studio

Interview Items	Monica	Joey	Matt	Sunshineraise
Spiritual issues/needs	Wants the autonomy to explore own spirituality; would like confession available	Thinks spirituality should be addressed “but without dogma”; spirituality makes you more whole as a person; it should be spiritual exploration and education	Drumming circle; Native American games	Does not want to be forced to go to church
Interventions do more harm than good?	No	“[Alternative Youth Adventures] was traumatizing”; depersonalization in other systems; made to feel like a little kid; no autonomy; TLC = “Tortured little children’s cell” (tongue in cheek)	“Nobody comes out a better person from [incarceration]”; get depressed when incarcerated	Yes, family therapy; “talking about the trauma traumatizes me again; it is too controlling”
Length of stay to be determined by?	A person should stay based on parent and child deciding together; sanctuary staff should consult	Missed question in interview	Unclear/no answer	It would depend on where you were at with all your stuff; length of stay should be based on progress
Removed from all other environs?	Expressed fear of being away from friends; sees value of separation if home is bad; parents come to visit	Yes	Good if it was voluntary; “you need to get uprooted from your dirty soil”	3-4 passes with a parent; family overnights if needed
Prohibit items?	Don’t restrict entirely but limit; edited music okay	No video games; no rap; yes to TV news or newspapers; likes some offensive music	Earn TV; allow music; restrict harmful things; likes some offensive music	TV and music restrictions; messages should be positive

Interview Items	Monica	Joey	Matt	Sunshineraise
Can give up substances?	Yes to all	Yes but kids are going to smoke; it should be allowed by age but do not provide cigarettes	No tolerance for drugs or alcohol; smoking should be allowed by age and within restricted areas; harsh punishments for older kids giving younger ones tobacco; do not provide tobacco	Yes to all
Things of own in this place? Clothing suggestions?	Sweats, not jeans; generic clothing; makeup; own room décor; music items	Basic set of clothes; jeans, t-shirt (black) can individualize	Things of your own in your room	Own clothes; some kind of differentiation; wants makeup; own room décor
Recreation desires	Swim; ride horses; sports (basketball, volleyball, soccer, computers, art, dance, projects the kids devise); a pool; game room	Slip-n-slide on a big tarp; trampoline if you could have one; group activities; campfires	Basketball; swimming pool; foosball; dartboard; air hockey in a recreation room; “let yourself go and be a kid”	Hair studio; art; gardening; animals; science room; sewing; needlework; crafts
Group time, alone time, or both?	No answer	If you’re a group kid, you should be alone more, and vice versa	Both	Both
Staff mentor relationship	Hear; understand; give attention	Personalizing with staff; enjoy being around them; positive support	Staff should urge kids to try new things	Somebody to talk to, feel supported by; someone who earns your trust
Interview Items	Monica	Joey	Matt	Sunshineraise
Education	Clubs and interest groups; field trips; food	Opportunity for independent study; field trips; knowledgeable people; group activities; learn basic survival skills	Hands on; creative lessons “instead of a math book, here’s 100 M&M’s”; science experiments; technical education; field trips; group activities to build trust, cooperation	Art; math; language interdisciplinary; hands on; technical education; learning time with animals; field trips; learning local history; group activities

Interview Items	Monica	Joey	Matt	Sunshineraise
Other suggestions for sanctuary	None	None	Commissary; ice cream and junk food treats to earn; passes once per week	None

Appendix E
Pilot Study Results

Research Participants

The research participants in the pilot study ranged in age from 13 to 17 and included two females (Monica and Sunshineraise) and two males (Joey and Matt; see Appendix C). One female opted for the use of a pseudonym, and the other asked to use her Native American name, which is not how she is commonly known or addressed by her peers. Both males specified that they would like to be represented by their given names in the study. The females were interviewed at home and in foster care, respectively. The males were interviewed separately at a group home where they both reside. Interviews ranged from 1 hour to approximately 1½ hours. When applicable, none of the research participants wanted to reschedule after the first hour, preferring to extend the scheduled hour to complete the interview. In many cases, though the list of interview questions was lengthy, the participants answered more than one question at a time, thus shortening the interview time overall.

Monica

Monica is a 14-year-old Latina female. She lives at home with both parents. Monica has been involved with intervention services ranging from a prominent community mentoring program to youth corrections for chronic fighting behavior. Monica has been particularly impacted in school by ongoing anger problems. She stated she has been suspended 10 times since fifth grade and is on track for expulsion this school year if she does not manage her behavior. Monica believes she was traumatized by witnessing domestic violence in early childhood. Though the stressor has stopped, her

parents still fight and argue, often with her. Monica stated that she feels stressed by this discord, and she acknowledged she displaces that stress in violent social behavior and other forms of acting out. Monica has experimented with drugs and alcohol, has run away from home, and is gang affiliated but is not a gang member. This distinction, from the researcher's experience, generally means that she has friends who are active gang members and is receiving some form of protection or social status from that affiliation but has not actively pursued membership. An added at-risk factor for Monica is that in this geographic region (Western Colorado), juvenile females are usually initiated into gang membership by being "sexed-in," which means submitting to gang rape by several male gang members on an initiatory occasion.

Joey

Joey is a 17-year-old Anglo male adolescent, living in a group home with several other boys. He has been in at least six placements and referred to more than one foster home, so the final count is unclear. Joey claimed to have a trauma history that he has never discussed in treatment. He has been homeless, incarcerated, in residential treatment, outdoor boot-camp style youth commitment, and has a history of chronic drug abuse and anger. When questioned about how he viewed interventions in general, Joey expressed that he feels them to be degrading:

> Joey: The first time somebody calls you a horse, you call them a jerk. The second times somebody calls you a horse, you call them a jerk. The third times somebody calls you a horse, you go out and buy a saddle.

Matt

Matt is also a 17-year-old male, residing in the same group home as Joey. He has been incarcerated by the Department of Youth Corrections (DYC) and has been in two residential treatment centers for behavioral and drug abuse (methamphetamine and marijuana) issues. He has experienced more of the alternative modalities mentioned in this study than the other research participants. Matt sees himself at risk for relapse, primarily with marijuana.

Sunshineraise

Sunshineraise is a 13-year-old Anglo female who stated that she is a member of the Apache, Cherokee, and Cheyenne tribes by heritage. At the time of the interview, she was 39 weeks pregnant. She had already been to the hospital with early labor that stopped and was sent home. Sunshineraise lives at a girls' ranch group home in foster care. She has a history of severe drug and alcohol abuse and physical abuse as a younger child. Sunshineraise was still active in family therapy and was being served by the Department of Human Services and enrolled in a therapeutic school at the time of this study. She is allowed supervised visits with one parent.

Sunshineraise: I was raised like I was 18 all my life.

Responses to Interview Questions

The responses to interview questions from the pilot study are graphed in Table D-2. Summarized here are the paraphrased thematic results of research participants' responses to the questions in the semistructured interviews, along with the

inclusion of illustrative quotes for points the researcher felt were of most importance to the participants, or which perhaps captured the expression of a view most eloquently.

Activities for Enjoyment

The research participants enjoy a variety of pastimes. Activities listed were various forms of indoor and outdoor recreation and some creative pursuits. Active pastimes such as horseback riding, dancing, boxing, skateboarding and playing hackey-sack were mentioned, as well as just being with friends and listening to music. Without exception, music was important to every participant. In most cases, they had strong feelings about the content of music, either condemning it as a detrimental factor in youth development or defending their favorite musical artists.

Perception of At Risk

All of the research participants had heard the term *at risk* and understood it applied to them, either at present or in the past, and either by their own perception or others' perceptions. The participants saw themselves for being (or having been) at risk for: homelessness, drug use, victimization, incarceration, death, and pregnancy. Boys were less likely to view themselves as remaining at risk for physical harm but rather for relapsing substance abuse. To some degree, all participants have distanced themselves from a self-perception of being at risk. This may be because of interventions or current placements that make them feel more secure, or, in some stated cases (Joey, Matt), it is because they feel they have matured enough to take care of themselves, thus minimizing risk factors.

Perception of Traumatization

All research participants were identified as traumatized by referral sources (Partners, Inc., group home staff, school district). All saw themselves as traumatized as well. Joey and Sunshineraise both responded to initial questions about traumatization with associations of treatment. Further clarification provided the information that they were traumatized prior to treatment. In accordance with SIRB recommendations, no details of personal traumatization were requested, and none were disclosed beyond general statements. This limited self-disclosure did not appear to upset or cause discomfort to any participants. No participants reported negative aftereffects from the interview.

Introversion and Extroversion

The purpose of this question was to ascertain whether introversion or extroversion affected experience in treatment or suggestions for interventions. I was interested to know how participants saw themselves and how their personalities affected their experiences. None of the research participants were familiar with the terms *introvert* and *extrovert*, but when the terms were explained, they could all immediately identify their own classification. Monica could even distinguish that in some settings she is introverted, but with racially homogenous peers she acts as an extrovert. Joey and Matt both self-identified as introverts as well. Sunshineraise was the only research participant who identified herself as an extrovert.

Personal Challenges

Monica's personal challenges are mostly social and behavioral. She finds it difficult to stay out of trouble at school and to ignore people talking about her. She feels stressed by her parents' fighting, and she does not want to stay at home. Monica finds it hard to avoid fighting with other girls.

Joey's personal challenges are overcoming a past of homelessness and drug abuse. He must find a way to live sober.

Matt's personal challenges are separation from his girlfriend, on whom he is admittedly dependent. He faces the possibility of relapse in his recovery from drug addiction, and his unresolved anger still creates behavioral problems for him in the context of the group home. Both boys have a juvenile corrections record, and further offenses may lead to commitment.

Sunshineraise's personal challenges include separation from her father, who is her closest biological parent. She struggles with belonging in the group home and faces motherhood at a young age. She did not state whether she would keep the baby or give it up for adoption. Given the impending nature of the birth, and the fact that this information was not offered, I felt it was invasive to ask. Sunshineraise did state that not having a mother is one of her biggest challenges.

Interventions

The youth have been served by intervening agencies, including the Department of Human Services (Child Protective Services, foster care, protective supervision); Juvenile Justice (tracking, diversion, probation, Alternative Youth Adventures Program, Hilltop Youth Services); residential treatment centers; Partners of Mesa County, Inc.; Las Chicas,

Latino(a) Educational Assistance Guidance; and Colorado West Mental Health. This list is not exhaustive. The research participants averaged between 6 and8 interventions. Three of the four participants in the pilot study had been in multiple out-of-home placements. All were still involved in some form of intervention at the time of the interviews.

Trauma Addressed by Services

Monica reported that the only service to address her trauma history was anger management counseling. She thought it was helpful to her in identifying the roots of her anger.

Both Joey and Matt denied that any interventions they had received had ever addressed their trauma histories, with Joey adding that he did not talk about it.

Sunshineraise stated that her trauma had been addressed to the exclusion of other needs and that she did not like the continual emphasis on that aspect of her treatment.

Assessment of Services as Helpful or Meaningful

Three of the four research participants felt that some of the services they had received had been helpful or meaningful in some way. Monica repeated that anger management counseling had been positive for her. Joey stated that his stay in an adolescent trauma unit had "got me to stop throwing stuff against the wall." He reported that isolation and stabilization were necessary and helpful at critical times in his treatment. Matt said that some things he learned in residential treatment were "useful tools" in dealing with his anger and addiction problems, and he emphasized that his experiences with equine therapy had been especially meaningful. Sunshineraise was the only respondent to state that all interventions had been negative.

Input on the Needs of At-Risk Youth

Responses to this item varied but expressed common themes of desires for autonomy; meaningful therapeutic relationships; a healthy environment; and basic physical, psychological, and emotional needs being met. Joey's response was decisive:

> Joey: Love. [At-risk youth] have lots of love to give. They want to give something back. It's not that they hate you. They've never learned any other way to react. They need different input, outlets for that.

All of the youth expressed that there are definite dangers in the environment of at-risk youth that require protective factors. These dangers were mentioned as substance abuse, abusive or negative influences from peers and family, gang culture, and sexual involvement. Common mistakes intervening agencies make with youth include excessive control; manipulation; depersonalization; degrading or traumatizing measures (these were not elaborated upon); and inconsistency with discipline, either underestimating or exaggerating incidents.

> Monica: They give you all this community service stuff, it's like, what's that gonna help me do? I got caught for fighting, what's that gonna help me with? . . . Like at school, too . . . [the authorities say] 'We know you did that because someone told on you.' . . . They also say that I said something someone else did, but I didn't, just to get the truth out. When I come back, I have enemies and I have to deal with it.

> Joey: DHS and DYC all think of us as products. We are numbers, with bar codes on the backs of our necks.

Responses to Sanctuary Concept

The research participants initially varied in their responses to this item, most requiring a lengthy description of the concept as well as a qualifying statement that they were not being recruited for such a placement. When understanding was clarified, all

responded positively. While early reactions were guarded, as the interviews progressed, participants became more enthusiastic.

> Monica: That's better than all the other things.
>
> Joey: That's awesome. That's one of the best group home settings.
>
> Matt: I think it would work for some kids, but not for others.
>
> Sunshineraise: I would [go] because I could be myself. Things to do, things kids wanted to do there. It would be the funnest.

All youth were in favor of a sanctuary as a voluntary placement, and Monica expressed a concern about cost. All said that if those factors were nonprohibitive, and if they felt they were in need of such an intervention, they would go willingly.

> Monica: Yeah, I would. I would even go now. That would be really cool. There should really be one of these things, because . . . . for me, in my situation, it would also help my mom.
>
> Matt: If this place was real, and you explained it to me, and how I explained it to you, I would so wanna go there right now.

Needs a Sanctuary Should Meet

Responses to this item ranged from physical needs such as good food and exercise opportunities within a healthy environment to access to important people in their lives. Matt qualified his endorsement of the sanctuary concept with the condition that if he were to go he would have to be able to see his girlfriend on visits. Monica and Sunshineraise also expressed the need for staying connected with important outside relationships in a supervised capacity by earning passes. The need for autonomy and some freedom of movement was expressed by all youth interviewed, as well as an emphasis on supportive staff and meaningful connections between staff and youth.

> Monica: They need to have counseling people who stay there too, like, any time of day or night, whatever.
>
> Joey: You need to get uprooted from your dirty soil.

Matt stated that he needs to be given time to calm himself down when he escalates emotionally. Sunshineraise's stated needs were support, someone to talk to, and time.

Preferred Environment

All suggestions for the preferred sanctuary environment were descriptions of the local geography in Western Colorado. The youth were very specific and consistent in their descriptions of a large place in a rural setting that was near but not in a town. Joey suggested a "fresh, clean place by a river." Many suggestions were given for recreational aspects for such a facility, including swimming and sports areas, game rooms, hiking trails, etc. Matt specified the desire to see a place that had a Native American atmosphere, and Joey gave a suggestion of the nearby Uncompaghre Plateau, once tribal Ute land.

Sense of Belonging

The responses to this item varied. Monica expressed that she would feel she belonged if the setting was a home-like atmosphere, and she mentioned that she would like to be able to eat whenever she wanted. Joey stressed that acceptance by others, especially peers and staff, would make him feel a sense of belonging. Matt's suggestions were that most needs should be met at a physical and mental level. Sunshineraise did not offer a response to this item.

Freedom

On the subject of how much freedom youth should have within a sanctuary setting, all responded with a desire of at least some autonomy. Suggestions were given that indicated a level system where youth might earn certain freedoms or privileges would be appropriate. Desires for alone time, the freedom to opt out of some activities, and to maintain some visitation contact with family and significant others was reiterated. Also of note were desires for supervision and checks for drug use.

Interest in Holistic Modalities

All research participants expressed interest in and openness to holistic modalities described by the researcher. These responses varied by the individuals' previous exposures to such offerings and by their personal histories and perceived therapeutic needs. As the son of a body worker, Matt was familiar with the value of therapeutic work in the form of Bowen therapy, which he had personally experienced and referred to as "phenomenal." He was also familiar with aromatherapy.

The youth showed a particular interest in hydrotherapy, aromatherapy, equine therapy, massage, and spiritually attentive counseling. All youth indicated that they would be open to accessing holistic therapeutic interventions if they were available.

> Matt: I know that, like, with massage therapy, it lets out a lot of emotions for me. And I believe that it would be a good way . . . for some kids to let out things that they haven't even known about. There's been a few times [for me] that I've let out emotions and talked about things that I didn't even know were there . . .'cause they were so covered up.

Animal Therapies

A most enthusiastic response was made by all participants in relation to therapy with animals. Suggestions for animals to have present at a sanctuary were dogs, cats, birds, and horses. Sunshineraise suggested monkeys be considered as well.

> Matt: Equine therapy with the horses . . . I cannot begin to tell you how phenomenal that is. . . . Like, if you have a bunch of horses out there, and each kid that comes in has their own horse . . . to call their own. There's this place [locally] that does equine therapy, and you get to pick your own horse that you play with and everything, like, you got to paint all over the horse . . . and you got to ride them. I think that a horse, like, they can tell that a human is hurt, you know, emotionally and physically, and adapts to that, you know, is careful around the person. When I would hug the horse there was just this complete—I can't explain it, it was just a power like none other. You just feel so good.

Personal Space

This item solicited suggestions for personal living space. All youth responded that they would not mind sharing rooms but would like to have their own beds, dressers, and space for storing personal items. Sunshineraise stated that personal privacy is important. Suggestions were made that they be allowed to have some of their own things from home to decorate and furnish their rooms so as to have a home-like environment.

Creativity and Healing

Research participants suggested a wide variety of activities for self-expression and therapeutic gains, including access to art materials, music, movement, and creative writing. Suggestions were made by Joey, Matt, and Sunshineraise for an actual art studio. Both boys liked the idea of a soundproof music room where residents could play instruments. Monica suggested that a sanctuary setting provide "things that people in trouble are never exposed to."

Spirituality

All four youth expressed that spirituality should be addressed and fostered but that participation should not be coerced. Monica suggested a chapel within the sanctuary where individuals could go when they wanted to pray or meditate. She stated that she felt she was in need of spiritual healing and that confession would be helpful for her. Joey stated that spirituality should be addressed through education and exploration, without dogma. Matt suggested exposure to Native American spiritual practices and group drumming circles. Only Sunshineraise expressed that she was not interested in spirituality personally and did not want to be "forced to go to church."

Expressed Harm From Previous Interventions

Monica did not feel that she had been harmed by her experiences with previous interventions and acknowledged that they had probably done her some good, though she had been an unwilling participant while engaged with them. Joey emphatically stated that an outdoor boot-camp style corrections placement had traumatized him. Matt echoed that corrections placement had been a negative experience and "no one comes back a better person from DYC." Sunshineraise reiterated that family therapy was continually traumatizing for her. She felt it was too controlling and dwelt more on past abuse issues than present-day functioning. In a summative statement regarding her treatment, she said she was "traumatized for life from all that."

Length of Stay

Monica and Sunshineraise were the only two participants to respond to this item. The researcher inadvertently missed the question when interviewing Joey, and Matt did not make a statement.

Monica felt the length of stay in a sanctuary should be decided upon by the potential resident and his or her parent(s), and Sunshineraise suggested that length of stay be determined by how the youth makes progress. No definitive timelines were suggested or discussed.

Suggested Restrictions in the Sanctuary Environment

All youth stated that some things should be restricted in a sanctuary environment, and others monitored. Opinions were expressed regarding music, television, video games, and other influences that may carry negative messages. Suggestions were made that offensive music be either eliminated or edited and that video games be prohibited. Television was requested for privileges or access to news coverage.

Giving Up Substance Use

Responses to this item were consistent among research participants, with all in agreement that drugs and alcohol should be prohibited and that they personally could do without them in a sanctuary setting. The subject of tobacco use was less definitive, with Joey and Matt explaining that it would be better to allow older youth to smoke in prescribed areas. Both made the statement that the sanctuary staff should not provide cigarettes or condone such youth providing tobacco to younger residents.

Clothing and Personal Belongings

The youth suggested that residents of a sanctuary have their own clothing but that it should be appropriate, comfortable, and basic, such as jeans, sweatpants, and t-shirts. They recommended that individuals be allowed to have some personal belongings in their rooms.

Recreation

Suggestions for recreation included a swimming pool, a sports field, a recreation room, foosball, air hockey, art, crafts, needlework, gardening, and personal projects that could be both fun and educational. Matt suggested a Native American game that he had learned at a residential treatment center.

Bonding Activities, Group vs. Alone Time

The youth saw the value of bonding as a community with peers and staff and recommended activities designed to promote trust and reliance, though none were specified. Monica stated that eating and playing together promoted bonding. Joey suggested filed trips for bonding. Matt suggested scheduled community times, campfires, and learning basic survival skills.

When asked about group vs. alone time, the youth predominately expressed the need for both. Joey made the statement that solitary individuals should be encouraged to do more group activities, and group-oriented youth could benefit from learning to enjoy solitude.

Staff Mentoring

The youth responded to this item by expressing the need to be listened to, understood, encouraged, and supported. Matt stated that staff should urge youth to try new things. Sunshineraise expressed the need for trust.

Education

All youth showed an interest in education that was individualized, creative, and active. Joey, who identified himself as a kinesthetic learner, encouraged hands-on learning. All youth recommended field trips. Matt suggested the opportunity for students to do independent study. Technical education, learning with animals, and learning about the natural environment and local history were also recommended.

Other Suggestions

Finally, when asked to share other recommendations not touched on in the interview, or that the respondents might have thought about in hindsight, the following observations were made: Monica wanted to be certain parents could come to visit, Joey stated that individuals should be able to go their rooms upon request, and Matt recommended that there be a commissary where ice cream and other treats might be earned by residents.

Discussion/Interpretation

The research results are interpreted and discussed in extracting the intended meaning from the youth responses to the interview questions and to then take a thematic view of those responses, asking the following questions:

1. What are the overarching needs and wishes being expressed, and how are they being verbalized or otherwise indicated? (These needs and wishes are coded as themes, expressed as desires.)
2. What do they represent in terms of applications to therapeutic interventions?
3. In what ways are they unique? In what ways were they predictable?
4. What are these expressions telling me in the contextual and textural environments from which they have sprung?

A Desire for Protection

This theme may have emerged because of the description of sanctuary given to the youth upon beginning the interview. It is also possible that research participants had preexisting associations with the protective nature of wildlife sanctuaries and made that inferential leap. Additionally, the wording of interview question #9 directly solicited responses regarding protection from harmful influences. The words *at risk* predictably elicited definitions from the participants that they had heard used about themselves and others. At the same time, they were able to expand on those definitions with personal associations that related to external factors rather than internally motivated risking behaviors.

These factors considered, the research participants expressed clear attitudes that mainstream culture can be a dangerous environment for youth. Themes that emerged in their answers expressed a shared desire for protection from exposure to that harmful environment, which could result, in their views, in homelessness, victimization, addiction, incarceration, and even death.

Some answers—particularly from Monica, Joey, and Matt—reflected a belief that they also need protection from themselves and their own poor choices. Even their suggestions for the placement of a sanctuary in an outlying, fairly remote area indicated their wish to be removed from mainstream culture and its hazards and temptations. Monica mentioned fear of violence in one statement and her desensitization toward it in another. Joey was firm in his statement that neither video games nor rap music should be allowed. Matt wished to be protected from “druggie parents.”

Some of the verbal and nonverbal expressions of this desire for protection were conveyed through implied experiences they did not share, or brief references to their own background. For example, Sunshineraise, who claimed she was raised all her life “as if I was 18,” was most adamant about the need for supervision. Joey, who admittedly has never been able to give up smoking cigarettes, stated firmly that if smoking was allowed for older youth in a sanctuary, there should be strict and severe consequences for those youth who give tobacco to younger residents. The two male participants, both experienced in addiction treatment, took the strongest stance on being protected from drug use. Both suggested the use of random urinalysis as appropriate following passes away from the sanctuary. What this reveals to the researcher is that they recognize that leaving the protective supports of a sanctuary setting, even in theory, may leave individuals vulnerable to relapse. Therefore, accountability checks upon return reestablish safety.

A desire for protection theme may be expected to have surfaced due to the nature of the subject in question. However, each research participant brings a unique personal

history to the theme and a definite sense that they would like to see other youth protected from things to which they were possibly exposed.

What this theme translates into in terms of therapeutic intervention is a physical design and security plan that is critically well planned and designed to create safety. Herman's (1992, 1997) trauma model is especially important to this aspect of sanctuary design. Establishing physical and emotional safety is the first priority.

A Desire for Autonomy in Treatment

A recurring theme that surfaced in the analysis of interview data was *a desire for autonomy in treatment*. This was evident in many remarks made in response to interview questions and in ancillary discussion. The youth interviewed wished to have the option to choose what works best for them therapeutically and did not want to be forced to participate in interventions or practices in which they felt controlled by others.

The therapeutic implication of this theme is that a menu of services available is preferable to mandated, system-driven treatment. Even the ability to self-time out, or to de-escalate at one's own pace, was seen as an important part of doing therapeutic work. This was to be expected, as some of the youth have been served by systems that require constant cooperation and for which there are severe penalties when they do not engage, such as the juvenile justice system. It is also a predictable response given the developmental need for adolescents to differentiate and make their own decisions.

A Desire for Structure

Juxtaposed with *a desire for autonomy* is *a desire for structure*. This theme often went hand in hand with statements made regarding freedom. The youth communicated

that they understood and valued the need for structure, seeing it as both a protective factor and one that could foster growth. Joey and Matt, who had both been exposed to “level systems” of behavior in residential treatment, felt that there was some value in earning freedom by exhibiting positive behavior and working a program. There were no strong recommendations for an adoption of level systems within a sanctuary model; however, the issue of structure was felt to be important.

This is a predictable theme in youth at risk, whose unsupervised and often out-of-control behavior has resulted in victimization. Meaningful structure creates a sense of safety and self-value as they learn to regulate themselves and their behaviors.

Sunshineraise is an example of such a youth, raised in an extremely permissive environment, unsupervised, and pregnant at age 13. Joey, who has been homeless, may rebel against extreme structure and controlling influences; yet, he expressed the need to be held accountable and kept busy and active.

A Desire for Meaningful Connection and Relationship

Perhaps the most strongly expressed theme was *a desire for meaningful connection and relationship*. This was expressed in a variety of ways—verbally and in body language and heightened emotional expression when the subject was broached. These youth spoke of people who were important to them and wanted to make clear that youth at risk need to maintain those connections with friends and family while in residential treatment. Matt spoke of needing to maintain a relationship with his girlfriend, who is his primary source of emotional support.

> Matt: Unless the judge says, you can’t see this person . . . [youth at risk need] to see the people in life that mean the most to them.

All youth spoke avidly about animals and the power of the unconditional love and acceptance they can provide to humans. Each said the most important task for staff in such a facility would be to build rapport, listen, be trustworthy, and provide unconditional support.

Individually, the research participants have a lost connection with a parent or other primary caretaker. In some cases these broken relationships were created by abuse; in others, by abandonment. These stories were implied or referred to briefly in the context of acknowledging personal trauma but not expanded on. They appear to be hungry for adult mentoring and support and need those connections to provide a solid sense of hope and self-worth.

The therapeutic implications of this theme are that one-on-one, stable, and healthy staff relationships with youth are paramount. Some of the youth have been in interrupted relationships with therapists and family members and have a need for continuity. Forced connections, such as those described by Sushineraise in her criticism against family therapists, do not work and may do more harm than good. Joey's comments about being treated as "products with bar codes" speak to his dissatisfaction with depersonalizing systems where positive relationships are not built. An implied message I gleaned from the various interviews is that when youth such as these have been in many placements, they have lost their sense of what it means to belong in any one place, and many things are seen as temporary.

A Desire for Self-Exploration

The theme of wanting to explore the self was evident in the youths' interest in trying new things. They expressed enthusiasm for experiential learning; new recreational

pursuits; self-discovery in relationship with staff; new modalities of treatment with which they were unfamiliar; and, in all but one respondent, spiritual exploration.

This is a theme that bears deep consideration because youth at risk are often classified as unwilling and rebellious. Much discussion related to trying new things and cooperating with therapeutic community expectations informed me that there is a need for balance between protection, autonomy and structure, creating a mood conducive to self-exploration. This theme also seems to hinge on therapeutic relationship, in that some of the youth need the encouragement of adults to give them the courage to engage beyond their comfort zone from time to time.

Youth at risk are not generally the ones who are engaged in extracurricular activities or who have consistent school attendance, and they lose opportunities that other youth have. As Monica said, youth at risk need to be exposed to new things. Opportunities to learn creatively and experientially, to go on field trips, and to experience holistic approaches to treatment may enhance their personal growth capacities. Moving forward in experience and mastery is critical to the development of self-esteem and hope in these youth.

Conclusion

This study provides data relevant to the design of a sanctuary model for youth residential treatment based on the experiential input of traumatized youth who have been involved in multiple interventions and who remain, to some degree, at risk. The thematic analysis of this data has produced a contextual forum for giving youth a voice in their recovery from trauma. Insights shared by the research participants in this qualitative study provide a view that is often missing in youth treatment design. I hope that the

themes which have surfaced in this research may inform further research as well as potential design applications for services for traumatized youth.

Appendix F
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