2021

Creating Sanctuary Schools for Students Diagnosed with Autism Spectrum Disorder

Kerri Newton
Philadelphia College of Osteopathic Medicine

Philadelphia College of Osteopathic Medicine

School of Professional and Applied Psychology

Department of School Psychology

CREATING SANCTUARY SCHOOLS FOR STUDENTS DIAGNOSED WITH
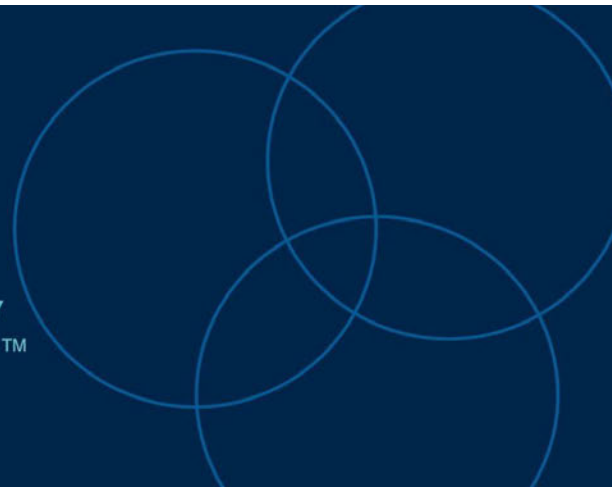
AUTISM SPECTRUM DISORDER

By Kerri Newton

Submitted in Partial Fulfillment of the Requirements for the Degree of
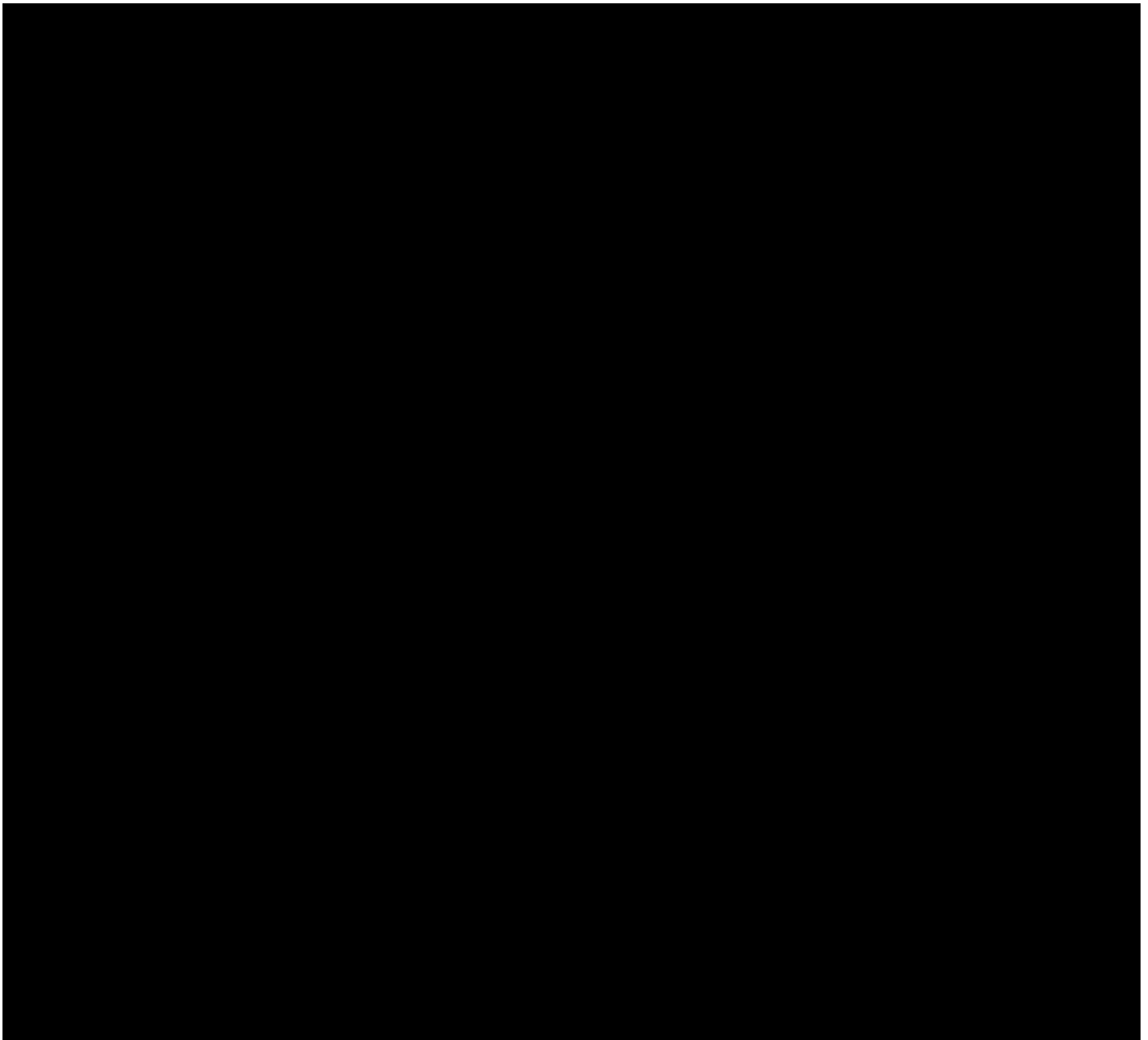
Doctor of Philosophy

June 2021

ACKNOWLEDGEMENTS

Rey,

No matter what career path I decided on, you have supported me and have always been my sound mind when I've become unsure of my next steps. You keep me mindful that I must stay focused until I reach my goal and never give up. You inspire me to give all I have to my goals and to always execute until the very end. Your passion for completion motivates me especially the days when I want to give up. I can't say you've supported me just through this process as you have been there for me from the day we met. When I think of our journey together I smile and thank God that you are part of my life as you've helped me grow in ways that I couldn't imagine, challenging me to be my best. I love you forever.

Mom,

You told me at the beginning, the years will go by either way, either you accomplish the goal or I will look back thinking I could have done it! That has kept me focused and disciplined this entire time. Thank you for grounding me with your words of wisdom, love, and foundation for my faith. I can never thank you enough for instilling in me a hard work ethic, compassionate and honorable approach to anything I put my heart and mind to do. Everyone should thank you for where I am today, because all of my celebrations I celebrate with you as the foundation of who I am, started with you.

Ahmod & Niya,

I couldn't have prayed for two better children. I thank you for your patience and love. Thank you for always supporting me with hugs, kisses, and laughter. Thank you for being part of this dissertation process by Ahmod helping with edits and Niya showing me how to put an awesome google site together. You both have demonstrated what team work and love for family looks like during this meaningful process. I am forever grateful to God for you both (and Neo!!).I love you guys so much, I hope I've made you proud!!

Dr. Salzer,

From the moment we met, you have always given me the utmost love, support, wisdom, and guidance any graduate could hope for when deciding to further their education and career. Thank you for endless support throughout this time, especially during the most difficult times in my life. You have remained solid and consistent throughout my journey. You became instantly someone I could trust and rely on. Never enough words to express my gratitude however, I hope the work that I look forward to accomplishing, demonstrates my gratitude for all the time and energy you have put into my completion and becoming Dr. Kerri D. Newton.

TABLE OF CONTENTS

CHAPTER 1: INTRODUCTION

Introduction

The purpose of this project is to develop a Guidebook for school systems on how to help students diagnosed with Autism Spectrum Disorder (ASD) feel most safe when they are integrated into and participate in classrooms providing general education. The Sanctuary Model provides a framework that can be applied to school communities to address the unique needs of students diagnosed with autism. As a framework, it can provide these communities with a blueprint of how to encourage participation from students with autism so they too can benefit from learning how to identify not only their feelings but the feelings of others, addressing their unique experiences, explore holistic and effective ways to cope, and build trusting relationships within the classroom.

Statement of the Problem

Life as a student can sometimes be difficult. Students are faced with many challenging opportunities that can either encourage growth or create barriers too difficult to overcome. These challenges include everything from academic excellence to social acceptance, as students attempt to navigate and manage daily expectations. Students may experience traumatic events at school such as bullying (e.g., teasing, verbal and or physical aggression), managing learning disabilities, or simply struggling with "fitting in." Overall, negative experiences students encounter can cause them to feel defeated even before getting started. Students who are developing normally may find coping mechanisms to help them in trying times but this can still be very difficult for many students, especially those on the spectrum.

Many schools have recognized the difficulties that students with ASD may have with feeling safe in classrooms and with "fitting in." However, in response, they often reach for programs that turn out to be relatively ineffective, do not address the intrinsic need for felt safety in learning environments, and that are simply quick fixes with little long term success. In addition, schools have a history of utilizing punitive measures that can prompt further emotional and behavioral distress rather than models like the Sanctuary Model that hones in on creating a community where there is a shared responsibility for one another. Therefore, I am proposing a holistic intervention intended to help staff and students reach a place of healing and growth by helping each other through the principles developed from the Sanctuary Model. It is intended for all staff and students, including those students both on and off of the spectrum. The goal is to create an environment that allows students with autism the ability to participate and provide support to their peers as well as receiving support through developing healthy and trusting relationships within their classroom.

Purpose of the Study

The Sanctuary Model provides an alternative to behavior change that focuses on illuminating intrinsic growth in a safe, therapeutic environment. It is a way to humanize members within the setting that can either develop or even improve healthy and trusting relationships among peers and among staff and students. The examination and implementation of this program can usher in a new way for school members to support one another.

This project developed a holistic intervention intended to help staff and students reach a place of healing and growth by helping each other through the principles developed from the Sanctuary Model. This approach allows students with autism the ability to participate and provide support to their peers as well as receiving support through developing healthy and trusting relationships within their classroom. It is hoped that by embracing the practices of the Sanctuary Model with students, including those diagnosed with ASD, will result in positive outcomes and foster positive relationships among group members that may have had difficulty socializing and maintaining friendships.   This project developed a guidebook to be used by school systems who wish to create environments that will make students with ASD feel safer and more comfortable. In addition, a website was developed (see Appendix for examples of the pages on this website) to make resources available to school systems that wish to create sanctuary classrooms. Finally, the guidebook and website were reviewed by colleagues in the field for feedback about the feasibility of utilization in schools. Based on that feedback, modifications to the guidebook were made resulting in the final product.

CHAPTER 2: REVIEW OF THE LITERATURE

"Let's imagine that we live in a culture, in a whole world, where it is clearly recognized that just as people need good food, clean water, and fresh air to live, similarly require shared ethical principles as the basis for our families, institutions, and society as a whole.
(Bloom, 2017, p. 510)"

The Sanctuary Model

Overview of the Sanctuary Model

The Sanctuary Model represents a theory-based, trauma-informed, evidence-supported whole-culture approach that has a clear and structured methodology for creating or changing an organizational culture (Esaki, Hopson, and Middleton, 2014). The model's aim is to usher in a cohesive approach that promotes healing due to physical, psychological, and social traumatic experiences. It is a model that prides itself on its ability to bring the entire organization (i.e., staff, students/clients, and community) together as a whole.

Historical View of the Sanctuary Model

The Sanctuary Model was first introduced in the 1980's by psychiatrist Dr. Sandra Bloom and her team. This team included Joseph Foderaro, a social worker, and Ruth Ann Ryan, a nurse manager, and was formed in an acute care, adult inpatient psychiatric unit within a general hospital in North Philadelphia (Bloom, 2017). After observing and talking to patients, they discovered that many had experienced trauma in their lifetimes and the team was formed to develop better supports by addressing issues around their trauma.

According to Dr. Bloom (2017), as the team continued to work with their patients, it became evident that patients were not receiving the dignity, validation, and respect that was deserving of any individual. In her article *The Sanctuary Model: Through the lens of Moral Safety*, Dr. Bloom states that all organizations, including mental health facilities, need to be more welcoming with a healing approach for their clients (i.e., survivors) and work towards having a more understanding approach to the patients' past and/or current trauma (Bloom, 2017).   The model is a way to usher in a moral system that can support survivors that have either witnessed or have been victims of trauma. The nature of a traumatic event can significantly impact the development of one's moral intelligence resulting in profound effects on the individual as well as their environments.   Without this support, survivors of trauma may become derailed, resulting in maladaptive coping behaviors such as violence, silence and secrecy, racism, and narcissism.   Children caught up in this phenomenon may go hungry, are at risk for becoming homeless, and may show signs of hopelessness, a precursor to depression.   Survivors may develop a pessimistic outlook that can result in a loss in faith and or purpose in life.   *"The development of the Sanctuary Model is to assist in the recovery of one's trauma by supporting survivors as they rediscover and reclaim their faith, belief in a just world, morality, and justice"* (Bloom, 2017, p. 508).

The Importance of Including Community

A central tenet of the Sanctuary Model is the involvement and support of the community. Community is what helps bring individuals together during tragedies, providing support, understanding, and access to resources. Reliance on one's community,

be it with their family, neighborhood, city, or even the country can bring about a swift

healing in a way that can be difficult to accomplish alone. Often, when we think about

therapeutic interventions, the focus is on the individual and changes in behaviors and

cognitions that can be made to help improve their quality of life. Occasionally, especially

with children, we might take a family systems approach, including that context as an

important area of focus in order to support a child experiencing difficulties. The

approach used in this study expanded on this idea, focusing on the classroom

environment as a context for intervention to support students with ASD. The Sanctuary

Model emerged out of the awareness that we are, as a collective community, responsible

for creating a safe environment for everyone, but most especially those who have

experienced significant and persistent forms of trauma. As an evidence-based

intervention, it established the healing process for an entire system.

In her article, *Sanctuary Trauma and the Community* (2000), Adshead encourages

the reader to understand that when we use the community as a secure base, people are

more able to develop a sense of self agency. In addition, utilizing a therapeutic

community approach can be especially valuable for those who feel isolated and

disconnected by their experience of trauma (Adshead, 2000, p. 136). "The awareness

that violence and victimization is everybody's problem and that we experience it and

respond to it as a community as a whole" is a force that can propel healing in a swift

manner (Adshead, 2000, p. 136). It is a strength of the Sanctuary Model that reshapes the

thinking of those in the community to remember that we are our brother's keeper. This

model helps those in the group (i.e., both staff and students) to be mindful that what

affects one affects all in capacities such as learning, social interaction, behavioral, and wellbeing.

The Four Pillars of the Sanctuary Model

There are Four Pillars that form the foundation of the Sanctuary Model: Knowledge, Values, S.E.L.F, and Practice. Each is briefly described below. Later, these Four Pillars will be discussed in terms of students with Autism Spectrum Disorder (ASD) and are the focus on the Guidebook development.

Knowledge

A significant pillar of the Sanctuary Model is the belief that all stakeholders should share a similar knowledge base. This allows for a common understanding of the basic values, beliefs, and guiding principles that facilitate decision making and conflict resolution. When applied to individuals who have experienced trauma, this might include not only knowledge about people and groups about how these function under stress and during healing and recovery.

Values: The Seven Sanctuary Commitments

Shared values are best represented in the Seven Sanctuary Commitments. These commitments consist of an operating system that is designed to have a coherent system to help with decision making and problem solving within an organization. Sanctuary Commitment represents principals that are interactive, interdependent, and universal to all individuals and guide the values of the organization. The Sanctuary Commitments work to change the thoughts, habits, and behaviors of all members of the organization,

allowing the organizational leaders to implement such commitments consciously and to better the environment. This requires all members to make a *daily effort* to incorporate fairness and coherent moral systems when faced with challenges within and out of the organization (Bloom, 2017). Sanctuary Commitment is important to maintain as it works to support not only staff and leaders but also, when applied in school settings, students and their families as it helps to maintain a safe and fair environment.

There are seven commitments that are established within the model that help to keep the organization fair and balanced. These principals can also be seen as a way to identify the frequency and intensity of problems that occur and work to reduce the problem by working on that specific commitment. The seven principles of the Sanctuary Commitments include: (1) commitment to nonviolence, (2) commitment to emotional intelligence, (3) commitment to social learning, (4) commitment to open communication, (5) commitment to democracy, (6) commitment to social responsibility, and (7) commitment to growth and change.

Commitment to Nonviolence

Commitment to nonviolence encourages the group to practice awareness of safety that includes physical (outside), emotional (inside), socially (with others) and morally (doing the right thing) (Clarke & Royes, 2014). This commitment is important as it targets bullying and rejection head on. By asking daily those in the group to not only be mindful of this commitment but practicing this among the group can reduce the instances of abusive behaviors inside and outside of the immediate environment. The commitment to non-violence is an essential component to creating sanctuary for all members of the

group which can also encourage all members to practice it in other settings such as homes and communities.

Commitment to Emotional Intelligence

Commitment to emotional intelligence helps the class to manage their feelings so that they refrain from hurting themselves or others (Clarke and Royes, 2014). With this commitment students can learn to express their feelings in a safe environment, knowing that they will be supported by their teacher and peers. As the goal is for all members of the classroom to honor this commitment, students can eventually feel safe enough to let their guard down and talk about their emotional concerns during or outside of community meetings and explore solutions to help them overcome their problems. This commitment also helps students to become aware of their triggers and discover ways to not only manage their feelings in the moment but also how to ask for help within their support system so they will not feel alone. Although this may seem difficult to teach to some students on the spectrum, peers and teachers can start by utilizing this commitment through social stories, video stories, therapeutic games that involve matching facial pictures to events that have caused them distress in the past followed by teaching them how to elicit help when it happens as well as coping skills they can use.

Commitment to Social Learning

Commitment to social learning encourages the group members to respect and share the ideas of each person within the group (Clarke and Royes, 2014). This commitment helps to also teach students tolerance of others ideas even if they do not agree with it. It also helps each member to think critically about how they can apply a

stated idea to their lives. It is not uncommon to disagree with an idea stated by others,

however this commitment teaches students how to be flexible in their thoughts when

hearing other students talk about their ideas. This commitment also seems to hone in on

how students can support one another despite differences in a respectful manner. For

example, students on the spectrum that have difficulty with rigidity can practice being

flexible during social opportunities with other students. The student on the spectrum can

be reminded of this commitment when he/she seems to struggle with accepting an idea or

suggestion different from their usual routine. Immediate praise should be given when the

student on the spectrum demonstrates a willingness to honor this commitment. This

commitment can also be useful upon returning back to school in the fall as students and

teaches share their different experiences witnessed this past year. As some students may

have witnessed a loved one battle COVI-19 and or continue to battle racism and other

forms of trauma and hardship, it can help teach compassion for others by listening to the

concerns of their peers and even as a student they can think about how their peer can be

supported by them.

Commitment to Open Communication

Commitment to open communication is another important commitment that

encourages the group to communicate their thoughts and feelings to others in a proactive

and respectful manner (Clarke and Royes, 2014). Often times during a conflict, students

may respond in a hostile manner that is unproductive to resolving their problems and in

turn creating a more problematic situation that may be hard for teachers to deescalate.

This commitment helps the group to stay mindful of their ability to communicate

respectfully even when they are faced with conflicts. By talking about this commitment frequently prior to any conflicts can help the teacher to better deescalate future problems by reminding students in the moment of the conflict to practice their commitment to open communication so that everyone feels safe, heard and respected.

Commitment to Democracy

Commitment to democracy is a commitment that involves shared decision making skills regarding roles and responsibilities in the group (Clarke and Royes, 2014). Although the teacher is ultimately in charge of the classroom, he/she can use this commitment to teach students how to work together as a team rather than an authoritarian approach that some students resist, resulting in many behavioral problems and poor classroom management. For example, teachers can use this as an opportunity to allow students a platform to voice their concerns about how they are learning and the barriers to their learning experience. In turn, the teacher can problem solve with students on better approaches that will help them learn the materials presented to them rather than shutting down because the work is too hard. Teachers and administration can also use this commitment during staff meetings to help better the learning environment. By not only providing a platform for teachers to be heard but also giving them the opportunity to share ideas as well as take part in the decision-making process for students in their classroom can only enrich the learning environment as well as showing teachers they are of great value and their ideas are also important too.

Commitment to Social Responsibility

Commitment to social responsibility teaches students and staff members that together they can accomplish more and everyone in the group makes a contribution to the organizational culture (Clarke and Royes, 2014). This teaches that everyone in the group is valued and an important part of the classroom community. Contributing kindness, ideas, helpfulness, and mindfulness are all attributes that all students and staff members can give to the classroom. This also helps to shape the thoughts and behaviors of the group for future experiences with others as they grow and develop into productive citizens within their community. It also teaches students and staff humility in that when you work together everybody wins and no one is left out.

Commitment to Growth and Change

Commitment to growth and change reminds staff and students that there is always room for improvement and each person in the group will make a commitment to an openness of growth and change as it happens (Clarke and Royes, 2014). As change in any routine can be difficult for most students on the spectrum, this commitment can help teach that change and growth is part of life and with kindness and support from staff and peers, students on the spectrum can overtime accept changes to their routines (i.e., substitute teacher, change in seating arrangements in the classroom, change to class schedule etc). This is a skill that can be very difficult for some students on the spectrum. By practicing this skill in a created safe environment can bring tremendous growth outside of the classroom where changes in their routine occur in other areas of their lives.

S.E.L.F.

The third Pillar of the Sanctuary Model focuses on Safety, Emotion, Loss, and Future (S.E.L.F.). S.E.L.F is a tool to assist with assessment, planning, and problem solving by incorporating a visual representation of a four-point compass that moves around at any time depending on the situation. According to Esaki et al., (2014), S.E.L.F is also utilized to guide treatment plans as well as interpersonal and organizational problem solving methods.

S.E.L.F helps to keep students involved and focused on their goals and not get lost in their difficulties. For example, when students are feeling lost, staff may ask questions such as; *what future are they trying to get to and what's the point? How do they get there safely and with moral integrity intact? How do they honor losses while not losing more than is necessary? How do they manage their emotions in the process to prevent future harm?* (Bloom, 2017). Such questions are not only helpful for the client but also for the clinician or the staff. As support systems can also find it difficult to remain focused and not lose their way when supporting their clients, S.E.L.F is a method that keeps all members involved focused on the overall goal when it may become difficult to overcome their barriers due to lack of one's safety, emotions, loss, or thoughts about their future. S.E.L.F is a tool that is used for not only students but also those within the organization as it acts as an agent of healing when addressing problems with other staff members, management, or the organization as a whole (Bloom, 2017).

Safety

Safety is considered a necessity for everyone. Within Sanctuary, safety is

described in four subgroups that interact with one another: *Physical safety* is any measure

to stay alive by maintaining a sense of health and well-being in the world. Physical safety

is avoiding self-destructive behaviors to the recognition and reduction in one's own

contribution to climatic deterioration. *Psychological* safety affects individual behavior

and our responsibility to work towards a healthy mindset as we balance our needs with

those of others which include; self-control, self-esteem, self-care, and self-reflection.

Social safety is an individual's ability to be part of a group. Within such a group,

individuals are able to listen and be heard, play a role in conflict resolution, utilize their

intelligence and creativity to empower and uplift the group. The individual does not

demonstrate behaviors that will destroy or damage the integrity of the group or

his/herself. Finally, an organization with *Moral safety* includes dignity, responsibility,

honesty, tolerance, compassion, peace, nonviolence, justice, and human concern of all

human rights. In addition, when an organization includes moral safety it is now a system

with values that guide behavior with a deep respect for each other and all living things

(Bloom, 2017). When there is moral safety, there is no longer the feeling of "other",

enemies, aggression, or scapegoating within the organization, but a feeling of fairness and

oneness.

Emotion

Emotion focuses on emotional management and how identifying and

acknowledging various emotions develop into emotional intelligence. The goal is to

support all members within the organization as well as students to develop skills that will help better manage their emotions when faced with hurtful memories, people, and or events during such situations in a safe manner. (Bloom, 2017).

Loss

Loss is a term that helps address a member's feelings of grief on a personal level that can be either tangible or intangible. With loss, sanctuary understands that any change to one's daily routine can be considered a loss; therefore, the goal is to train all members in how to "understand repetition and reenactment as hallmark signs of unresolved loss." (Bloom, 2017, p. 506)

Future

Future acts as an agent to help those come out of their own fixed thoughts that may not be helpful to their own healing and or goals. Future challenges those to utilize "moral imagination" which is known to be a key component of the future. Future acts as an agent to help those envision their goals and how to work towards them. Future can also play as a motivating force to think ahead and while planning and working towards such goals. Future encourages survivors to think in ways that may have been hindered by past trauma in an effort to truly reach their healing and goals (Bloom, 2017).

Practice: The Sanctuary Tool Kit

The fourth Pillar of the Sanctuary Model comprises a range of practical skills that enable individuals and organizations to implement the other pillars of the model. Sanctuary Tool Kit, developed by Bloom (2017), helps to "rewire" the organization

through structured communication and prepared tasks that will bring about safety so that those in the organization can better communicate with one another and open up pathways for solving problems as a community. S.E.L.F is the foundation for which most tools within the sanctuary model derive from. It helps to hold true to the core values for which the sanctuary model prides itself on. Through psychoeducation, ongoing interaction among members, assessments to help monitor progress or changes, treatment planning, and conflict management these are the essential tools that help the flow of sanctuary remain consistent and successful among the organization.

Community Meetings

Community meetings are frequently scheduled and are ongoing. Safety plans as well as self-care plans are also frequently reviewed and updated to reflect the safety culture of not only the organization but also each member so that all members are able to rely not only on one another but also identify strategies that can be useful during difficult situations that may arise. In the mental health field, you find that no one method works for every individual, therefore it is best to have various methods established to address the needs of every person within the organization. The four core approaches are not only well planned and organized but also covers the needs of any response to trauma by not only students but the staff members and administrators.

Community Meetings are considered the cornerstone of practice with the sanctuary model (Clarke and Royes, 2014). These meetings allow members of the group to come together daily and answer three questions; how are you feeling, what is your goal, and who can you ask for help. Community meetings offer opportunities for each

member to demonstrate their own emotional intelligence, practice goal setting and a willingness to be open to a mindful approach of not only acknowledging and working on their feelings now but how they will focus on solving their problems for the future (Clarke and Royes, 2014). Furthermore, community meetings allow each individual the opportunity to develop connections with other members of the group when they elicit help from one another. This in turn helps members to also build trust and the safety of relying on each other to support one another during difficult times throughout the day. Community meetings remind each member of the group that they are part of a community and their participation and support is needed and depended on from other members of the group. In addition, these meetings also allow for members to identify their feelings by name as well as setting their intentions to achieve their daily goal through support and a positive mindset. It can be used as a starting point for classroom wide morning meetings as a way for teachers and students to scan other peer's emotional problems that can be resolved early on. It gives students the opportunity to voice their concerns and allow for peer and teacher support. It can also help as an aide for children on the spectrum to practice their social skills abilities, identification of other peer feelings, building relationships within the classroom, and increasing their ability to be part of a team rather than alone.

The community meetings are also rooted within the model's seven commitments as it promotes emotional intelligence through encouraging members to name their feelings when asked "How are you feeling." For example, students may say I am feeling; sad, tired, annoyed, frustrated, angry, anxious, shy, excited, happy etc. Naming their

feelings out loud helps the members to be mindful of how they are feeling but also work towards managing these emotions with goals stated to either overcome their feelings or maintain them. It provides opportunities to demonstrate democracy among the community itself. It reminds the entire group that everybody's feelings are important and to be valued and everyone can ask anyone for support from within the group. Community meetings also allow for members to practice open communication skills as the expectation for open communication was initiated early on when introducing this model to the group. Furthermore, open communication provides the opportunity for teachers and students to listen to other member's feelings and goals and work on how they can help someone in need. It teaches growth and change in that members can learn to "grow with their goals" as well as growing trusting relationships within the group which provide a safe space for teachers and students to improve upon their ability to be flexible with changes that happen all the while developing trust and receiving group support. Community meetings also provide opportunities for members to practice their social responsibility skills with one another as sharing their feelings, goals, and who can support them creates a space for others to become socially responsible for checking in with each other as requested. Importantly it touches on social learning skills that offer the ability to recognize that other individuals besides ourselves have emotions and are working to achieve goals that at times require support from others. Finally, community meetings strongly encourage the practice of non-violence so that all members of the group feel safe when sharing their feelings and communicating their needs.

Safety Planning

The goal of safety planning is to allow each member to identify various strategies and coping skills that can help reduce times of frustration that come in the form of feeling unsafe physically, emotionally, socially, or psychologically. Safety plans are concrete strategies that each member commits to utilizing when faced with challenges that trigger their emotions or cause them to feel unsafe. Students and staff are encouraged to have their safety plan cards within reach to refer to them as needed. Safety plans can be developed through group or individual activities with staff support. Students and staff can make a list of 4 to 5 coping skills that can help them feel safe when triggered. Strategies such as; specific music to play, using a stress ball, asking for help, going for a walk, and deep breathing are some examples students and staff can either write on a small-medium note card or cut out visual pictures of identified strategies that can be used. Safety plans are also another effective way to promote shared responsibility among the group as peers can remind one another to refer to their safety plan when they see another peer become triggered by frustration. For example, if a student struggles with low frustration tolerance, his peer can encourage him to review his safety plan that may elicit him to go for a walk, use a stress ball, or ask for help when triggered.

S.E.L.F. Psychoeducation

Opportunities for psychoeducation are purposeful in that it provides a space for facilitators to teach members about safety, emotions, loss, and future. During this time,

staff can explain how past experiences can affect our choices presently and what students

can do to gain some control. Together the group continuously learns how to support each

other through the information provided. Furthermore, this can be a time to educate

students and staff about autism (i.e., what it looks like, how it impacts the person,

inabilities as well as abilities) as well as listening to their thoughts and understanding

about the disorder.

S.E.L.F. Team Meetings

Team meetings provide the opportunity for the group (i.e., staff and

administrators) to discuss students and staff concerns in a democratic approach that

involves the whole team. During this time, a commitment to open communication is

expected so that the team can strategize on helpful ways to support those in need. It is

also an opportunity for those within the meeting to practice the seven commitments

during this time when expressing problems within the organization. Often times a

checklist is utilized during team meetings to help keep the team focused on student, staff,

and community issues in an effort to maintain structure and the seven commitments (i.e.,

nonviolence, emotional intelligence , social learning, open communication, democracy,

social responsibility, growth and change) during this time (Clarke 2013).

Self-Care Planning

Self-Care planning encourages each member to think about how and what they

will use to stay proactive as an approach to managing possible triggers before they

become problematic (Clarke 2013). This can be achieved by reflecting on their triggers and identifying ways to overcome. For example, some members may find it useful to identify social supports to lean on while others may identify movement activities such as exercising or change in the environment as proactive measures.

Red Flag Reviews

This approach is used as a last resort and is aimed to be utilized if the previous methods were used and unsuccessful. During red flag meetings, members of the group share their concerns with the hope to process how they are feeling and what they believe is a possible risk to their safety. The group then works to problem solve ways to avoid one's safety becoming jeopardized (Clarke 2013). For example, a student may still encounter conflicts among other students despite utilizing the seven commitments, safety planning, or self-care planning strategies. Staff can facilitate a red flag review to problem solve how to support the student and ensure his safety. A plan to facilitate a joint meeting with those in conflict or some other plan of action can be discussed during this time.

Summary of the Four Pillars of the Sanctuary Model

These Four Pillars of the Sanctuary Model (Knowledge, Values, S.E.L.F, and Practice) form the basis of the Guidebook for creating collaborative classrooms that include students with Autism Spectrum Disorder (ASD). The next section will review ASD and will be followed by the adaptation of the Sanctuary Model to the classroom.

Autism Spectrum Disorder

Background

Autism Spectrum Disorder (ASD) is an umbrella term used to describe a range of neurodevelopmental conditions that all share a core symptomology of impaired social interaction, communication abilities, and stereotyped or restricted patterns of activities that significantly impact the individual's daily functioning (Legg and Tickle, 2019). ASD comprises a common clinically heterogeneous group of neurocognitive conditions that include shared characteristics of impaired social relationships, impaired language and communication as well as repetitive behaviors or a narrow range of interests (Blake, Hoyme, and Crotwell, 2013).

Paul Eugen Bleuler (1912)

The term *"Autism"* was coined by Swiss psychiatrist Paul Eugen Bleuler in 1912 in the American Journal of Insanity to formally name the symptoms being observed and studied of individuals displaying significant delays in language and cognitive abilities (CITE). Bleuler borrowed the word autism from a Greek meaning to identify "self." Adopting this term allowed Bleuler to describe children that he observed with concerning symptoms closely related to schizophrenia.

Leo Kanner (1943)

Leo Kanner, M.D., was an Austrian-American physician who published *Autistic Disturbance of Affective Contact* in the journal *The Nervous Child* in 1943. Kanner described 11 children (eight boys and three girls) between the ages of 2 and 8 who were

demonstrating an unusual need for solitude and sameness, and who were engaging in

repetitive behaviors, lack of imagination, and language difficulties such as mutism,

echolalia, or pronoun reversal. He later labels this as "early infantile autism."

Kanner not only observed the behaviors of his patients but also the behaviors of

the children's parents. He observed higher levels of social awkwardness, anxiety, and a

strong preference for routine. Over time Kanner would then assume the children's

parents were the reason for early infantile autism, as he viewed the child's parents as cold,

detached and rigid. These observations lead to the theory of "refrigerator mothers" as a

root cause for autism.

Hans Asperger (1944)

One year after Kanner published his research study Austrian pediatrician Hans

Asperger published his study regarding features and symptoms of autism in German.

Asperger described individuals who demonstrated similar features of autism but were

functioning at a higher level than that of those typically diagnosed with autism (Rea et

al., 2018). In his research, Asperger referred to his clients as "autistic psychopathy"

because they were demonstrating behaviors similar to those observed in patients with

autism but without the accompanying language impairments (Rea et al., 2018).

Furthermore, Asperger found that his clients were of an above average level of

intelligence which was not noted in Kanner's review of his clients (Rea et al., 2018).

Wing and Gould (1979)

Wing and Gould (1979) described three subgroups of children identified as

displaying symptoms of autism: (1) aloof, one who is not interested in social interactions

with others, (2) passive, unlikely to initiate social interaction, however may respond to

the initiations of others, and (3) active but odd, demonstrated unusual and inappropriate

initiations and or responses to others. Importantly, they also found that children were not

fixed to each subgroup and were able to move to less impaired subgroups. The research

conducted by Wing and Gould seems to provide evidence of the various layers and

difficulties experienced by those diagnosed with ASD.   They expressed a hope that some

name more suitable than "autism" or "psychosis" would eventually be coined for the

behavioral patterns they observed.

Autism Spectrum Disorder: DSM

The Diagnostic and Statistical Manual of Mental Disorders (DSM) is the

handbook used by mental health providers to diagnose mental disorders. It provides a

common language for both clinicians and researchers concerning the descriptions,

symptoms, and other criteria for a significant wide range of disorders and is updated

periodically as new empirical and clinical evidence is accumulated. It is currently in its

fifth edition. Autism was first formally introduced to the DSM in 1980 as "infantile

autism and was officially separated from childhood schizophrenia. In 1987, infantile

autism was replaced by "autism disorder" and a diagnostic criteria checklist was added.

Of note, the federal government added autism as a special education category in 1991 and

public schools began to identify children on the spectrum and offer them special services.

In 1994: Asperger's Syndrome was added to the DSM to include milder cases in which

individuals tend to be more highly functioning. In 2013, the current version of DSM

(DSM-5) collapsed all of the subcategories of autism and aspergers into the current

diagnosis of ASD and this is the current nomenclature used by both professionals and the

general public. It is defined predominantly by two categories: 1) Impaired social

communication and/or interaction. 2) Restricted and/or repetitive behaviors.

Signs and Symptoms of ASD

As babies begin to develop, most parents look forward to the opportunities to

interact with their child engaging in joint attention, play, and affection in the form of hugs

and kisses. For parents with children on the spectrum, such interaction may become

delayed due to the onset of autistic symptoms that begin to prevent such interaction

between parent and child. Goodwin, Matthews, and Smith (2019), suggest it is possible to

notice autistic symptoms in the child's first year of life and in most cases are evident in

its presentation by the time the child reaches 2 years old (Werner, Dawson, Osterlin, and

Dinno, 2000, as cited in Goodwin, Matthews, and Smith, 2019). According to Rea et al.,

(2018) in the first year of a child's life most parents notice their child's inability to

communicate appropriately and therefore, is the first indication of an impairment that

correlates to ASD (Rae et al., 2018). Larsen, Aasland, and Diseth (2018), also suggest a

child's behavioral symptoms are more visible during the child's second year. Although

there are growing cases that lead to early identification of ASD during the second year of

life, Larsen et. al., (2018) also indicates children with ASD are approximately 40 months

old when diagnosed and at times this diagnosis can be determined later in the child's life

(Larsen et. al., 2018).

By the child's second or third birthday, presented symptoms are stable enough for

an ASD diagnosis (Godwin et al., 2013, p. 771). Although symptoms are known by this

time by either parents and or pediatricians, in some cases many children with ASD

remain undiagnosed until school age or later suggest such children who are diagnosed at

school age will not benefit from the opportunity to access early intervention services

(Brett, Warnell, McConachie, and Parr, 2016). Lack of access to an early diagnosis can

result in a higher risk of delayed progression in their communication, cognitive, and

social skills abilities.

      Understanding the various signs and symptoms of ASD can help with early

intervention services resulting in better outcomes for children. As some parents

familiarize themselves with what to look for some parents are still in the dark, in denial,

and or unwilling to educate themselves on the possibilities of an ASD diagnosis. Larsen

et. al., (2018), provides four key developmental domains that are predictive of ASD in

early development (i.e., 6-24 months) and thus represent key intervention targets. These

developmental domains are (1) early attentional control, (2) emotional regulation, (3)

social orientation/approach, and (4) communication development (Brian, Bryson, and

Zwaigenbaum, 2015, as cited in Larsen et. al., 2018). These domains may serve as a

relevant framework to ensure sufficient scope in early identification and lay the

foundation for planning early intervention for children with ASD in educational and

family contexts.

      Caregivers and other supporting adults may observe early social communication

difficulties as the child may demonstrate nonverbal expressive and receptive

communication abnormalities that can look like an inability to imitate facial expressions

or gestures (Rae et al., 2018, p.4). Such lack of social-communication can impact the

child's opportunity for joint attention with his/her caregiver. Joint attention according to

Rea et al. (2018) is characterized as a child's ability to point or reach at an object of

interest as a way of communicating to his/her caregiver. The caregiver will proceed to

look at the object of interest as directed by the child. Similarly, as the mother smiles the

child will then imitate and smile back. Children with ASD unfortunately are unable to

engage in joint attention with caregivers.

Infants and young children with deficits in these areas may miss valuable learning

opportunities, which may contribute to more significant and more pronounced

impairments at a later age (Dawson, 2008 as cited in Rae et al., 2018, p.4). Typically

developing children begin to take an interest in playing with peers of the same age.

However, children with ASD may not have the skills or lack the interest to engage in play

even if invited. As a result, such children find themselves spending more time in

"solitary play" even when peers are present. For example, children on the spectrum may

struggle with skills that help him/her to engage in sharing and taking turns with peers.

The child may lack the awareness to pick up on various social cues by peers during social

interaction that can result in further isolation and or conflicts with peers.

As children begin to enter into the educational setting behaviors may become

more pronounced and noticeable especially by teachers. According to Nilsson, Jobs,

Bolte and Flackytter (2018), teachers are more equipped to evaluate a child's behavior

and inabilities more accurately than the child's parents as behaviors and inabilities are

compared to other typical same age peers within the classroom.

The ability to relate and understand the perspective of others is an important skill that is assumed to be within us all and developed as we grow. It is a skill that helps us relate to others and share in the act of joy and pain when in the company of other people. Theory of Mind is another skill deficit present in those diagnosed with ASD. Theory of Mind is characterized as one's ability to understand the perspective of others alone from your own (Rea et al., 2018). Children on the spectrum tend to be "concrete" in their thinking, not allowing for the consideration of others views and therefore misinterpreting the behaviors and social cues of those around them. For example, children on the spectrum may interject themselves into a conversation not realizing their perspective may be considered off putting or hurtful without considering the other person's feelings (Rea et al., 2018).

Individuals diagnosed with ASD may also struggle with identifying their own feelings, coping with changes and or conflicts, as well as expressing their emotions. As a result, it can become overwhelming and frustrating, leading to socially inappropriate behaviors such as; yelling, screaming, tantruming, and clenching their fists (i.e., among some behaviors) as their only option to demonstrate their feelings of anger (Rae et al., 2018). Adding to the frustration, children with ASD can also struggle with facial expression and may find it difficult to understand why another peer is upset. As children on the spectrum engage in socially inappropriate behaviors that are different from their peers, they run the risk of exclusion from social groups or at worse, learn to avoid or reject social interactions with others due to past unhappy experiences during play (Rea et al., 2018). Sadly, this in turn can result in fewer opportunities for play and learning

through peer modeling which may exacerbate their deficits (Dawson, 2008).

Furthermore, other possible causes for social isolation may include excessive repetitive

and restricted behaviors, socially awkward interests and activities that at times seem to

also impact social engagement opportunities (Rea et al., 2018).

Cognitive impairment is another deficit that can have severe consequences for

those diagnosed with ASD. There are two types of cognitive impairments that impact the

child's ability to process and learn new skills that affect their everyday lives which are

global cognitive functioning and specific cognitive abnormalities, however there is no

specific singular cognitive profile for children on the spectrum (Rea et al., 2018). For

example, global cognitive ability can range from intellectual impairment to

above-average intelligence, however it is reported that even children with ASD who have

above average intelligence often exhibit some specific cognitive deficit that can include;

executive functioning, lack of details with regards to understanding the bigger picture of

a concept, inability to grasp or process large amounts of information, cognitive

flexibility and learning, as well as processing speed (DeMyer, Hingtgen, & Jackson,

1981 and Minshew & Williams, 2007).

Diagnostic Criteria

Diagnosing any condition can be difficult and at times some disorders have been

known to be misdiagnosed or over diagnosed. Although this is a concern for all

conditions that are examined when diagnosing, the criteria for ASD is strict and provides

clear guidelines that help to prevent misdiagnosing individuals. The severity rating

system uses a three-point scale, with level one indicating lower levels of support and

level three indicating "very substantial support" (American Psychiatric Association, 2013).

The diagnostic criteria for ASD that are most commonly used by clinicians in the United States are derived from the APA's Diagnostic Statistical Manual, Fifth Edition, (*DSM-V*). Within the DSM-V several observable criteria must be present to give a diagnosis of autism and the manual provides an outline that clinicians follow when assessing for ASD that include; impairments in the social- communication domain suggesting failure to initiate and/or reciprocate emotional and social exchanges, abnormalities in nonverbal communication behavior and understanding, and/or difficulties forming and sustaining relationships. DSM-V criteria also examine levels of restricted interests and repetitive behavior that include the presentation of at least two or more of the following: stereotyped or repetitive movements or speech (e.g., flapping arms back and forth or repeating the same sentence/ phrase), rigidity in routine, abnormalities in domain or intensity of interests, and/or abnormalities in reactivity to sensory input (American Psychiatric Association, 2013).

Improved understanding of and awareness of the disorder have resulted in a higher number of children diagnosed with ASD with 1 in every 59 children diagnosed with ASD in the United States. Boys are more likely to receive the diagnosis compared to girls and there are substantial variations in the presentation of the disorder across the sexes and within ASD more broadly. Furthermore, it is important to note when diagnosing autism, clinicians must remain mindful to look for specific impairments indicative of classic symptoms for ASD to Rea et al. (2018). In addition, children with

ASD exhibit a wide array of difficulties in the two core domains that distinguish the

diagnosis from others, but they also may demonstrate deficits in other areas, including

cognition, language, emotion, and adaptive functioning. No two children with ASD have

the same strengths, weaknesses, or presentations because even if they technically meet

similar diagnostic criteria, the presentation and severity vary drastically (Rea et al.,

2018).

Prevalence

Trying to understand why a child has autism is one of the most important

questions asked when understanding the diagnosis. In today's society, it seems that

autism is becoming diagnosed more frequently than before. The prevalence rate continues

to rise which calls for more research and understanding about this condition and growing

public health concern. According to McPartland and Dawson (2014), in 2012 the CDC

found that 1 in 88 individuals were diagnosed with ASD. As a result, McPartland and

Dawson (2014) found that APA began to look closely at the DSM-Fourth Edition's

criteria to ensure its efficacy (McPartland and Dawson, 2014).

As the percentage for ASD diagnosis continues to rise for males, McPartland and

Dawson (2014), suggest research continues to grow in numbers for better understanding,

however there is also growing scientific research that focuses on male's only to examine.

McPartland and Dawson (2014), also express the growing separate need for further

examination into sex differences among those diagnosed and to examine various deficits

among females such as a reduction in cognitive abilities as well as the examination for

the causation of female IQ scores under 55 (McPartland and Dawson, 2014) .

According to the Centers for Disease Control and Prevention (*CDC*), 1 in 59 individuals in the United States are diagnosed with autism (cite). Boys are about four to five times more likely to be diagnosed with ASD than girls however, girls are more likely to have a comorbid intellectual disability. King & Bearman (cite) suggest that the reported increase in prevalence rates may be due to modifications of the diagnostic criteria. Factors such as improved access to diagnostic and intervention services on part of public health initiatives, policy, and law that were launched to increase knowledge, awareness, and acceptance of the disorder may also contribute to the increased prevalence rates.

Impact on the Family

It is important to understand that children diagnosed with ASD live in multiple communities. In addition to schools with the academic and social environments, families of children diagnosed with ASD are also impacted by this diagnosis. While some families are relieved that there is finally an identified and appropriate diagnosis to their child, others may feel a sense of loss, confusion, sadness, and even possibly anger. As parents begin to look towards the future, various stressors can arise when a child is formally diagnosed with ASD. It can also be a difficult and stressful transition for typically developing siblings as well. It not only impacts the individual diagnosed it can also have a significant impact on the family as whole.

Parents and caregivers of children with autism continue to have a high rate of negative feelings towards their child's diagnosis as this is a lifelong commitment to their child's care and overall well-being. The negative outlook on this new journey for

supporting their child with autism may come from the awareness that parents will

encounter lack of resources, less useful interventions and coping strategies, inconsistent

support, and a burden that can at times result in feelings of guilt (Lee, Krizova, and

Shivers, 2019). Other sources of parental stress include the adaptive and maladaptive

behaviors of their child diagnosed with autism. Maladaptive behaviors that are not

addressed or managed in childhood can result in long term negative consequences for

children with autism and their families (Hall and Graff, 2012).

Parents of children with autism can react differently to their child's diagnosis as

well as the day to day care that goes into supporting their child and working through their

child's emotional and behavioral difficulties. According to Hall and Graff (2012), mothers

and fathers tend to react to autism symptoms differently suggesting, the symptoms of

autism have been associated with increased stress levels for mothers while maladaptive

behaviors of a child with autism have been associated with high stress levels for fathers

(Hastings, Kovshoff, Ward, Espinosa, Brown, and Remington, 2005 as cited in Hall and

Graff, 2012). Furthermore, Hall and Graff (2012), suggest mothers may cope with their

child's disability by seeking various strategies that focus on their parental responsibilities

while fathers seem to utilize work away from home as a means to cope with parental

stress.

Informing the child with autism that he/she is formally diagnosed with ASD can

also be another stressful event that parents must grapple with as many parents may not

know how to explain what is happening to their child. As some parents are able to share

this information with their child, some are also unable to due to their child's limited

cognitive capacity to process this information. Nonetheless, it is information that is new within the family and for some parents sharing it with their child with autism can be stressful in itself but also important to disclose to their child.

Learning about autism can be a difficult and intimidating experience for some parents and their families. This information can be a challenge to process. While undergoing this challenge, parents also must identify a gentle way of sharing this information with their child who has been formally diagnosed with autism. *Parents' views and experiences of talking about autism with their children by* Crane, Jones, Prosser, Taghrizi, and Pellicano (2019), examined how parents inform their child with autism about their diagnosis and how the diagnosis of autism will have an impact on their future moving forward when they are aware of their autism. The study was carried out by way of survey to 558 parents (i.e., mostly mothers) that disclosed their own challenges with telling their child(ren) about their condition. Within the article, some parents shared their child hated being autistic and was upset and emotional about their condition. The research also focused on parents who were also identified on the spectrum, expressing the importance of informing children about their diagnosis due to their own autistic barriers.

Torbet et al., (2019) examined how the possibility of self-compassion as an intervention to help parents cope with negative life events such as their child's autistic diagnoses can restore balance (i.e., balance between time and energy, demands of caring for their child, and parental emotional care) in multiple facets of their life and at the same time, return parents to a more understanding, compassionate approach towards their new journey with their child that can also bring about disappointment at times (Torbet et al.,

2019, p. 2493). The study also focused on how self-compassion as an intervention

additionally promotes parents to accept and comfort themselves and overtime parents

begin to release unattainable goals that both parent and child are unable to achieve but

pursue realistic goals to care for their child and create a new sense of purpose and hope

for themselves, knowing that self-compassion propels goal reengagement. The study

found, when parents tapped into self-compassion for themselves, it was predicted to have

an increase in parental well being and lower levels of depression. In addition,

self-compassion reduced parental feelings of internalized stigmas associated with caring

for their ASD child. Torbet et al., (2019), strongly encourages the practice of

self-compassion among parents with children diagnosed with ASD so they are capable of

effectively caring for their child with lower levels of distress. Although this study

provided a useful intervention, several limitations were identified within the study. First,

participants in the study identified as Caucasian suggesting a lack of diversity. Second,

participants in the study were highly educated with above average household incomes

and therefore, does not reflect a wide demographic range that includes those with a lower

socioeconomic status as well as parents that have not received higher education. Third, as

this study was marketed to a wide range of participants in various ways (e.g., off-line

methods), the study was only able to receive participants through an online portal

suggesting those who participated have greater access to and familiarity with the online

environment which did not reflect those without access to the internet who also may be a

reflection of education and income status. (Torbet et al., 2019, p. 2503). Although the

study resulted in several limitations, it is important to note that parents who are struggling

to keep a positive mindset and self-care throughout their child's life may find hope in utilizing interventions that focus on their own well-being in an effort to better care for their child on the spectrum. This protective approach for parents can be a game changer when supporting their child's needs as well as their own.

Applying the Sanctuary Model to the Classroom

"Children are only able to learn within a context of safety and security (Bloom, 1995, p.1)".

Though developed for adults who have or are experiencing trauma, the Sanctuary Model has been applied to other settings and organizations as well. More specifically, in 1995, Bloom described how schools and classrooms can be modified to embrace this perspective in order to support traumatized and at risk students. Educating children cannot be carried out successfully until students have a sense of safety within their school environment (Bloom, 1995). This is a statement that holds true more than ever as students in the schools battle daily emotional and/or physical struggles that affect their capacity to learn. It is not until such experiences are addressed in a healthy and safe approach that students are able to receive and learn the information that is presented to them by their teachers.

In her article, *The Sanctuary Model: Through the lens of Moral Safety (2017)*, Bloom provides an example of a therapeutic organization (e.g., residential setting) comprised of multiple members with various talents (i.e., art therapist, child psychiatrist, teacher etc.) that work to support clients. She emphasizes the need for all members to work together to maintain a healthy organization (i.e., living system) in an effort to better

support those they serve. To achieve this goal, all members must have a respect and appreciation for one another's talent as well as an empathic understanding of the stressors each member encounters that can potentially affect the group. When applied to school settings, this approach emphasizes the inclusion of all members of the school community in helping to promote student success.

It is the Sanctuary Model's belief that to see real progress in schools and across settings, we must learn to function as a whole group. The teaching and practicing of democratic principles that work to support all and not just those in positions of power becomes a critical part of the process. For schools, this means an entire shift in the way we think about human nature, about children, and about their parents. Students belong not only in family systems but also in school systems that, collectively, organize into living systems. When practicing a conscious goal of group process, the school begins to include everyone in the process, highlighting the value of each member of the organization and therefore, developing a pattern of treating one another with dignity and respect.

When incorporating the Sanctuary Model into classroom routines and the school system as a whole, we move away from blaming the students towards working together in a way that students can see they are supported and cared for. When we stop "blaming the victim" for their inappropriate and maladaptive behaviors we can focus on seeking to understand why they are engaging in the behaviors in the first place. Finding the root cause of children's classroom "misbehavior" may be a more effective means of shifting those behaviors and thus increase students' access to learning.

When conceptualizing a systems approach, it is important to consider the multiple systems that, collectively, for the community in which the student exists. Approaches utilized in the school setting can be extended to parents and families of students in an effort to provide an encompassing approach to improve the lives of learners. By doing so, staff provide an opportunity to also support parents that can result in more positive outcomes not only for the student but also their family. This will in turn become instrumental in supporting the family for the betterment of the child. Nonetheless, a valuable and important factor of the sanctuary model is to create and maintain a process that offers an open and safe environment for conversations to address maladaptive behaviors in a compassionate manner. As staff begin to buy into this process and utilize its methods, they will find success in resolving difficult situations in a safe and respectful manner and therefore, transferring this practice into their classrooms with their students. Overall, the sanctuary model will help staff better work as a team based on the organization's values, principals, goals and behaviors in an effort to produce better outcomes.

The Sanctuary Model for Students with ASD

The tools within the Sanctuary Model give a pathway to understanding the needs of challenging disabilities like autism and help build a bridge for those on the spectrum to learn and develop an understanding of others who have challenging issues, helping one another to heal together.

As we begin to learn more about the students' trauma experience that may have stem from their ASD diagnosis, or other environmental factors, we must soon after take a

leap into how we move from awareness of trauma in one's life to a therapeutic supportive approach that helps to empower autistic students. Strategies previously discussed within the model provide encouragement and support as staff and peers share ways through shared knowledge, for example on how to better respond to distressing events that occur throughout the day.

The way one responds to traumatic memories of their past or current circumstance can all depend on the psychoeducation and coping skills provided to support the individual with overcoming the event or the intrusive memory that can trigger a fight, flight, or freeze response. During this time, it is important that a well thought out plan is established ahead of time to avoid further regression in one's healing. Through the use of the sanctuary model and support from others, students on the spectrum begin to learn and incorporate skills that can help reduce behaviors that impact their academic performance, social abilities with peers, and a practice towards awareness of their feelings that are associated with specific triggers.

Learning these skills in an environment that promotes shared values, language, knowledge, and practice among the entire classroom is beneficial for the student with autism as it is a daily opportunity to model these skills in the presence of our autistic friends that learn through repetition, coaching, and warm encouragement. As some may believe there is a difficulty with teaching skills to students with autism that involve identifying feelings and recognizing their own triggers and responding in a safe way, I believe and have witnessed students on the spectrum fight through this stereotype and

work towards and achieve such abilities with a support system that is committed to

growth and empowerment of the student.

The Four Pillars Applied to Students with ASD

There are Four Pillars of the Sanctuary Model: Knowledge, Values, Language,

and Practice. Each of these can be applied to students with ASD.

Knowledge: Educating Schools, Families, and Children about ASD

To feel safe, diagnosed students should learn about the nature of ASD to better

understand their differences. In addition, classmates of these students should also learn

about ASD in order to understand the needs and behaviors of everyone in their

classroom, and this psychoeducation should be extended to all members of the school

community. This sets the foundation for the implementation of a Sanctuary Model that

includes such activities as community meetings, learning about S.A.F.E, as well as

sanctuary's seven commitments. This in turn will develop more empathetic students that

will help the student with ASD feel safe and able to learn and thrive within the school environment.

Values

Values are the beliefs we are exposed to throughout our development into adulthood. It propels one's motivation to conduct his or herself in a particular way. Values are the fundamentals to how we behave intrinsically and extrinsically towards self and others. Subsequently, our values help to shape the decisions we make. Like typically developing students, autistic students must gain a working knowledge of what values mean in the world as well as to themselves. Values help to give us a moral compass to follow in the face of uncertainty, anxiety, and frustration. This concept may seem to be a difficult task to teach students on the spectrum, however staff that use a therapeutic approach to model various characteristics of values push through the barriers to learning this skill and thus begin to see growth within their autistic student(s). I have learned that students on the spectrum learn best when they are presented with a positive and warm approach to learning that includes modeling. The values of the Sanctuary Model are the Seven Sanctuary Commitments that include commitments to: nonviolence, emotional intelligence, social learning, open communication, democracy, social responsibility, and growth and change.

Nonviolence

A commitment to nonviolence is an important value to promote as any act of violence compromises the integrity and safety of the classroom environment and

community as a whole. Teaching students on the spectrum about what violence means to include verbal and physical aggression towards self and others is crucial in that autistic students must become aware of social norms that frown upon violence and the consequences that stem from any form of violent behavior. Students that are prone to violence that stem from symptoms of autism such as stereotypy, self-harm, and aggression towards others are encouraged to receive intensive psychoeducation about how their behaviors impact others as well as the impact on themselves long-term. With the support of the community, autistic students will then explore socially appropriate and competing behaviors to communicate the same need rather than demonstrating harmful behaviors as a method to having their wants and needs met.

Likewise, it is our responsibility to teach students with autism how to recognize acts of violence inflicted upon them in and out of the classroom setting. Because the severity of autism can range in levels of functioning, students with autism can become more vulnerable to bullying and threats to their safety more often. By educating students with autism through identifying what safety looks like (e.g., safe hands, kind words, facial cues) as opposed to bullying this can help them recognize when bullying is occurring for example and what they can do or who they can ask for help. Moreover, an awareness of this can also empower him/her to not only remember that they can ask for help but also be empowered to speak on their own behalf by expressing how the situation is making them feel, and therefore humanizing them to that person who is threatening their safety.

Peers can contribute to supporting our autistic friends by modeling socially acceptable behavior when faced with challenges in and out of the classroom. For example, staff can help practice this skill by using opportunities when a student asks a peer for a preferred item rather than grabbing it, staff can verbally praise the student and encourage the autistic student who struggles in this area to request rather than snatch. Another example of support can come when students with autism are provided with frequent opportunities to practice socially appropriate behaviors by setting up activities that practice using safe hands and safe words during stressing events. Students that present with violent behaviors due to experienced trauma or through learned behaviors will learn alternative ways (e.g., coping skills) to reduce and overall eliminate unsafe behaviors perpetuated towards themselves and others. This can be accomplished by utilizing safety plans that provide visual examples of replacement behaviors accompanied with example sentence starters such as "when I'm sad I can..", "when I'm feeling hot inside I can.." "If I want to hit myself or someone else I can.." Repetitive practice through role play, peer modeling, caching, and teachable moments will help students master the ability to seek alternative strategies to inappropriate behaviors that go against the culture of the classroom and school environment.

Emotional Intelligence

Emotional intelligence guides the way we manage our emotions. This skill is developed throughout our lives but can be planted within the safety of the classroom. Students learn that while sometimes we may not be in control of our automatic thoughts

that jolt our emotions, we are still, however responsible for managing them so we avoid

self harm or harm to others. Students on the spectrum can develop this skill by staff first

assessing the child's base line for how the student initially responds to frustration. Staff

can then provide in the moment learning to process and validate the students feelings, and

then encourage students to again try replacement behaviors followed by immediate praise

for efforts made. With consistency, practice and rewards for positive behaviors, students

will become more open to a positive mindset to manage their feelings.

Social Learning

     Social learning requires one to become flexible to the ideas shared by others that

may be different from your own. As students with autism struggle with flexibility, this

skill will take time and patients, however, achievable. During community meetings,

students can practice sharing ideas within the group while others will also have an

opportunity to talk about their resistance to one's idea. This is important as it helps the

autistic student improve upon his communication abilities, problem solving, and of

course a soft push towards accepting other individuals ideas that look different from their

own.

     For example, during community meetings a student may have an opportunity to

select an activity to practice (e.g., progressive muscle relaxation, deep breathing,

movement activities etc.) that may cause our autistic friend to refuse participation. At that

moment, staff can support the student by processing his/her feelings to understand the

resistance to participation. Staff can help the student through a pairing process by

labeling the student's emotion in the moment with their identified coping skill to help at that time. Students that continue to struggle with inflexibility at this time can offer their suggestion for an additional activity and are immediately given a "first/then prompt" such as; First we will do deep breathing, then we will do jumping jacks only if you have a calm body during deep breathing. When the student successfully waits his/her turn, demonstrating the ability to manage their feelings when not given their way, it is strongly encouraged to provide immediate praise or reward.

Open Communication

Open communication encourages students to express their thoughts and feelings but in a respectful way. Students with autism who struggle with this ability can benefit from learning opportunities that focus on word replacement sessions, meaning staff can assess frequently used words or phrases that are deemed inappropriate and develop a word bank or phrases that are more appropriate to use instead of hurtful statements. If students have learned to communicate in ways that harms the feelings of self or others, it is our responsibility to provide the student with alternative words and statements that can help articulate what they are feeling so they too are also heard and respected by the group.

Democracy

Democracy in the classroom helps both staff and students form a commitment to remembering everyone's feelings, ideas, and goals are important. In addition, this value

encourages the whole classroom to be mindful that anyone can ask for help and anyone

can be helpful when there is a need for support. Students on the spectrum can begin to

feel safer in a classroom that promotes this value especially when it is practiced during

times that cause them to feel unsafe. For example, students that struggle to transition back

into the classroom for example, can have a peer buddy walk back to class with him/her.

Staff and students can commit to providing the student with autism support rather than

ignore them or assume there is nothing they can do to help. Students can begin to learn

that a compassionate and kind approach can sometimes be all that's needed to change the

behavior of our friends that seem to have a difficult time with transitions throughout the

day.

We innately have a desire for connectedness and to feel part of a group. However

there are times when a desire for connectedness comes at a struggle for some to achieve

and a barrier to overcome. As some students with autism may prefer a more solitary

experience in the class, it's important that we gently expose students on the spectrum to

opportunities that invite their participation thus fostering and growing social

responsibility skills. Socialization with other peers offers the opportunity for students to

contribute in simple achievable ways such as acts of kindness (e.g., practicing how to

greet others, appropriately requesting a preferred item from another peer, learning to

initiate play), or helpfulness.

Social Responsibility

Although some students with autism are not always able to be in tuned with the emotions and feelings of others, it is our moral and social responsibility to provide strategies that can encourage students to be more aware of how people are feeling around them and to help participate in a culture of social responsibility in a way that is achievable for them. Social responsibility promotes the idea that we are all working together to create a safe environment for all and that we all have something to contribute to achieve this goal. This can be achieved through practicing facial and social cues with our autistic friends so when the time comes for them to be a social support to others, they are also able to provide support to those in need as well.

Growth and Change

No matter what capacity we are in with regards to our development in life, it is inevitable that we all grow and change overtime. Growth and change within the sanctuary model offers the opportunity to grow in our relationships with others and stretch our abilities to become flexible to support the challenges that others inflict in the classroom. As students with autism find comfort with maintaining a rigid routine that oftentimes doesn't embrace change, this is where our typically developing students can support our autistic friends. By utilizing positive and safe coping skills, peers can model for autistic students how to handle disappointment and changes in routine. Staff can also support by setting opportunities for practicing change in their routine for example, setting with a different peer or in a different spot during community meetings to help students with

autism discover different ways to shift their willingness to be flexible. Staff can inform

the student with autism ahead of time and pair them with a preferred friend. Once the

student demonstrates an openness to change he/she is given verbal praise and rewarded

immediately to help keep the momentum of change growing. Small changes as such can

lead to areas of growth where it was assumed impossible.

S.E.L.F.: Safety, Emotion, Loss, and Future

Learning how to manage our feelings and reactions to challenging situations can

be a lifelong journey to achieve however, attainable. The lessons through S.E.L.F can

help students begin to understand the fundamental part of life early on and establish

coping skills to support themselves during challenging events like loss, that can thrust

one into many emotions however, learn ways to be safe during that time and look

towards the future for brighter days. Students on the spectrum are also taught the tools to

overcome barriers through S.E.L.F. in an autistic teachable outline.

Students on the spectrum learn about what safety means through social stories and

videos that capture characters experiencing a specific emotion or problematic situation

that elicits a response from the character to help bridge the gap between the event and the

response. The goal is to help students learn how to link what they have learned to what

they feel inside and thus start to label their emotions. From there, students learn how to

change their response through the support of safety planning, peers, and staff. Students on

the spectrum learn how each aspect of S.E.L.F affects their daily routine and what they

can do to combat the challenges as well as embrace changes in their lives with the

support of others. As change in any routine can be difficult with those on the spectrum,

careful attention to this sensitive topic is the focus during this time to ensure the safety

and well-being of our friends on the spectrum.

Practice

During the developmental phase of the sanctuary model, the focus is not only on

physical safety but the entire concept of safety that also includes psychological, social,

and moral safety. The process of creating sanctuary starts with a thorough dive into the

unflattering basic assumptions we all have that block our ability to respond to the needs

of others in a compassionate manner. The group must acknowledge and address such

assumptions head on in order to make real changes that are long standing, effective,

supportive, and compassionate (Bloom, 1995).

Creating Sanctuary means reeducating all members of the organization beginning

with the adults within the system that involves all staff such as; janitors, cafeteria

workers, bus drivers, teachers, administrators, support personnel, school board members,

and parent groups that are facilitated at the school (Bloom, 1995). There are a number of

activities that can be undertaken to foster the development of schools as areas of

sanctuary for students with ASD. These include: Community Meetings, Safety Planning,

Red Flag Reviews, Psychoeducation, Service Planning, Team Meetings, and Self-Care

Planning.

The Importance of the Four Pillars

Learning these skills in an environment that promotes shared values, language,

knowledge, and practice among the entire classroom is beneficial for the student with

autism as it is a daily opportunity to model these skills in the presence of our autistic

friends that learn through repetition, coaching, and warm encouragement. As some may believe there is a difficulty with teaching skills to students with autism that involve identifying feelings and recognizing their own triggers and responding in a safe way, I believe and have witnessed students on the spectrum fight through this stereotype and work towards and achieve such abilities with a support system that is committed to growth and empowerment of the student.

Creating Sanctuary Schools for Students with ASD

The primary thesis of this project is to apply the principles of the Sanctuary Model to schools that are educating students who have been diagnosed with Autism Spectrum Disorder. Incorporating the Sanctuary Model into any programming can initially seem overwhelming and time consuming. However, this model targets many social and emotional issues that impact teaching and learning every day in our schools. When applied to schools with students with ASD, this model can focus not only on the social and academic challenges these students face but also provide guidance on how to navigate through these events as a school and family community. The model can be utilized as an agent of change with tools such as the four pillars within the safety plan, creating individual safety plan, red flag meetings, self-care plans, SELF service planning, psychoeducation group work, sanctuary core team meetings, and importantly community meetings (Clarke and Royes, 2014). Overtime, these tools become incorporated into the everyday activities within school culture and become the normative and accepted way to support students with ASD in their academic and social development.

Week 1

Teachers begin the sanctuary model in their classroom by establishing a 5-week launch that breaks up each introduction into core weeks of learning about each tool that is used throughout the school year. Week 1 includes an introduction to the sanctuary model. During this week, teachers educate students about how our brains respond to stress (fight or flight response) and how we handle and maintain that stress. Teachers talk about how the model helps the classroom to establish a safe environment for everyone who has been impacted by various traumas and stressors. Teachers help students identify various feelings associated with traumatic and stressful incidents. Teachers can also allow students to share their own experiences with stress such as bullying, social relationships, peer pressure, or community violence for example. Teachers can provide vignettes for students to read and discuss as another way for students to identify the problem and the feeling/emotion associated with the situation. During this time, modifications for ASD students are made in the form of social stories, videos about stressful events, and therapeutic games to help the learner identify various feelings through picture matching or picture identification (i.e., sad, scared, surprised, angry).

Week 2

Week 2 focuses on introducing S.E.L.F to the classroom. Each day throughout week two, teachers focus on a specific acronym (i.e., Monday-Safety, Tuesday-Emotional intelligence, Wednesday-Loss-, Thursday-Future, Friday-recap). Students develop a definition of what safety looks like in their classroom that includes student and staff's psychological, physical, and emotional well-being. Teachers can have students break up

into groups and talk about peers' experiences associated with that particular acronym and

how they possibly got through it. During this time, teachers can use a modified approach

to help students on the spectrum understand each acronym by showing pictures of what

each acronym looks like (i.e., peer expressing feelings of unsafe vs safe), social stories

and age appropriate videos to describe an easier way to understand each acronym.

 Week 3

Week 3 focuses on introducing the Sanctuary 7 Commitments. Teachers provide

psychoeducation about each commitment as well as psychoeducation about autism such

as; why their peer seems socially awkward, why their peer struggles to communicate

his/her needs etc. This week also allows teachers to talk with their typically developing

students about how they can apply each commitment to their peers with autism and

commit to including their autistic peers in the safe environment created within the

classroom. During this time, aides and paraprofessional work with ASD students,

learning about each commitment as well using storytelling, and practicing I statements

(i.e., when I feel *mad, I will not *hit my peers).

Week 4

Week 4 is used to help students design their Safety Plan and Self-Care Plan. Prior

to students and staff designing their plans, teachers can survey the class for what

preferred coping skills students believe are useful self-regulation strategies (i.e., stress

ball, playdough, drawing, etc.) This can be introduced to the whole group as it aids to

encourage students to either work as a group or alone. Teachers can also assign "work

buddies" to students on the spectrum. Teachers provide students with small or medium

note cards, scissors and glue. Students can either cut out pictures of various coping skills or write them out. This is done for student and teachers Self-Care Plan. Once students complete the activity, teachers and students can talk about appropriate times to refer to their plans. Staff can discuss with students how we can take care of ourselves through preventative strategies (i.e., self-care planning) and proactive strategies (i.e., safety plans). Staff can conduct a class meeting to assess the effectiveness of their plans. Modifications can be made during this time for students that feel their plans were not useful.

Week 5

Week 5 introduces and establishes a classroom management approach through the use of community meetings. Staff familiarize students with three questions asked during every community meeting that include 1. How are you feeling, 2. What are your goals for today, the week, or the community meeting time, 3. Who and what can support you. Staff are encouraged to remind students to utilize their safety plan as a measure of support. During community meetings, students and staff can talk about goals for the classroom as a whole and creating sanctuary in the class through a safe learning environment. Staff can also talk about responding to inappropriate behaviors and consequences that aim to avoid embarrassment that can reignite possible traumatic memories but work with the student in a therapeutic approach to resolve barriers to learning. During community meetings, students and staff can share how their progress is coming along as well as thanking the staff and students that may have supported them.

Beyond Week 5

Moving forward, a typical day in a sanctuary classroom begins with a community meeting asking each member the three questions; 1. How are you feeling, 2. What are/is your goal(s) for today, and 3. Who can Support you with this goal? The aim of the questions is to encourage each member to feel safe enough to share their feelings and rely on others in the group to support achieving their goal. This approach fosters shared responsibility among the group in that each member is expected to follow through on supporting one another by checking in on the peer/staff that has requested your support. This allows each member to not only provide support to another thus strengthening relationships as well as increasing accountability within the group. We are truly our brother's keeper which is learned early on within the classroom.

Paraprofessionals can review visual facial expressions for ASD students to select their emotion/feeling and talk about how they can overcome their feelings through support of others. Paraprofessionals can assist students on the spectrum by practicing these questions with ASD students prior to community meetings to prepare them ahead of time.

Psychoeducation provides students with ongoing education about autism. The discussion can lead to problem solving ways the class can support their friend by reminding him/her to use their safety plan, eliciting the teacher or aid for help, or giving the friend some space. A modified psycho educational approach can be developed to educate students with ASD how others may feel and what visual feature is associated with each feeling. Social stories and videos can help facilitate this message followed by

role play and therapeutic games to help ASD students master identifying feelings. This activity helps to prepare students with ASD to participate during community meetings and be part of the process rather than a spectator.

Teachers, school counselors, paraprofessionals, and students can role model for ASD students how checking in with one another leads to trusting relationships and a sense of belonging, issues that seem to be common inabilities for children on the spectrum. After some practice, students on the spectrum are encouraged to select those to check in with them as well as becoming selected too and build a sense of accountability in their daily routines. This is how we build solid friendships, safe spaces, and wholeness in a shared space.

As students and staff learn more about sanctuary, it is important to inform families about the model as well as their child(ren) are learning new concepts that can also benefit the home setting holistically. Teachers can share information about the purpose of S.E.L.F, Self-care and Safety Plans, and Community Meetings just to name a few. Parents can also be invited to observe a community meeting and teach parents how to facilitate community meetings in their homes as well. Teachers can encourage parents to also volunteer during the 5 week launch as a way to learn alongside their child.

Conclusion

The sanctuary model is a grounding approach to creating safety in organizations like mental health facilities but can also create a safe environment for places like our communities and schools, places where individuals also experience various forms of trauma. In the classroom, staff and students may struggle with understanding how one

deals with negative experiences that result in outward behaviors that are seen as inappropriate or socially awkward. It is through sanctuary that we can begin to teach staff and students about differences, psychoeducation about trauma and the way individuals may respond, and how we can be supportive during those troubling times.

Through a review of the literature we have learned the benefits of creating a safe environment especially for those on the spectrum. We have learned how to establish a community that embraces all diversities, social economic backgrounds, races and cultures and all vulnerabilities to include disabilities. The sanctuary model teaches us that when we come together as a community with an aim to commit to seven fundamental principles and shared values, language, knowledge, and practices alike we are more likely to heal and grow stronger together while learning how to heal oneself.

Students on the spectrum are born with challenges that can create many barriers, propelling one to become inflexible and resistant to change and growth. The literature sheds light on the personal challenges that these students face to include social, emotional, communication and language barriers. Students on the spectrum are faced with daily reminders of their differences, especially when their social awkwardness prevents them from maintaining positive relationships with other peers, an element that is imperative to children's growth and development. As students are learning how to adapt to changes in their environment, this can be a difficult task for many on the spectrum that

can lead to behavioral problems that decrease their chances for a productive and

successful experience at school.

Furthermore, families are also impacted by autism as caregivers work tirelessly to

provide adequate care that can cost thousands just to ensure their child has a running

chance for normalcy. Parents are tasked with fighting for the rights of their diagnosed

child while managing their home and possibly holding their marriages together. These

stressors can in turn impact the relationships within the family system, creating a more

stressful environment. As we continue to explore innovative ways to support students on

the spectrum we must also seek modalities that can also be transferable to the home

setting to further support students on the spectrum holistically.

Through this model, students can also learn about the experiences of their peers

who are consumed with a diagnosis like autism that at times can be overwhelming and

burdensome to those living with it as well as those that care for the person with autism. It

is through this therapeutic psychoeducational process that students can form better

awareness of the diagnosis and make a commitment to become more compassionate

towards self and others.

As we seek to provide students with autism with the least restrictive environment

(as mandated by the IDEA), we often support these students by teaching them social

skills and attempting to modify their behaviors to make them more adaptive in general

education settings. The success in doing so varies and this may be due, in part, to the

continued lack of acceptance by the peer group that students with autism are attempting

to enter. It is asserted in this dissertation that a better way to improve the experiences of

students with autism in general education classrooms is to intervene not only at the level

of the mainstream student but also at the level of the classroom. That is, by increasing

the supportive nature of the classroom environment, by shifting the culture toward a more

sanctuary environment, we will be able to increase the success, both socially and

academically, of students with autism as they participate in least restrictive environments

in general education settings.

The way one responds to traumatic memories of their past or current circumstance

can all depend on the psychoeducation and coping skills provided to support the

individual with overcoming the event or the intrusive memory that can trigger a fight,

flight, or freeze response. During this time, it is important that a well thought out plan is

established ahead of time to avoid further regression in one's healing. Through the use of

the sanctuary model and support from others, students on the spectrum will begin to learn

and incorporate skills that can help reduce behaviors that impact their academic

performance, social abilities with peers, and a practice towards awareness of their

feelings that are associated with specific triggers.

This program encourages our school leaders to consider a holistic therapeutic

approach that is not only trauma informed but evidence based. As the school focuses on

academic success it is imperative to be mindful of what students and staff face

emotionally that can result in many feeling unsafe while at school. Students on the

spectrum endure frequent emotional dysregulation throughout the day as some suffer with

the inability to transition from one activity to the next or even transitioning from one

classroom to a non-preferred class. Trials as such are areas where the sanctuary model

can teach all students but especially students on the spectrum how to become more

accepting and flexible in what they think is unachievable. Sanctuary creates an

empowered feeling that can motivate change and growth. Sanctuary is a model that helps

to foster a safe environment that can help students and staff succeed.

Therefore, the current study designed a guidebook and webpage with information

and resources for a classroom wide approach to creating safety through the use of the

sanctuary model.

It is hoped that this approach, focusing on teaching therapeutic and safe principles

to the classroom while also supporting students on the spectrum, will result in positive

improvements to social, emotional, and communication barriers for all students. Staff

will become educated on trauma and how it can impact not only their wellbeing but the

wellbeing of their students and learn strategies from the model to incorporate in their

classrooms.

This project developed a detailed guidebook for teachers who wish to increase the

"sanctuary" of their classrooms and included a website with additional resources. The

longer term plan is to disseminate the program to elementary schools. As Dr. Bloom

stated "if we cannot teach children how to get along with other people and feel better

about themselves, the other educational skills are almost irrelevant (Bloom, 1195, pg.6)."

CHAPTER 3: METHOD

Overview

The purpose of this project was to develop a resource that offers educators strategies to promote basic yet important principles in the development of a safe classroom-wide climate. By embracing shared values, fostering supportive and trusting relationships among staff and among peers, students with autism as well as typically developing students may be able to increase their feelings of safety at school.

Procedures

After reviewing the available literature on the development and implementation of Sanctuary Classrooms, a 5-week lesson plan was developed to introduce concepts from the sanctuary model to facilitate improvements to the classroom environment and promote academic and social success for all students, including those on the spectrum.

Following this, a Google Website was set up and was populated with content for the 5-week program as well as other important information related to the implementation of a Sanctuary Classroom to promote students' feelings of safety, particularly students with ASD.

As a final step in this process, the website was reviewed by colleagues, and revisions to the program were made in response to their feedback.

Lesson Plan Outline

The 5-week program separates each learning strategy into core weeks of learning about each tool that can be used throughout the school year. Week 1 includes an introduction to the sanctuary model. Week 2 focuses on introducing S.E.L.F to the

classroom. <u>Week 3</u> focuses on the sanctuary 7 commitments. <u>Week 4</u> is used to help

students design their safety and self-care plans. <u>Week 5</u> introduces and helps to establish

a classroom management approach through the use of community meetings.

Utilization of a Google Site

  The five-week program is housed on a Google Site that can be made available to

all interested parties. This particular format also allows for real time updates that will

ensure the timeliness of all materials.

Peer Review

  After the website was completed, it was disseminated to colleagues for a peer

review. Each reviewer was interviewed and feedback about the viability and utilization

of the program was discussed. Based on this feedback, revisions to the website were

made and the final version was completed.

CHAPTER 4: RESULTS

The Final Version of the Website is available at: is available for limited review at:

https://sites.google.com/d/1GBr55u437N3kSWCiGAP97NI_Zn12-BGl/p/14z0Ski
TXVIKtcmn1GuM3mBDSExQFWx/edit

Pages on the Sanctuary Classroom Website

The webpage consists of four pages: Home, Weeks, What's Next, Resources.

Each page was developed to make all aspects of the program easily accessible to users as

well as to provide additional information and resources to support teachers and schools.

Examples of the pages are included in the appendix.

Home

The Home page shares information about what staff can expect by utilizing the

Sanctuary Model as a method to create safety in their classrooms as well as the benefits

of supporting students on the spectrum in a holistic therapeutic model. The home page

addresses the ability for staff and students to support each other through an emotional

connectedness, thus breaking barriers that students may experience when faced with

challenging and or emotional difficulties alone.

Weeks

The Weeks page includes a series of sub-pages that outlines an introduction to the

topic that is focused on each week, an overview that explains what to expect, as well as

the learning task that describes how to integrate the topic into the classroom setting. In

addition, the learning task provides staff with specific resources and activities that

support both students on the spectrum as well as typically developing students as a way to meet each student where they are based on cognitive level.

Week 1

Week 1 focuses on an introduction to the sanctuary model. This week is designed to help teachers educate students about how our brains respond to stress (fight or flight response) and how we handle and maintain that stress. Teachers will talk about how the model will help the classroom to establish a safe environment for everyone who has been impacted by various traumas and stressors. Teachers will help students identify various feelings associated with traumatic and stressful incidents. This week encourages students to share their own experiences with stress such as bullying, social relationships, peer pressure, or community violence for example. Teachers can provide vignettes for students to read and discuss as another way for students to identify the problem and the feeling/emotion associated with the situation. During this time, modifications for ASD students are made in the form of social stories, videos about stressful events, and therapeutic games to help the learner identify various feelings through picture matching or picture identification (i.e., sad, scared, surprised, angry).

Week 2

Week 2 focuses on introducing S.E.L.F to the classroom. Each day throughout week two, teachers focus on a specific acronym (i.e., Monday-Safety, Tuesday-Emotional intelligence, Wednesday-Loss-, Thursday-Future, Friday-recap). This week is designed

to support students with developing a working definition of what safety looks like in their

classroom that includes student and staff's psychological, physical, and emotional

well-being. Teachers can have students break up into groups and talk about peers'

experiences associated with that particular acronym and how they possibly got through it.

During this time, teachers can use a modified approach to help students on the spectrum

understand each acronym by showing pictures of what each acronym looks like (i.e., peer

expressing feelings of unsafe vs safe), social stories and age appropriate videos to

describe an easier way to understand each acronym.

Week 3

Week 3 focuses on introducing the Sanctuary 7 Commitments. Teachers provide

psychoeducation about each commitment as well as psychoeducation about autism such

as; why their peer seems socially awkward, why their peer struggles to communicate

his/her needs etc. This week is designed to support teachers by facilitating discussions

with their typically developing students about how they can apply each commitment to

their peer with autism and commit to including their autistic peer in the safe environment

created within the classroom. During this time, aides and paraprofessional work with

ASD students, learning about each commitment as well using storytelling, and practicing

I statements (i.e., when I feel <u>*mad,</u> I will not <u>*hit</u> my peers).

Week 4

Week 4 focuses on helping staff and students design their Safety Plan and Self-Care Plan. Prior to students and staff designing their plans, teachers can survey the class for what preferred coping skills students believe are useful self-regulation strategies (i.e., stress ball, playdough, drawing, blowing bubbles, exercises, listening to calming music etc.) This can be introduced to the whole group as it aids to encourage students to either work as a group or alone. Teachers can also assign "work buddies" to students on the spectrum. Teachers provide students with small or medium note cards, scissors and glue. Students can either cut out pictures of various coping skills or write them out. This is done for student and teachers Self-Care Plan. Once students complete the activity, teachers and students can talk about appropriate times to refer to their plans. Staff can discuss with students how we can take care of ourselves through preventative strategies (i.e., self-care planning) and proactive strategies (i.e., safety plans). Staff can conduct a class meeting to assess the effectiveness of their plans. Modifications can be made during this time for students that feel their plans were not useful.

Week 5

Week 5 focuses on introducing and establishing a classroom management approach through the use of community meetings. This final week is designed to support staff with familiarizing students with four questions, three of which are the sanctuary models traditional questions and one added question (i.e., How Do you want to feel?).

During every community meeting staff and students will be asked 1. How are you

feeling, 2. How do you want to feel, 3. What are your goals for today, the week, or the

community meeting time, 4. Whom and or what can support you. Staff are encouraged to

remind students to utilize their safety plan as a measure of support. During community

meetings, students and staff can talk about goals for the classroom as a whole and

creating sanctuary in the class through a safe learning environment. Staff can also talk

about responding to inappropriate behaviors and consequences that aim to avoid

embarrassment that can reignite possible traumatic memories but work with the student in

a therapeutic approach to resolve barriers to learning. In addition, the purpose of

community meetings are designed for students and staff to share how their progress is

coming along as well as thanking the staff and students that may have supported them.

What's Next

The What's Next page was designed to provide information about the model to

families as well as helpful training for continued development and supporting students

with ASD as well as typically developing peers through the use of the sanctuary website.

Staff can educate parents and caregivers about trauma and the principles learned

in the classroom. Staff can begin with educating parents and caregivers about the

correlation between trauma and its effects on behavior and how their school has taken an

approach to supporting one another through various strategies derived from the sanctuary

model such as the use of the seven commitments, community meetings and

safety/self-care plans.   Staff can encourage parents and caregivers to also establish these

principals in the home, creating a holistic culture across all settings that aims to resolve conflicts as a community in a safe manner.

Staff and administrators that are interested in furthering their knowledge and expertise about the Sanctuary Model can learn more at http://www.sanctuaryweb.com. Staff and administrators can also seek consultation from a certified sanctuary model facilitator.

Resources

The Resources page was designed to provide further therapeutic activities and psychoeducation to support students, staff, and families that are interested in maintaining safety, mindfulness, and emotional awareness. Resources include, printable worksheets, coloring sheets, coping skills cards, topics about bullying, safety regulation, grief and loss, and teacher/parent strategies to support students on the spectrum.

Feedback from Colleagues

After the website was completed, feedback, primarily during individual interviews, was collected about the viability and utilization of the program. Based on this feedback, revisions to the website were made.

Description of Peer Review Process

Three educators were interviewed (Ms. Ross, Ms. Smith, and Ms. Sankey) and provided with access to the website as well as the guidebook for creating sanctuary in the

classroom. Each educator was encouraged to first read the guidebook followed by accessing the website for review and feedback. After a review of both guidebook and website, educators were then interviewed regarding their experience with navigating the website, reviewing the guidebook, and asked additional questions to include; years of experience, strategies used to support students, awareness of ASD, thoughts about establishing a trauma informed evidence based model into their classroom, and potential barriers to utilizing a new model for sporting students on the spectrum as well as typically developing students.

Summary of Feedback and Revisions

The examiner was able to request a review from three educators Ms. Smith, Mrs. Estrada, and Ms. Ross. All educators were interviewed utilizing the same questionnaire to gage consistent feedback. The following questions were asked, (1.)Years of experience as a teacher, (2.) Years of experience supporting students on the spectrum, (3.) Grade level(s), (4.) Functionality of the guidebook, (5.)Functionality of the webpage, (6.) Implementation (i.e., Do you feel this is a model that is easy/hard to establish?), and (7.) Any barriers/limitations to using the guidebook and webpage.

Ms. Smith has over 21 years of teaching experience with 10 years of working with students on the spectrum. Ms. Smith has academically supported preschool and Kindergarten level students. Ms. Smith indicated she found the guidebook was very useful and believes strategies derived from the guidebook can not only be used in classroom settings but also the home environment. After reviewing the Sanctuary

Classroom webpage, Ms. Smith indicated the website was very well organized and useful in giving more insight into this program. According to Ms. Smith, "with the proper staff and parental training it is my opinion that this model would be easy to implement." As a long term educator, Ms. Smith advised that barriers can be seen depending on the age of the individual and where they are on the spectrum. Ms. Smith also added the model may have to be modified in order to be successful for students with a more severe ASD diagnosis that doesn't allow participation similar to higher functioning autistic students.

Ms. Estrada has 20 years of teaching experience with 5 years of providing support to students on the spectrum. Ms. Estrada has academically supported students Kindergarten to 3rd grade. Ms. Estrada indicated she found The Sanctuary Model Guide to be functional. Ms. Estrada indicated it helped to give her (the reader/ user) a concise definition of a sanctuary environment. Ms. Estrada reported the guidebook was clear and the procedures outlined were understandable and simple to establish in any environment. Ms. Estrada noted she appreciated the clarity of each procedure outlined in the 5-week learning program which also informs the reader of the different limitations that may arise. According to Ms. Estrada," the webpage looks great." In addition, Ms. Estrada provided additional resources that have been proven to be helpful for her classrooms which will be added to the resource page (i.e., How to Be Superhero called Self-Control by Lauren Brukner; I am Stronger than Anger by Elizabeth Cole; I See Things Differently: A First Look At Autism by Pat Thomas). According to Ms. Estrada, If the model outline is followed, it seems to be easy to establish. According to Ms. Estrada, the user will have to be mindful of their classroom age, maturity, and life experiences when using different

resources.   Ms. Estrada added "some students may not be willing to share in a

community meeting but will share 1 on 1 with the teacher. The teacher can still create a

sanctuary environment. They will need to be intentional with that student daily." This

feedback was useful which will be added to limitations as well as supporting staff when

students seem to be resistant to participation. Ms. Estrada did not report any known

barriers to utilizing the guidebook and or webpage. According to Ms. Estrada "They are

user friendly".

Mrs. Ross

Mrs. Ross has over 18 years of teaching experience with over 18 years of

providing support to students on the spectrum. Mrs. Ross has academically supported

students from grades K-12th throughout her career. Mrs. Ross indicated she is interested

to learn more about the research behind the sanctuary model as she was "definitely

intrigued". Mrs. Ross expressed wanting to have more information about what each week

entailed and stated "I learn best when I can take a deep dive into what I am implementing

into my class." Mrs. Ross also added "Parents of children on the spectrum tend to like to

know what research is used to support what I do until they become comfortable."

According to Mrs. Ross, using the webpage was difficult in the beginning however, after

looking through the website it became easier to navigate. Mrs. Ross provided suggestions

to best support individuals that will visit the site. Examiner was able to make such

adjustments that included correcting access to each link for resources which seem to slow

the process of educators' access to various resources provided in the webpage. According

to Mrs. Ross, "I think it would be easy once I learned what research is behind the model

and why you support it. I would have liked to see a mock professional development

schedule possibly with a syllabus for teachers and workshops for parents."

Mrs. Ross found both manual and webpage to be helpful and "packed a lot of

information." Mrs. Ross indicated both manual and webpage were concise and to the

point. Mrs. Ross mentioned she is able to process information by learning why I am

doing something and then I can implement it." Overall, Mrs. Ross reported as an

educator in the field, she found no barriers to learning and establishing the model within

the classroom in an effort to keep her students safe, especially those in her classroom that

are vulnerable and victims of bullying.

CHAPTER 5: DISCUSSION

Overview of the Program

The Sanctuary Model was created by Dr. Sandra Bloom as a trauma informed evidence based approach to supporting individuals who have either witnessed or experienced first-hand trauma events in their lives. This model is geared towards providing a safe environment among an organization to include classrooms. Sanctuary helps the members of the group (i.e., learner) give and receive support to one another during challenging events. Sanctuary is intended to not only provide support but teach members of the group that we share a moral responsibility to be mindful of how we treat one another and the impact we have when we choose to react in safe or unsafe ways

Sanctuary Classroom 5-week program

Each week contains an introduction to the topic of the week, an overview of what to expect regarding activities, lesson plans, and modification for supporting students on the spectrum. In addition, each week is provided with resources for staff and parents to utilize for further activities and psychoeducation.

Presented on a Webpage

The Sanctuary Webpage allows educators and support systems to learn about the Sanctuary model and how this trauma-informed evidence-based model can be applied to classrooms that support students on the spectrum. The webpage provides access and

educational tools to help keep students safe while engaged during fun interactive

activities that support safety, education, trust,and growth from all members (students and

staff) within the group. Sanctuary Classroom can be accessed by anyone interested in

learning more about supporting students on the spectrum through the use of trauma

informed evidence based practice proven to reshape behaviors within a community. Can

be continuously updated with the most current findings and resources. As information is

updated, the Sanctuary Classroom webpage will also revise and update the webpage to

reflect the most current information pertaining to students on the spectrum that are

supported by using the Sanctuary model.

The Importance of Safety in Classrooms with ASD Students

Students with ASD can often feel unsafe in classrooms through various means

such as teasing, bullying, and or isolation from others. The Sanctuary Classroom

guidebook teaches staff and students about support and acceptance in a holistic safe

approach that is not only for students on the spectrum but also for anyone feeling unsafe.

How This Program Supports Students with ASD

This program helps to support students on the spectrum by providing educational

tools to staff and supports that can teach safety skills to students. This model is geared

towards fostering a safe and healthy communication approach that allows students to feel

welcomed no matter what limitations he or she has. In addition, because it seeks to

improve the environment and culture within the school, and, in particular, the classroom, all students are likely to benefit from the implementation of this type of program.

Limitations

As this program is highly useful and very popular in the mental health field, there are a few limitations to be aware of. Funding for continued training and consultation by a certified sanctuary model facilitator may be difficult to obtain based on school district finances. As this guidebook provides some information about the sanctuary model, full implementation of this model can take between 2-5 years to complete.

Students that are lower functioning may not be able to fully participate in the program due to their developmental level and communication abilities that prevent them from appropriately identifying feelings, supporting other students, and maintaining safety. Students on the spectrum who are prone to aggression, may need intensive learning sessions that focus on a reduction of physical aggression prior to supporting others in the classroom setting. With that said, it is encouraged that staff work towards supporting these students in overcoming these barriers so that they too can benefit from a holistic safe approach to address their stressors that also trigger unsafe behaviors.

Finally, empirical support studies are encouraged to help examine the effectiveness of using the sanctuary model for teaching and supporting students on the spectrum.

Future Directions

Administration and staff can benefit from using this dissertation to further expand on a grade level specific curriculum that utilizes activities and continued education that

target students not only based on functioning but also on grade. The dissemination of the

guidebook will be made available to all school districts that provide staff and

administration public emails that can be found on the school districts webpage.

Furthermore, empirically tested opportunities can be useful to examine the impact of

establishing a classroom wide approach to creating safety in the classroom for students

on the spectrum as well as all typically developing students.

REFERENCES

Diagnostic and Statistical Manual of Mental Disorders, 5th Edition. (2013). *American Psychiatric Association*. doi:10.1176/appi.books.9780890425596.893619

Bekhet, A. K., & Matel-Anderson, D. (2016). Risk and Protective Factors in the Lives of Caregivers of Persons With Autism: Caregivers' Perspectives. *Perspectives in Psychiatric Care, 53*(3), 199-207. doi:10.1111/ppc.12158

Blake J, Hoyme HE, Crotwell PL. (2013). *A brief history of autism, the autism/vaccine hypothesis and a review of the genetic basis of autism spectrum disorders*. S D Med. 2013; Spec no:58-65. PMID: 23444593.

Bloom, S. L. (1995). *Creating sanctuary in the classroom*. Journal for a Just and Caring Education, 1, 403-433.

Bloom, S. L. (2017). The sanctuary model: Through the lens of moral safety. *APA Handbook of Trauma Psychology: Trauma Practice (Vol. 2).,* 499-513. doi:10.1037/0000020-024

Bloom, S. L., Foderaro, J. F., & Ryan, R. (2006). *S.E.L.F a trauma-informed psychoeducational group curriculum*. Community Works.

Brett, D., Warnell, F., Mcconachie, H., & Parr, J. R. (2016). Factors Affecting Age at ASD Diagnosis in UK: No Evidence that Diagnosis Age has Decreased Between

2004 and 2014. *Journal of Autism and Developmental Disorders, 46*(6), 1974-1984. doi:10.1007/s10803-016-2716-6

Brian, J. A., Bryson, S. E., & Zwaigenbaum, L. (2015). Autism spectrum disorder in infancy. *Current Opinion in Neurology, 28*(2), 117-123. doi:10.1097/wco.0000000000000182

Clarke, A. (2013). Sanctuary in Action. *Children Australia, 38*(3), 95-99. doi:10.1017/cha.2013.12

Clarke, A., & Royes, M. (2014). The Sanctuary Model® and Community Meeting. *Therapeutic Communities: The International Journal of Therapeutic Communities, 35*(4), 143-149. doi:10.1108/tc-09-2013-0029

Crane, L., Jones, L., Prosser, R., Taghrizi, M., & Pellicano, E. (2019). Parents' views and experiences of talking about autism with their children. *Autism, 23*(8), 1969-1981. doi:10.1177/1362361319836257

Earl, R.K., Peterson, J., Wallace, A.S., Fox, E., Ma, R., Pepper, M., & Haidar, G. (2017). Trauma and Autism Spectrum Disorder, A Reference Guide. Bernier Lab, Center for Human Development and Disability, University of Washington

Esaki, N., Hopson, L. M., & Middleton, J. S. (2014). Sanctuary Model Implementation from the Perspective of Indirect Care Staff. *Families in Society: The Journal of Contemporary Social Services, 95*(4), 261-268. doi:10.1606/1044-3894.2014.95.31

Estes, A., Zwaigenbaum, L., Gu, H., John, T. S., Paterson, S., Elison, J. T., . . . Piven, J. (2015). Behavioral, cognitive, and adaptive development in infants with autism spectrum disorder in the first 2 years of life. *Journal of Neurodevelopmental Disorders, 7*(1), 24th ser. doi:10.1186/s11689-015-9117-6

Goodwin, A., Matthews, N. L., & Smith, C. J. (2018). Parent-reported early symptoms of autism spectrum disorder in children without intellectual disability who were diagnosed at school age. *Autism, 23*(3), 770-782. doi:10.1177/1362361318777243

Hall, H. R., & Graff, J. C. (2012). Maladaptive Behaviors of Children with Autism: Parent Support, Stress, and Coping. *Issues in Comprehensive Pediatric Nursing, 35*(3-4), 194-214. doi:10.3109/01460862.2012.734210

Hibbard, R. A., & Desch, L. W. (2007). Maltreatment of Children With Disabilities. *Pediatrics, 119*(5), 1018-1025. doi:10.1542/peds.2007-0565

Huws, J. C., & Jones, R. S. (2008). Diagnosis, disclosure, and having autism: An interpretative phenomenological analysis of the perceptions of young people with autism. *Journal of Intellectual & Developmental Disability, 33*(2), 99-107. doi:10.1080/13668250802010394

Kerns, C. M., Newschaffer, C. J., & Berkowitz, S. J. (2015). Traumatic Childhood Events and Autism Spectrum Disorder. *Journal of Autism and Developmental Disorders, 45*(11), 3475-3486. doi:10.1007/s10803-015-2392-y

King, M., & Bearman, P. (2009). Diagnostic change and the increased prevalence of

autism. *International Journal of Epidemiology, 38*(5), 1224-1234.

doi:10.1093/ije/dyp261

Larsen, K., Aasland, A., & Diseth, T. H. (2018). Identification of Symptoms of Autism

Spectrum Disorders in the Second Year of Life at Day-Care Centres by Day-Care

Staff: Step One in the Development of a Short Observation List. *Journal of Autism*

and Developmental Disorders, 48(7), 2267-2277. doi:10.1007/s10803-018-3489-x

Legg, H., & Tickle, A. (2019). UK parents' experiences of their child receiving a

diagnosis of autism spectrum disorder: A systematic review of the qualitative

evidence. *Autism, 23*(8), 1897-1910. doi:10.1177/1362361319841488

Lee, G. K., Krizova, K., & Shivers, C. M. (2019). Needs, strain, coping, and mental

health among caregivers of individuals with autism spectrum disorder: A moderated

mediation analysis. *Autism, 23*(8), 1936-1947. doi:10.1177/1362361319833678

Ludlow, A., Skelly, C., & Rohleder, P. (2011). Challenges faced by parents of children

diagnosed with autism spectrum disorder. *Journal of Health Psychology, 17*(5),

702-711. doi:10.1177/1359105311422955

Mcgrew, J. H., & Keyes, M. L. (2014). Caregiver stress during the first year after

diagnosis of an Autism Spectrum Disorder. *Research in Autism Spectrum*

Disorders, 8(10), 1373-1385. doi:10.1016/j.rasd.2014.07.011

Peacock, G., Amendah, D., Ouyang, L., & Grosse, S. D. (2012). Autism Spectrum

      Disorders and Health Care Expenditures. *Journal of Developmental & Behavioral*

      Pediatrics, 33(1), 2-8. doi:10.1097/dbp.0b013e31823969de

Rea, H., Lamotte, K., & Burrell, T. L. (2018). What Is Autism Spectrum Disorder?

      Handbook of Parent-Child Interaction Therapy for Children on the Autism

      Spectrum, 3-26. doi:10.1007/978-3-030-03213-5_1

Reiter, S., Bryen, D. N., & Shachar, I. (2007). Adolescents with intellectual disabilities as

      victims of abuse. *Journal of Intellectual Disabilities, 11*(4), 371-387.

      doi:10.1177/1744629507084602

Sullivan, P. M., & Knutson, J. F. (2000). Maltreatment and disabilities: A

      population-based epidemiological study. *Child Abuse & Neglect, 24*(10),

      1257-1273. doi:10.1016/s0145-2134(00)00190-3

Torbet, S., Proeve, M., & Roberts, R. M. (2019). Self-Compassion: A Protective Factor

      for Parents of Children with Autism Spectrum Disorder. *Mindfulness, 10*(12),

      2492-2506. doi:10.1007/s12671-019-01224-5

Werner, E., Dawson, G., Osterling, J., & Dinno, N. (2000). Brief report: Recognition of

      autism spectrum disorder before one year of age: A retrospective study based on

      home videotapes. *Journal of Autism and Developmental Disorders,30*(2), 157-162.

      doi:10.1023/a:1005463707029

Wood, J. J., & Gadow, K. D. (2010). Exploring the Nature and Function of Anxiety in

Youth with Autism Spectrum Disorders. *Clinical Psychology: Science and Practice,*

17(4), 281-292. doi:10.1111/j.1468-2850.2010.01220.x

Appendix

Examples of Pages on the Webpage

Sanctuary Classrooms   Home   Weeks ⌄   What's Next? ⌄   Resources   🔍

Introduction

Overview

Learning Task

Monday's Lesson

Tuesday's Lesson

Wednesday's Lesson

Thursday's Lesson

Friday's Lesson

ⓘ

Sanctuary Classrooms   Home   Weeks ⌄   What's Next? ⌄   Resources   🔍

Monday

1. Activities focused on Fight-Flight-Freeze will be introduced to students. Students will learn about how our bodies respond to trauma and how traumatic events can interfere with one's safety. Staff and students will discuss how they respond to stress, assess how their current response helps or prevents them from staying in a safe zone.

2. Staff that are supporting students on the spectrum can begin with a social story about safety followed by a handout that will help with identification of responding to stress (e.g., visual pictures of persons with various actions such as running away, physical aggression, crying, freezing etc.). This intervention can help students prepare for challenging situations that may elicit one to feel unsafe. The story can be created by a school counselor, teacher, aide and read to the client. For by-in, staff can create the story to include the students favorite character to further keep the student engaged.

3. Staff supporting students on the spectrum can role-play scenarios that involve potential stressful situations and how students can respond safely. This can be accomplished by teach students personal space (e.g., arm forward distance from another), deep breathing, and asking for help.