Pennsylvania Progress

Juvenile Justice Achievements in Pennsylvania

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# The Post-Traumatic Stress Disorder Project . . . Continued

by Patrick Griffin

"I'm 16 years old and I'm scared of the dark."

The speaker—call her Grace—is showing visitors around Alternative Rehabilitation Communities' staff-secure Zimmerman Home for Girls in Carlisle, where she is a resident. A self-possessed, athletic young woman in a track suit, she doesn't look particularly scared now, in daylight. Her voice and manner are calm and direct. She looks you in the eye, unblinking. If your name is Theresa, she calls you "Miss Theresa."

She doesn't seem angry, either, though she's been in a series of institutions since a juvenile court first took her off the Philadelphia streets at the age of 13—and was a problem for the staff, she admits, at every one. Cursing. Violent. Out of control. Five times she had to be restrained, during one long detention stay. "I had a wall up," she says.

That's changing now. "People care more here," she says of those who work with her at Zimmerman. The "vibe," as she calls it, is different. But Grace is different, too. One of the reasons is a small group of girls she's been meeting with regularly since she came here. "It's a group that helps you talk about your problems that you don't want to share with anybody," she says. She means the things that make you scared of the dark.

"After I get done talking I feel open because everybody knows what's inside of me."

It hasn't made her problems disappear—or her fears. But she's putting on weight now, running every day, talking about eventually earning a track scholarship to college. And she's looking forward, very soon, to returning home.

Grace is one of the first of many girls in Pennsylvania who will benefit from the Post-Traumatic Stress Disorder Project—a far-reaching effort to respond through treatment, education, and training to the needs of traumatized girls in the state's juvenile justice system. Funded by the Pennsylvania Commission on Crime and Delinquency and guided by a remarkably diverse assemblage of committed volunteers called the PTSD Project Implementation Workgroup, the PTSD Project is responsible for the development of the small-group PTSD treatment curriculum now being used to help girls like Grace at residential placement facilities throughout the state. In partnership with the Juvenile Detention Centers Association of Pennsylvania (JDCAP), it has launched an ongoing effort to train every single

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detention worker in the state to recognize and deal sensitively with PTSD victims. Through presentations at workshops and conferences, it has raised PTSD awareness and understanding in thousands of juvenile probation officers, police officers, trial judges, corrections workers, and others who come in contact with delinquent girls who may be experiencing the long-term effects of trauma.

A previous issue of *Pennsylvania Progress* ("Painful Secrets," Spring 2001) explored the underlying causes, symptoms, and prevalence of PTSD, discussed the role it may play in the delinquent behavior of adolescent girls, and described the early stages of the PTSD Project initiated in response. This issue will acquaint readers with the progress that the PTSD Project has made since then, its current activities, and the future that its leaders envision.

## THE PTSD PROJECT— A CAPSULE HISTORY

The PTSD Project got off the ground in the year 2000, when Alternative Rehabilitation Communities (ARC), a private Harrisburg-based residential treatment provider, received a Juvenile Justice and Delinquency Prevention Grant of $76,435 from PCCD to fund the development of a treatment curriculum for female delinquent PTSD victims in residential placement. It was well-known that many of these girls had traumatic personal histories, which may have contributed to their delinquent behavior, and which certainly complicated current attempts to help them. The idea was to find an effective way to address the problem directly—to educate traumatized girls in

### PTSD PRIMER

- **Definition**. PTSD is a psychiatric disorder that can afflict survivors of traumatic, life-threatening events. Once called "shell shock" or "battle fatigue" because of its frequent occurrence in combat situations, PTSD is now understood to affect civilians as well as soldiers, women as well as men, children as well as adults.
- **Causes**. Any traumatic "stressor" that is beyond the range of ordinary human experience—natural and man-made disasters, violent assaults, accidents, sexual and other abuse, rape—can trigger PTSD.
- **Symptoms**. There are three basic categories of PTSD symptoms:
  - *Intrusion*: The unexpected and painful reemergence of the trauma, out of the past and into the present—through sudden, vivid memories, nightmares, or "flashback" experiences.
  - *Avoidance*: Various forms of distancing—from situations or activities that may trigger painful memories, from close emotional ties with people, even from one's own feelings.
  - *Hyperarousal*: Insomnia, irritability, distraction, jumpiness, and other behavioral/somatic reactions that we usually associate with being under siege, and that may lead to the use of alcohol or drugs in efforts to "self-medicate."
- **Prevalence**. Estimates vary. According to the American Psychiatric Association, something like 10% of the general population has had clinically diagnosable PTSD at some point in their lives, with more showing partial symptoms. Among girls in the juvenile justice system, however, the proportion is almost certainly much higher—in part because traumatic experiences are so much more common in this group. For instance, according to researchers who conducted mental health screening of 1,790 girls entering Pennsylvania detention centers over the last two years, 44% gave signs of having suffered trauma.
- **Treatment**. PTSD can be successfully treated. In addition to guided group therapy, in which trauma survivors share their experiences and reactions and support one another's recoveries, the mental health profession uses a variety of other techniques, including individual behavioral and psychodynamic therapy, family therapy, and medication to control symptoms.

Sources:

Cauffman, Elizabeth. (November 2001). *MAYSI-2 Site Report: Description of Mental Health Symptoms as Identified by the MAYSI-2 for the PCCD/JDCAP Grant*. (Unpublished report supplemented by personal communication).

American Psychiatric Association. (Online). *Let's Talk Facts About...Posttraumatic Stress Disorder*. www.psych.org.

placement regarding PTSD, to help them confront their own traumas, to teach them to recognize and cope with their symptoms.

But the idea soon got much bigger. In 2001, PCCD awarded ARC a State Challenge Grant of $456,656, not only to continue developing and testing the treatment curriculum, but to coordinate a broad-based PTSD education and training program for juvenile justice professionals all over the state. According to Dr. Ron Sharp, ARC's Director of Psychological Services and one of the project's prime movers, "Part of what we're trying to do is cut out a bigger part of the front page for PTSD." That is, not only to treat isolated victims at institutions like Zimmerman, but to elevate PTSD as a juvenile justice policy-making priority, and to raise PTSD awareness among actors all throughout the system. Accordingly, the project sponsored a series of large-scale trainings at regional and state conferences, educating a total of 5,000 juvenile justice and other professionals regarding PTSD over the course of the year.

Because PTSD awareness is perhaps most critical at the juvenile system's front end, another major component of the PTSD Project's second year was an intensive training effort, undertaken in cooperation with JDCAP and overseen by training consultant Pauline George, aimed at educating staff at Pennsylvania's 23 detention facilities regarding PTSD issues. A core group of detention counselors/staff attended monthly 2-day trainings focused on the understanding, recognition, and recommended treatment of PTSD, taking what they'd learned back to the facilities for on-site training sessions with their peers. More than 600 detention workers attended PTSD training during the program's second year.

## BRANCHING OUT

This year, with continuation funding of $311,039 in the form of a State Challenge Grant subgrant award, augmented by $111,444 from other PCCD-administered sources, including the Drug Control and System Improvement grant program, the PTSD Project has branched out into at least five separate initiatives, each with its own momentum:

- A Treatment Group of residential care professionals is guiding the piloting and testing of the PTSD treatment curriculum in six placement facilities across the state.
- Dr. Sharp and other PTSD Project leaders continue to make PTSD presentations and disseminate informational materials at training workshops and conferences, before audiences of judges, police, probation, parole and corrections professionals, as well as educators, social workers, counselors, church groups and others involved with young people. Altogether about 2,000 more people have received basic PTSD information at PTSD Project presentations this year.
- The detention-focused train-the-trainers initiative continues, with staff, supervisors, and administrators at 21 of the state's 23 detention facilities receiving PTSD training to date, and trainers beginning to pilot PTSD-related psycho-education techniques with small groups of detention residents at the facilities where they work.
- In an experiment just begun this fall, a Westmoreland County School-Based Probation Officer trained as part of the detention group is teaching the same kinds of trauma-coping skills to at-risk students in an alternative education class at Greensburg-Salem Middle School.
- And in a separately funded development that could help to establish PTSD programming as a central and permanent feature of Pennsylvania's approach to delinquent girls, PCCD has begun supporting what it calls PTSD/ Gender Specific Services Coordinator positions within treatment provider agencies.

## WHO'S IN CHARGE HERE?

"All these pieces are moving on their own," points out ARC's Dr. Ron Sharp. But the catalyst for all the movement has been Sharp's own PTSD Project Implementation Workgroup. The group's 18 volunteer members have been recruited from a variety of disciplines and fields—child welfare, clinical treatment, and community-based social services as well as juvenile justice and corrections—to meet periodically and review the progress of the PTSD Project and its offshoots, help one another keep current in the ballooning PTSD-related literature, and brainstorm new directions for the project.

"We're all here because of our passion, not our position," Sharp told the group at a recent meeting. One proof of that passion is the *ten-year* commitment Sharp has asked for and received from every member of the group. You can change jobs, you can change careers, you can even retire—members have done all three. But you stay in the Workgroup, no matter what.

This kind of long-haul commitment is necessary because the aim is not to get a particular program up and running, or to influence priorities for a funding cycle or two. It's to change attitudes—everywhere. Permanently. As one of the Workgroup's members put it regarding trauma awareness and understanding, "If we're really successful it will just become the way we work with females in Pennsylvania."

For that kind of success, Sharp says, "The important thing is get the right people on the bus. You can teach them the skills, but you can't teach them the values."

## "FIRST, DO NO HARM"— PTSD IN DETENTION

Incorporating PTSD knowledge and awareness into the day-to-day operation of Pennsylvania's detention centers remains among the most urgent priorities of the PTSD Project. Detention workers often have the first sustained contact with traumatized girls coming into the juvenile justice system. If nothing else, alert and informed staff members can serve as the system's eyes and ears during this critical period, making use of their opportunities to observe and interact with detained girls to detect signs of trauma and signal the need for treatment.

But detention workers can do much more than just flag possible PTSD cases in detention facility populations. They are with their often volatile charges night and day, in close quarters, under trying circumstances, sometimes for extended periods. That gives them unique opportunities to help—or to hurt.

All too often, according to Erie County Juvenile Probation Officer Chris Zoltowski, a former residential counselor and current member of the PTSD Project Implementation Workgroup, girls are "immediately traumatized" when they enter detention centers. Traditional methods of preserving order and asserting authority in these centers—especially "tough," physically confrontational approaches—may backfire disastrously with female detainees who suffer from PTSD. "First, Do No Harm," Zoltowski says. "That should be on the intake door of every detention facility."

"There are some things that you don't do," training consultant Pauline George adds firmly. "You don't touch, you don't get in their face. Especially if you're male." Too many of these girls have searing memories of being physically violated. A detention worker who unwisely resorts to what George calls "military" methods of control risks causing a PTSD victim to re-experience the trauma—perhaps triggering the sort of violent reaction that necessitates more physical contact, until the situation spirals out of control.

But Jane Johnston, another Workgroup member and until recently Executive Director of JDCAP, points out that line staff in many

facilities will inevitably tend to fall back on physical measures to restrain traumatized female detainees, for lack of experience and training. "It's an entry-level position," she says. "They're working on instinct."

George agrees: in a crisis, she says, the physical response "should be the last resort, but it will be first if you don't have skills. It's such a higher-level skill to talk them down."

## "A TOUGH AUDIENCE"

That's where training comes in. The PTSD Detention Train-the-Trainers Program is going a long way towards meeting the critical need for PTSD-related education and training in detention centers. According to Pauline George's count, 1,798 people have participated in PTSD training as a result of the program to date, including a total of 734 detention workers, supervisors and administrators in 21 Pennsylvania facilities. All of this work has been accomplished by just 18 ordinary detention workers, who have been giving their time to the training project since December of 2000. "The commitment is incredible," George says. "I think we have a great set of future specialists."

The trainers are not just imparting knowledge to their peers. They're changing attitudes too. A clearer understanding of how past traumas may be affecting female detainees' conduct invariably leads detention workers to see the girls in their care with "different glasses," George says. "People just totally view the girls' behavior differently….It's not just 'acting out' and 'being ornery.' It's being *driven*."

Of course, trainers have met with a certain amount of resistance and skepticism regarding PTSD as well—particularly among male workers who bring what George refers to as "the guard mentality" to their work. "But I think we get over that somewhat," George adds—mainly by offering a promising new way to deal with what has traditionally been a difficult population. "Girls have always been a tougher audience," George points out. "If you're going to provide some help with a tough audience, they will be receptive."

## TEACHING COPING SKILLS

Recently, the detention workers involved in the train-the-trainers effort have begun moving beyond peer-training, and into direct efforts to help traumatized girls in their facilities. They're putting together and test-driving a manual of handy, stand-alone psycho-education exercises for teaching relaxation, stress management, anger management, and other coping skills to small groups of residents in detention settings. The idea is to find simple ways to use the time in detention to help girls with PTSD—or any other juveniles who might benefit, whether or not they have unresolved trauma in their backgrounds—learn to help themselves. "They're such basic skills," George says. "We all need them."

One exercise that the training group has been piloting is called "Dear Gabby." It presents kids with a sort of confessional letter requesting advice on dealing with stress, and calls upon them to team up to write an answer. Like any teaching tool, it's meant to bring a difficult subject into the open, where it can be examined from all sides. And potentially, George adds, "It's a way for them to sort of let out and ask for advice."

Members of the training group are currently in the process of trying out exercises like "Dear Gabby" in the centers where they work, seeing which ones strike a chord with detained kids and which don't, and meeting each quarter to report their results and compare notes. Their goal is to develop a manual of twelve useful exercises by the end of this year. While they will be suitable for use with girls in detention, George points out, they are being piloted on boys as well—and even in one instance on a population of alternative education students in a Greensburg middle school. (See "PTSD Awareness in School.") "Most of these principles are *human* principles," George says.

### PTSD AWARENESS IN SCHOOL

Deb Ciocco participates in the PTSD Detention Train-the-Trainers Program, and has what she calls her own "captive audience" to work with. But Ciocco is a Westmoreland County School-Based Probation Officer, not a detention worker. And the kids she's trying to help are Greensburg-Salem Middle School students in the school's alternative education program.

Ciocco says she was originally recruited into the PTSD Project by ARC's Dr. Ron Sharp, who was hoping to begin spreading PTSD awareness into the school-based probation program. Ciocco has helped train fellow Westmoreland County juvenile probation officers on PTSD issues, but she saw a need for PTSD education among the at-risk students she worked with as well.

Most of the 16 middle school students in Ciocco's alternative education class at Greensburg-Salem this fall were placed there because of truancy, school misconduct, and other behavior that falls short of delinquency. But they may be headed for more serious trouble, Ciocco says. "Half of those kids, I have their siblings on my caseload. I know their families." She also knows that some of them have backgrounds marked by serious neglect, abusive parents, drugs in the family, alcoholism—conditions that could easily give rise to trauma.

That's why Ciocco pushed to be allowed to expose these students to the same PTSD awareness and trauma-coping lessons being piloted on detention populations by other members of the trainers' group. "'You're guinea pigs,'" Ciocco says she told her class at the start of the fall term. She'll be conducting weekly sessions with them—exposing them to "Dear Gabby" and other psycho-education lessons designed to teach young people to handle stress, anger, and so on—through the end of the semester, when a new class will begin. Pre- and post-testing of the students, similar to the kind being used with girls exposed to the PTSD treatment curriculum in placement (see "Testing the Curriculum"), will give PTSD Project leaders at ARC an idea of the effects of the exercises on the students' PTSD knowledge and self-rating of trauma-coping.

## TREATING PTSD IN PLACEMENT

Meanwhile, the broader implementation and testing of the PTSD treatment curriculum for girls in residential placement continues. Originally developed by consulting psychologist Jane Knapp and ARC Court Liaison Francine Slavik through a combination of research in the PTSD literature and hands-on work with PTSD victims at ARC's Zimmerman Home for Girls, the treatment curriculum, as its name implies, is equal parts education and therapy for PTSD victims. In a series of lessons designed to be presented on a weekly basis over a period of several months, it introduces girls to what is known about PTSD, its causes and effects, and teaches them practical techniques for dealing with those effects. But it also guides them through the difficult process of confronting their own traumas and their feelings about them. The idea is to help them acquire insight into their traumatic histories as well as awareness and control of their current symptoms.

This year, the curriculum is being piloted at five other residential facilities besides the Zimmerman Home, ranging from the Office of Children, Youth and Families' Danville Center for Adolescent Females, a large and highly secure "last stop" facility located on the grounds of the Danville State Hospital in Montour County, to smaller private treatment centers like VisionQuest's Madalyn Program in South Mountain, Auberle's Girls Adjusting to Treatment and Education (GATE) Program in McKeesport, and Adelphoi Village's homes for dependent and delinquent girls in Latrobe. It has even been implemented at Northwestern Human Services' multi-level Northwestern Academy in Coal Township, which serves mainly delinquent boys. (See "What About the Boys?")

The pilot effort is being guided by a Treatment Group of clinicians and other treatment staff at the participating facilities, who have undergone 40 hours of specialized training in the treatment curriculum in preparation for starting PTSD

groups at their facilities, and now meet every other month to discuss ongoing implementation issues, trouble-shoot unanticipated problems, propose improvements in the curriculum, and expand and deepen training.

Although the first PTSD groups are just now completing the curriculum at the pilot facilities, and evaluation results are not in yet (see "Testing the Curriculum"), reviews from treatment staff have been very positive.

According to Ann Christian, who works in VisionQuest's Madalyn Program for Girls and was involved in piloting the curriculum at the South Mountain facility, "It was something that we really needed, in my opinion." The chief value of the PTSD group, in Christian's view, has to do with the sharing and mutual support that it engenders among the girls. "They feel part of this group for a long time," she explains. "They develop trust and close relationships. It's almost like a small family within VisionQuest."

Denise Newman, a psychologist at Danville who has been conducting the pilot PTSD group there, appreciates the many activities and exercises the curriculum employs to engage the girls and encourage personal trauma-sharing. "The curriculum is designed to tap all of your senses," Newman says. "It includes a lot of fun things, a lot of hands-on things….When you get the crayons out, sometimes they turn into 6-year-olds."

But the more serious educational elements, she adds, have been useful to girls at Danville as well. About the lessons on intrusive experiences like flashbacks, for instance, Newman says, "They find it very helpful to have a name or a concept for something that they've all experienced, but didn't know what it was."

**WHAT ABOUT THE BOYS?**

PTSD doesn't just occur in girls. In fact, one of the facilities participating in the piloting of the PTSD treatment curriculum is Northwestern Academy, which doesn't have a stable population of girls. So it has used the curriculum with boys. And, somewhat to the surprise of Francine Slavik, the co-developer of the curriculum, "They really embraced it….The numbers are going to be lower for boys who have PTSD, but that doesn't mean this won't be useful."

"The boys absolutely love it," reports Stacy Steele, who's already conducted two male-only PTSD treatment groups at Northwestern. Since she works with girls at times in Northwestern's detention unit as well, she originally came to the PTSD Project by way of the detention train-the-trainers program. But the more she learned about PTSD, the more anxious she was to try a treatment group with boys.

It's different, she says. For one thing, the underlying traumas tend to be different. There are some instances of abuse in the Northwestern boys' backgrounds, as is most common in girls, but "a lot [more] shootings." Still, Steele says, "I think it's helped a lot. We had this one student who didn't talk at all….Now you can't shut him up." The boy has persistent nightmares, she adds seriously. "He knows that he may not ever stop them, but [now] he's able to talk to staff about them, to tell you that he's had a nightmare."

Unfortunately, Steele says, some boys who have suffered traumatic sexual abuse haven't been able to open up to their groups. About one, she says, "He'll admit it if I'm one-on-one with him. But he doesn't like to talk about it in front of the group." As a result, "He's learning a lot of things, but he's missing part of the point." To help him and others like him, Steele says, plans are under way for a special "survivor's group" at Northwestern, just for students recovering from sexual abuse.

"Northwestern is very happy" with the program, Steele adds, and has incorporated PTSD training into the two-week orientation presented to all new staff members. Recently, a Northwestern student had a flashback episode, and Steele got to witness the payoff: "It was neat to see that staff was handling it appropriately, due to the training."

## IRONING OUT THE WRINKLES

Not every aspect of the pilot implementation has been smooth, at Danville or elsewhere. Newman admits that there has been a considerable amount of attrition in her first PTSD group, as a result of discharges as well as drop-outs—this seems to have been a common problem at many of the pilot sites. In fact, the Treatment Group has concluded that the curriculum may be too long, and has discussed paring it down—combining some lessons, shortening others—to give girls a better chance to make it all the way through.

But even some girls who have stuck with the Danville PTSD group are "really struggling," Newman says. "We're dealing with a multi-problem population," she points out. PTSD treatment by itself will not necessarily bring them out of what she calls "helpless-hopeless mode."

Besides, she adds, acknowledging and confronting past traumas doesn't always make girls feel better, at least in the short run. Sometimes, she says, "It really sets them back." She cites one girl in her group who seemed to go rapidly downhill after making a first-time disclosure of sexual abuse. It may have done her good, Newman says, but "she definitely looks worse."

## A "NEW WAY OF BEING WITH KIDS"

Newman points to the PTSD staff training that accompanied participation in the treatment pilot program as perhaps the most important benefit for Danville and the girls it seeks to help. In addition to the specialized training in the treatment curriculum, which was given to a core group of 6 staff members, all the facility's staff—from treatment supervisors down to line staff, who are called "life skill workers" at Danville—received on-site training in PTSD awareness and issues. As a result, Newman believes, "Staff are approaching the girls differently, with more understanding." When confronted with violent acting-out—"when the girls start screaming, scratching at their arms and faces"—staff members with PTSD training have "another explanation….They try to talk, get them to calm down." The most important difference, she says, has been made among the life skill workers. "They're the ones who are there, in the trenches. They spend eight hours a day on the floors with the girls."

Top-to-bottom staff training like this is making a difference at other facilities as well. According to Dr. Eric Bonsall, a Hershey-area child/adolescent psychiatrist who has been an active consultant to the PTSD Project from the beginning, conducting training on PTSD-related issues in a variety of settings and treating girls with PTSD at the Zimmerman Home, "It's not just the recognition of symptoms. It's more like a whole new way of being with kids."

When those who work with delinquent girls come to understand the way past traumas can intrude on the present, Bonsall says, it doesn't just change how they react to the girls; it changes how they feel about them. "Knowledge helps to soften anger," he says. Which benefits the staff as much as the girls. As a result of PTSD training, "Staff feel better and healthier and not as frustrated."

Bonsall has had his best view of this phenomenon in connection with his work as treating psychiatrist at the Zimmerman Home. "The staff soaked up this stuff like a sponge," he says. Now they're more caring *and* more capable. Their ability to assist him with the girls he treats—by accurately reporting their symptoms in pre-treatment consultations, summarizing significant developments, spotting and keying in on worrisome signs—"has gone up ten-fold," he says. They're more engaged and alert "because they're thinking."

"Thank God they're knowledgeable," Bonsall says. "Thank God they're caring and concerned."

Bonsall sees significant progress among Zimmerman girls who have been exposed to the PTSD treatment curriculum as well. "The kids are doing well," he says. "They're very educated, they can discuss what's going on." They've "grown in self-esteem" because they're "engaged in their treatment"—even learning to speak the lingo ("flashbacks," "triggers," "self-medicating," etc.) fluently enough to simplify doctor-patient communication. In some cases, Bonsall says, PTSD victims who were dependent on "boatloads of medication" at other facilities, including psychotropic medications that served mainly as chemical restraints, have been able to do without them at Zimmerman. Rates of PTSD-related failure to adjust at the facility have improved as well, he says. As a result, Zimmerman has been able to take on more and more challenging, potentially disruptive cases, and succeed with them.

"We're getting much more difficult kids and they're getting better," Bonsall says.

## UNIVERSAL PRECAUTIONS

Trauma appears to be so common in female delinquent populations that some, including Bonsall, have come to believe that "universal precautions" are called for to address PTSD in the juvenile justice system. That is, just as doctors and nurses resort to masks, gloves, and single-use needles to prevent the spread of disease in medical settings—without first determining whether they're needed—juvenile justice professionals should start approaching *every* girl who comes into the system under the assumption that she may be traumatized. "It's usually a good assumption," Bonsall says.

But actually implementing such a change depends, more than anything else, on spreading knowledge and awareness of PTSD far and wide. Those involved in the PTSD Project are hopeful that—through informational presentations at conferences, specialized trainings in facilities, written materials distributed here and there, even word of mouth—their message will sink in all over the state.

Danville psychologist Denise Newman is starting to see evidence of it. "The word has gotten out there," she says. "Probation officers are specifically requesting that we put [girls] in the PTSD group. That means the probation officers *know*."

ARC's Francine Slavik agrees. Girls are coming to Zimmerman *already familiar* with basic PTSD concepts, she says—sometimes even bearing copies of a little green informational booklet widely distributed by the PTSD Project ("About Post-Traumatic Stress Disorder"), given to them in detention centers. "It's already starting to chip away at the idea that they're crazy—that they're never going to get better," she says.

## THE FUTURE IN PENNSYLVANIA

The PCCD recently announced two new programs that follow up on the PTSD Project and are intended to strengthen Pennsylvania's array of responses to PTSD in the juvenile justice system.

A total of more than half a million dollars in Drug Control and System Improvement funds has been made available to support PTSD/Gender-Specific Services Coordinator positions within provider organizations treating female offenders across the state. The idea is to institutionalize PTSD expertise within provider agencies. Coordinators will oversee PTSD and other specialized female programming and handle ongoing training of organizational staff in PTSD and related issues. Four Coordinator positions have been funded so far, with a dozen or more additional positions expected to be approved once the application process is completed in December.

One of the first PTSD/Gender-Specific Services Coordinator grants has been awarded to Adelphoi Village, which is involved in piloting the

**TESTING THE CURRICULUM**

The PTSD Project is attempting to determine the symptom-reducing effectiveness of the treatment curriculum on girls in PTSD pilot groups by pre- and post-testing them with four standardized instruments:

- *The Child Report of Post-traumatic Symptoms (CROPS)* is a quick screen, useful for measuring changes in symptomatology over time. As its name indicates, it's a self-report form.
- *The Parent Report of Post-traumatic Symptoms (PROPS)* is like the CROPS instrument, except that it assesses the child's post-traumatic symptoms from the parent's point of view; it's filled out by a counselor on the basis of the parent's answers.
- *The Adolescent Dissociative Experiences Scale (A-DES)* is a brief self-report form that permits the subject to quantify (on a scale ranging from "never" to "always") a variety of dissociative experiences, from the very common ("I look at the clock and realize that time has gone by and I can't remember what has happened") to the very rare ("I hear voices in my head that are not mine").
- *The Trauma Symptom Checklist for Children-Alternate (TSCC-A)* is another kind of self-report form that screens for anxiety, depression, anger, and dissociation as well as post-traumatic stress.

All testing is monitored or overseen by the facility's psychologist or consulting psychologist. Post-test results are currently being gathered on the first PTSD groups to complete the curriculum.

PTSD treatment curriculum at two of its Latrobe facilities for girls. According to Cinda Watkins, who is helping to run the PTSD groups there, the new Coordinator hired under the grant will become the "PTSD expert" at Adelphoi Village, and will "oversee the addition of the curriculum into all of our female programs."

"Hopefully it's going to give some longevity to this," Watkins says.

The PCCD has also announced funding for a large-scale evaluation of the PTSD Project and the initiatives it has spawned. The evaluation project, which is expected to take 18 to 24 months and will be paid for out of Drug Control and System Improvement funds, will focus on the various PTSD training efforts described above, the roles of the PTSD/Gender-Specific Coordinators, and the outcomes for female offenders exposed to the PTSD treatment curriculum. Among other things, it will attempt to measure the extent to which these initiatives are improving the diagnosis and treatment of girls in Pennsylvania's juvenile justice system, changing the attitudes and practices of those working with them, and expanding the availability of services to meet their needs. The PCCD expects to have chosen an independent evaluator by March of 2003.

In the meantime, the PTSD Project rolls on—in all directions. If you work with girls and need information about dates and locations of upcoming PTSD Project-sponsored trainings, contact ARC's Corey Kean at (717) 221-0711. For more information about the PTSD treatment curriculum, call ARC's Francine Slavik at (717) 238-7101. For details on PTSD training for detention workers, contact Pauline George at (724) 934-2836. And questions about PTSD/ Gender-Specific Coordinator funding and the PTSD Project evaluation can be directed to PCCD Juvenile Justice Program Analyst Marcella Szumanski at (800) 692-7292.

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