



# PA CASSP

## Newsletter

### Pennsylvania Child and Adolescent Service System Program

*A comprehensive system of care for children, adolescents and their families*

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## Healing from Violence and Trauma

*by Lisa Fox, Chuck Lord, and Craig Taylor*

Karen's trauma history started when she was a small child and took her through multiple placements before she was finally able to discuss her life in a way that led her to recovery and healing. What follows is part of her "trauma narrative" as written by her primary therapist at The Bradley Center.

Karen was 15 years old when she arrived at our agency. She came with a history of multiple placements in various mental health settings including five inpatient hospitalizations, two previous residential treatment facilities, two shelter placements, as well as one foster home placement. She was not unlike many other children who seek our services. Karen had a long history of complex trauma beginning at age 5 and ending at age 12 when she was removed from her mother's home by Children, Youth and Families Services and placed in kinship care. Her behavior was also complicated by suicidal ideations and gestures, running away from home, and a history of self-injury. Further, Karen tended to decompensate whenever she discussed her future. She also had feelings of hopelessness due to the lack of contact with her family, especially her mother.



During sessions, Karen reported experiencing flashbacks of her previous abuse that were triggered by males. She also reported witnessing domestic violence and discussed the impact it had on her perception of the world and adult roles.

encouraging a child to tell their story, is part of the effort to help a child put his or her trauma into the context of the past.

Karen's recovery began slowly and there were many times when her progress appeared to be non-existent. This is not uncommon in treatment, and there can be times when a child's outward behavior regresses as they get closer to dealing with discussing their past trauma. With the support of staff, Karen was able to work through her emotions in a healthy, safe environment while continuing to build strong relationships. She was also encouraged to be an active participant in her treatment by having regular discussions with her psychiatrist. Empowering children to advocate for themselves gives them a life skill they can use outside of treatment, and it is also an integral part of the healing process. Having a voice, with the strength and the willingness to use it, enables children to learn the skills necessary to overcome trauma and protect themselves in the future.

Learning to control one's own behavior is also part of the healing process. Karen had a significant history of physical aggression towards others, as well as a history of aggression against herself in the form of cutting. Her level of aggression often increased when she was addressing her past trauma and the uncertainty about her future since there was not a cohesive plan for her at discharge. Dialecti-

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**Department of Public Welfare**  
*Office of Mental Health and Substance Abuse Services*  
*Bureau of Children's Behavioral Health Services*  
DGS Annex Complex  
Beechmont Building, 2nd floor  
P. O. Box 2675  
Harrisburg, PA 17105  
Telephone: (717) 772-7984  
Fax: (717) 705-8268  
E-mail: [c-hbicksle@pa.gov](mailto:c-hbicksle@pa.gov)  
Website: [www.dpw.state.pa.us](http://www.dpw.state.pa.us)

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# The Impact of Violence on Children and Adolescents

The shootings at Sandy Hook Elementary School in Newtown, Connecticut in December 2012 not only focused attention once again on issues related to gun control but also on the effects on children of exposure to violence. While that incident was understandably grabbing national attention, however, many other children were continuing to experience violence on a daily basis in their homes and communities. Consider these facts:

- Exposure to violence affects almost two out of every three children in the United States.
- One out of 10 children are exposed to multiple kinds of violence (sexual abuse, physical abuse, intimate partner violence and community violence).
- Children are more likely to be exposed to violence than adults.
- About 1 in 10 children have seen another family member assaulted, and more than 25 percent have been exposed to violence in their lifetime (Defending Childhood Initiative)

What is the effect of this regular onslaught of violence and trauma on the healthy social and emotional development of children? When children are very young, their brains are the most vulnerable to stress. Not all stress is bad for a developing brain, but when it lasts a long time or is extreme, it can permanently damage the brain's "wiring." Toxic stress (like abuse and neglect) can prevent the healthy development of the connections in the brain that are the most important for later success in school and work. Research at the Center for the Developing Child at Harvard University shows that significant early stress - including exposure to violence - can lead to lifelong problems.

A working paper from the center entitled "Persistent Fear and Anxiety Can Affect Young Children's Learning and Development" puts it this way:

Studies show that experiences like abuse and exposure to violence can cause fear and chronic anxiety in children and that these states trigger extreme, prolonged activation of the body's stress response system... These experiences cause changes in brain activity and have been shown to have long-term, adverse consequences for learning, behavior, and health. Studies show that solutions for children are available through programs that effectively prevent specific types of fear-eliciting events, such as physical or sexual abuse... [T]here also are effective treatments for children experiencing high levels of anxiety or chronic fear that result from serious emotional trauma.

The good news is hinted at in the last sentence. In fact, because the brain is very "plastic" in early childhood, the bad effects of trauma and stress can be reversed with proper care and attention. If children have secure and stable relationships with their parents or caregivers, the effects of previous trauma don't have to be permanent. In addition, with appropriate interventions, some of the effects of exposure to violence can be mitigated. Through their use of the Sanctuary® Model, several providers across Pennsylvania are offering trauma-informed care and treatment to children and adolescents who have experienced violence that is successfully helping them move forward with their lives. This edition of the newsletter highlights the impact of violence on children and tells the stories of some who have been able to positively overcome the legacy of that violence.

Harriet S. Bicksler, editor

#### **References:**

Defending Childhood Initiative: [www.justice.gov/defendingchildhood/index.html](http://www.justice.gov/defendingchildhood/index.html)

Harvard University, Center for the Developing Child: <http://developingchild.harvard.edu/>

# Working with Children Exposed to Violence

by Leslie Lieberman

*“The results are staggering. More than 60 percent of the children surveyed were exposed to violence in the past year, either directly or indirectly.”*

Shocked by this number, these words were uttered by Attorney General Eric Holder in response to the first National Survey of Children’s Exposure to Violence published in 2009.

We know from this study, and others, that far too many children in Pennsylvania and across the nation are exposed to violence. These exposures include child maltreatment, witnessing domestic and community violence, being assaulted in school or as part of criminal acts. Furthermore, we have learned through research that childhood exposure to violence can have extremely negative effects that can last a lifetime.

An explosion in research on the brain has confirmed that experiences early in life literally shape how the brain develops. Through this neurobiological research, we have learned that the brain develops like a set of stacked building blocks. The brain stem forms the foundation of the block stack and develops first. This lower brain regulates things like breathing, sleeping and eating. Next to develop is the mid-brain which is the hub for our emotions and regulates how we respond to threats. It is where the “fight, flight or freeze” response lives. Last to develop is the neo-cortex, sometimes referred to as the CEO of the brain. The neo-cortex is responsible for executive functioning and regulates critical thinking, impulse control and decision making. We have learned that the neo-cortex is not fully developed until age 25!

Each part of the brain, as well as the connections among the parts of the brain, is comprised of a series of complex connections called neurons that look almost like electrical wiring circuits. Repeated experiences are the process for how these neural connections are made and

strengthened and are the foundation for all learning and behavior. Unfortunately, when children are exposed to repeated early experiences that are negative, scary and painful, the part of their brains designed to respond to threat can become overdeveloped and can compromise optimal development of the “thinking” brain, the neo-cortex. Behavior, learning, and overall functioning can be impaired.

While many children are very resilient, many who are exposed to violence suffer deeply. They can have difficulties with early attachment and bonding, suffer from anxiety, depression, aggression and conduct problems, have problems learn-



ing, be more prone to dating violence, delinquency, further victimization, and involvement with the child welfare and juvenile justice systems. Furthermore, exposure to violence can impair a child’s ability to develop healthy trusting relationships – especially when the violence is perpetrated by a caregiver. Partnering and parenting later in life can be affected and can continue the cycle of violence into the next generation.

Fortunately, there is hope. At the same time we have learned how violence exposure negatively affects brain development we have also learned that the brain has a remarkable capacity to repair and heal itself and the best “medicine” for the brain is to provide children and youth with safe, stable, nurturing relationships with

caring, responsive adults. To accomplish this, the Multiplying Connections Initiative in Philadelphia has developed tools and resources to help providers who work with children exposed to trauma and adversity recognize the signs and symptoms of trauma. We use a framework called CAPPD to more effectively respond to these children. CAPPD is an acronym which stands for stay CALM, be ATTUNED, PRESENT and PREDICTABLE and DON’T escalate when the child escalates. Of course these skills are good for all children, but consistently employing them with children affected by trauma and adversity is critical and can be especially challenging because these children and youth can exhibit extremely difficult behaviors as a result of their exposures.

The Multiplying Connections Initiative developed a curriculum, “Becoming Trauma Informed,” which teaches providers about the impact of trauma, the benefits of CAPPD and how to use this model. Additionally the Initiative, in partnership with Linda Chamberlain, Ph. D. and the Institute for Safe Families and, has developed the Amazing Brain Series, a set of easy-to-read and beautifully illustrated brochures which make the brain science information accessible for providers and caregivers. Many of the resources developed by Multiplying Connections,

as well as links to other great websites, can be found online at [www.multiplying-connections.org](http://www.multiplying-connections.org). Lastly, there are a number of very effective treatments specifically designed to help children and caregivers heal and recover from violence exposure. You can learn more about “trauma-specific” treatments on the National Childhood Traumatic Stress Network website at [www.nctsn.org](http://www.nctsn.org).

*Leslie Lieberman, M.S.W. is director of Multiplying Connections Initiative of the Health Federation of Philadelphia.*



# It's a Hard Knock Life

by Jasmine with Dana Lockridge

## Jasmine's Story

I am 17 years old. I was born and raised in Philadelphia. My whole life has been shaped by the violence in my neighborhood, in my family, and at school. I am currently at North Central Secure Treatment Unit/Girl's Program. I have been in placement here for more than a year. I was released to a step-down program in the community, but I was deeply impacted by violence that had happened at home before I was released, and I didn't last long outside of this placement before I had to come back.

On November 2, 2012, my grandmother called this program to tell me that my dad had been shot seven times - one in the neck, two in the chest, one in his leg, one in his back, and one in his shoulder. He died in the hospital an hour after the shooting. He was the only parent I knew, even though I had never lived with him. He was shot and killed over an argument about a house and money. My dad was shot six times in 2005, on my birthday. He survived that shooting. He was shot nine times in 2007, also surviving. He was living on borrowed time. This was not unusual where I grew up. Everybody gets shot. That is what I knew from the beginning.

The neighborhood I grew up in was violent, bodies "folding" every other day. Everyone was out for themselves; people didn't have feelings. Being shot was "nothing" compared to other things going on. Families were torn apart from violence and drugs. I remember when a man was shot and killed because he had \$2 in his pocket. Yes, \$2. Bodies were often seen lying dead in alleyways.

I personally witnessed two shootings. A man was dragged out of the car where there were two babies in car seats. He was shot in the head and the little girls were shot in the stomach. I was 15 when I saw that. I also saw my cousin gunned down in a park in front of me. He told me to run and never turn around. I did what

he told me to do, and I didn't look back. I knew they would kill me too.

I was shot myself once in the leg, during a robbery I was committing. I was 14 when I was shot, and I was already deeply involved in crime and violence. I was in a



gang at age 13. I was jumped and beaten to force me to join the gang. I did this for protection, -protection from the streets, for my life, and from other gangs.

In addition to witnessing violence on the street, I was physically abused by my father and my uncle. My father was addicted to drugs, and my uncle was an alcoholic. They beat me badly seven times, busting my face open. Both my father and uncle are now deceased. Where I grew up, nobody really seemed to notice what was happening to me. I was raised by my grandmother, and I am proud to say that she was not a violent woman. She is a loving and caring woman, all of the time, so I did have a safe place to go.

I have been in seven placements, including this one. This is my second secure placement. I was violent, I assaulted staff, I just didn't care, and I ran away in all of my placements - until now. I was asked why I am not violent here, what is different, and what has helped me to heal the

pain that caused my anger and violence. This is what I think:

I believe that what has helped me most here is the support from the staff. Nobody gave up on me, even when I came back after a short time out in the community. The staff come back here every day to help us; they don't quit or give up. I have been in gun violence, post-traumatic stress disorder (PTSD) and drug and alcohol groups. If you want to change, these groups help a lot. It also helps just to talk.

I have also been assisting the unit therapist with the PTSD group for at least four cycles of the group. I would say that it is just as good for me to help a group as being in the group myself. I never believed I had trauma; I don't even think I believed it after I completed the group. Now I understand how trauma has shaped my life, how it has led to me being locked up. Honestly, if anybody had noticed when I was younger that I was in trouble, stepped in, mentored me, cared about what happened to me, I may not be here right now. If my parents had been there for me, life may have turned out differently.

## The Provider's Perspective

When Jasmine (not her real name) was 12 years old, the Department of Human Services (DHS) was involved with her family. They became involved because a report was called in by a neighbor claiming that a foster brother was sexually abusing her. DHS acted quickly and she was removed from her grandmother's residence to ensure her safety. Unfortunately, at the age of 12, she did not understand why she couldn't go home. This was the beginning of her own cycle of anger and violence, in addition to the beginning of her experience of being in out-of-home placements. She went to live with her aunt for one year. Her aunt was unable to manage this very angry young teenager, and she was moved to a foster family, where she remained for three months. They were also unable to deal

with her behaviors, and she returned to her grandmother's home. She stayed with her grandmother until she began her cycle of placements. At the same age, 12, she was sent to her first placement for taking a knife to school. She had the knife to protect herself from girls who were threatening to "jump" her.

Jasmine's story is not unusual for the youth in the Youth Development Center system; it is just a bit more severe than some others. One hundred percent of our young ladies have witnessed or been a victim of violence. Most become violent as a result.

As Jasmine stated, the most important factor in her success is feeling that people care, that they won't give up, that they won't quit, even when it is difficult. I believe in treatment programs, education, psychiatric medication when appropriate. But her words really sum it up: it is all about the relationships that are built. She may remember 10 percent of what she is taught, but she will never forget that she felt safe here, that people

cares and didn't quit on her, and she will remember how she felt when she walked out of the front gate. I believe it is essential to provide a good foundation of values to our youth who don't grow up with this, and this is done with the Sanctuary® Model we use here [see page 7 for more information about Sanctuary® in Pennsylvania]. I believe that the entire treatment team plays an essential role. But mostly I believe that the key to change for our youth who have lived in these violent, unsafe situations is providing a safe environment and showing genuine love and caring. This is done every day by our staff. This is where the growth and change process starts. Then the youth are open to learning concepts, examining how their criminal thinking had contributed to their current situation, and considering another life that does not involve harming others and being dangerous individuals.

Clearly, early intervention is critical, earlier than age 12. Also, not getting shuffled around in the system is another important factor in predicting future success. Many of our young ladies would

not have made it into this system if someone had noticed earlier in their lives that they were being beaten, abused, or exposed to daily violence. Early intervention is definitely a key, as the older our girls get, the more difficult it becomes to change their minds, for them to be open to a different way of living. In Jasmine's case, intervention arrived at the age of 12, but it wasn't the most helpful intervention, and resulted in a string of placements that increased the anger and violence for this young lady. She can now look back and examine what happened, and think differently about her future and the choices she makes. She is still working hard, she no longer harms others, she fully examines her life of violence, what she has witnessed, and what she had done, and she makes better choices today. Her story is not ending; it's just beginning.

*Jasmine is a resident in the North Central Secure Treatment Unit Girls Program, and Dana Lockridge, P.S.A.-M.H. is a staff member.*

## Defending Childhood

In 2010, the federal Department of Justice launched the **"Defending Childhood Initiative"**. The initiative has three goals:

- Prevent children's exposure to violence
- Mitigate the negative impact of children's exposure to violence when it does occur
- Develop knowledge and spread awareness about children's exposure to violence

As part of the initiative, the U.S. Attorney General created a National Task Force on Children Exposed to Violence in 2011. In December 2012, the task force issued its report, which detailed recommendations in the following categories:

1. Ending the epidemic of children exposed to violence, including:
  - Ensure universal public awareness of the crisis of children exposed to violence and change social norms to protect children from violence and its harmful effects
2. Identifying children exposed to violence,

including:

- Galvanize the public to identify and respond to children exposed to violence
  - Include curricula in all university undergraduate and graduate programs to ensure that professionals receive training for identifying and screening children for exposure to violence
3. Treatment and healing of exposure to violence, including:
    - Provide all children exposed to violence access to trauma-informed services and evidence-based trauma-specific treatment
  4. Creating safe and nurturing homes, including:
    - Provide families affected by sexual abuse, physical abuse, and domestic violence with education and services to prevent further abuse, to respond to adverse effects on the family, and to enable the children to recover
  5. Communities rising up out of violence, including:
    - Provide schools with the resources they need to create and sustain safe

places where children exposed to violence can get help

- Support community programs that provide youth with mentoring as an intervention and as a prevention strategy, to reduce victimization by and involvement in violence and to promote healthy development by youth
6. Rethinking our juvenile justice system, including:
    - Make trauma-informed screening, assessment, and care the standard for juvenile justice services
    - Develop and implement policies in every school system across the country that aim to keep children in school rather than relying on policies that lead to suspension and expulsion and ultimately drive children into the juvenile system.

*Read the full report and find out more about the Defending Childhood Initiative at [www.justice.gov/defendingchildhood/index.html](http://www.justice.gov/defendingchildhood/index.html)*

# Using the Experience of Violence to Help Others

"No one starts out planning to abuse their kids or take drugs." So says Darlene from her vantage point as a parent ambassador at a training center for child welfare workers where she advocates for a voice at the table in the child welfare system for families and children. When she's working with child welfare system staff and parents across Pennsylvania's 67 counties, she is sometimes overwhelmed by her own memories of what it's like to be in the system. She also remembers her mother's circumstances, knowing that she didn't set out to be a parent who neglected her children or allowed them to be abused but was a victim herself.

Darlene is the oldest of four children; she has one sister and two brothers. Her family moved around a lot, and it seemed like she was always getting used to a new school. Her father physically abused her and her brother. He beat her badly, and she remembers curling up in a ball as he kicked her. When she went to school, she was told she had to say she fell down the steps if anyone asked her about all the bruises. Her father also abused her mother, who had in turn been abused by her father.

Darlene's father left right before her 12th birthday. She was home sick that day and heard the zipper to the suitcase as he packed up and left. She never saw or heard from him again, even though she tried to contact him later in life. Her mother lost the house because she wasn't able to pay the bills, and things declined from there. They were always moving because they couldn't pay the rent. Her mother started going out with different men, and their home became what Darlene describes as a "flop house." She was sexually abused during this time. Frequently, she was left at home to take care of her siblings where there was often no food or electricity. The neighbors knew what was going on; however, while they would bring food to the children, no one ever reported the situation to the authorities.

Darlene met an older guy who later became her first husband and she would

run away to him sometimes. Her mother went to live with her brother and eventually simply left the kids with him. He finally called the children and youth agency and Darlene's siblings went into foster care. Her mother signed emancipation papers for her, and her boyfriend became her legal guardian when she was 16.

Darlene tried to do things regularly with her siblings. At first they were all placed in the same home along with her sister's baby who she eventually gave up for adoption. The children and youth agency checked in with Darlene every month. Her brothers went to live with an aunt and uncle, then back to foster care, where they stayed until they were 18 and came to live with her. Her sister lived with one aunt and uncle, then went back to foster care. Finally, she went to live with a great-aunt and uncle until she was 18; they were very good to her and Darlene remembers feeling jealous of her good situation. The sister became pregnant again, and again gave up the baby for adoption.

Life has been rough for all four siblings as adults. Darlene's sister has been married and divorced twice. All of her children have different fathers and she didn't raise any of them. She's written bad checks and spent time in jail. She's stable now, married to a nice guy and has a good relationship with her daughter. One of Darlene's brothers is very much like their dad. He physically abused his wife and kids and has had drug issues. He is in jail for an inappropriate sexual relationship with a 14-year-old girl. Her other brother, the youngest in the family, is doing okay now, although he's had employment problems and strained relationships. He was married and had two children to two different women.

As for herself, Darlene is married for the third time. She has two children and one grandchild. She has always cared for her own kids and feels like the cycle of abuse has ended for them. It's especially gratifying when she receives a Mother's Day card that says she's the "best mom." She and her husband host exchange students; they've had students from such

countries as Germany, Denmark and Chile. In fact, a former student from Chile will attend a local college this fall and live with Darlene and her husband. She also has a relationship with her mother now, and has tried to forgive her because she needs to do this for herself, but she doesn't forget what happened. She and her mother have never really been able to talk about what happened, and her mother has never been able to tell Darlene she's sorry. Darlene always felt like she needed to be the caretaker in the family.

When Darlene thinks about the impact of the violence she witnessed and experienced in her family, she lists things like her drug abuse, her inability to sustain relationships, and issues with trust and self-esteem. But she's able to say with confidence and a smile on her face, "I'm a good person," and she feels like her current job helps her process things, be a stronger person and give back to a system that helped her (she had a good caseworker who kept in touch with her). She believes family engagement is really important because kids want to make and keep connections with their own families. She also knows that single mothers often have no support system and easily get caught up in making bad choices, like substance abuse. So when she talks to child welfare workers as part of their training regarding out-of-home placement, she tries to make sure they understand that regardless of the many bad things that have happened, more often than not, parents love their kids. It's important to operate within that framework and work to strengthen rather than sever those family bonds.

*This article is based on an interview by the editor with Darlene, parent ambassador for a statewide child welfare training center.*

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cal and cognitive behavior therapy were used to assist Karen in reframing her thoughts in a more productive way that didn't include aggression.

Karen was successfully discharged from treatment to a maternal aunt who had been working closely with the team throughout Karen's stay. Since that time, she has been able to reintegrate back into the community, return to public school and most recently, she became a cheerleader for her school. Karen is a perfect example of a child who experienced extensive trauma, but was able to move beyond the hopelessness of those experiences to become a confident and focused adolescent.

*Lisa Fox is chief executive officer, Chuck Lord is clinical liaison, and Craig Taylor is chief medical officer at The Bradley Center, Pittsburgh.*

## The Impact of Trauma on the Brain

The brain undergoes significant growth in infancy and childhood. Neuronal connections are burgeoning throughout the brain, establishing important pathways that are further defined in adolescence through a process of pruning.

Early exposure to trauma, no matter the kind, leads to a significant stress response by the body. The stress response activates hormones, and cortisol and corticotropin release hormones that can alter neuronal growth and differentiation in the young brain. This can lead to permanent changes in neuronal connections that help to control emotions, impulses, and anger, leading to difficulties in affected individuals with mood regulation, aggression, and poor impulse control. These changes can be permanent and have enduring impact on adults, leading to psychiatric disabilities and other issues.

- Lisa Fox

# The Sanctuary Model in Northwest Pennsylvania

by Mark Amendola

The Pennsylvania State Sanctuary Provider Collaborative was developed to continue to foster and develop the Sanctuary® Model across the state to share networking ideas, concepts and strategies. The initial group of agencies was trained through a grant from the Pennsylvania Department of Public Welfare and currently has 25 certified agencies with three awaiting certification. The group is divided up into three regions, Northwest, West, and Southeast, and has worked on numerous projects including:

- Vision/mission statement
- Peer process re-certification
- Sharing strategies across agencies
- A project with the University of Maine to identify benefits of gains within the Model.

The Steering Committee is comprised of representatives from provider agencies, the Department of Public Welfare, including the Office of Mental Health and Substance Abuse Services, and managed care organizations. Most recently the group met to discuss current regional updates and state and managed care expectations. Future plans include the final evaluation from the University of Maine, continued sharing of organizational adaptation of the Model, and ongoing communication within the network. The Sanctuary® Model has been helpful to organizations by focusing on the Seven Commitments: nonviolence, emotional intelligence, social learning, shared governance, open communication, social responsibility, and growth and change.

In Northwest Pennsylvania five providers have been trained and certified in the model: Perseus House, Inc., Sarah Reed Children's Center, Vision Quest, Gannon and Harborcreek Youth Services. This collaborative meets regularly to share adaptations and uses of the model.

Perseus House continues to use the Sanctuary® Model as the over-arching

framework for its trauma-informed care application to assist youth with the ability to heal from early childhood trauma events. However to complete the total treatment experience we use additional evidence-based practices:

### Aggression Replacement Training®

A structured learning group model that teaches social skills, anger control training and moral reasoning, this approach helps youth identify and express their feelings. The anger control training component focuses on physical cues and helping youth identify the external and internal triggers for their anger. Youth who have been traumatized typically have a difficulty assessing environmental risk and they need this assistance.

### Trauma-Focused Cognitive Behavioral Therapy

This conjoint individual and family therapy model teaches youth how to heal from their trauma by giving them coping skills to deal with daily stress.

### Life Space Crisis Intervention

This staff intervention model teaches adults how to address explosive incidents with youth and use those incidents as opportunities for skill building.

Both parents and children report the ability to better express their feelings and emotions and regulate their own behavior. In addition, it is evident that the integration of skill-building evidence-based programs and trauma-focused cognitive behavioral therapy within the framework of Sanctuary enhance the interventions. It also helps with restoring dignity, teaches young people to take responsibility for their behavior, and builds respectful interpersonal relationships.

*Mark Amendola is executive director at Perseus House, Inc., Erie. More information about the Sanctuary® Model is at [www.sanctuaryweb.com](http://www.sanctuaryweb.com).*



## Breaking the Cycle

When Robert Manriquez shares his story with the youth he's helping through the High Fidelity Wraparound process, he can see their eyes light up as they realize they're not alone and a staff person understands them from his own personal experience. He says he can sometimes be overly passionate and has to guard against getting emotionally involved with some youth because he knows so well what they're going through.

Robert, age 27, is now a Youth Support Partner in Chester County. He also attends Delaware County Community College and is studying psychology. He was born in Maryland and moved to Chester County during high school. Soon after his birth his father went to jail on a drug-related charge, and so he lived with his birth mother and her boyfriend. They were both alcoholics, and the boyfriend was physically abusive to Robert, threatening him and throwing him up against the wall. When Robert was 6 years old, his father obtained full custody of him and his mother disappeared from his life until he was 18.

Life with his father became difficult as well. He had been in Alcoholics Anonymous, but after he hurt his back and was on disability, he became addicted to pain pills and stopped going to meetings. He was emotionally and physically abusive to Robert. One time he twisted his ankle and cut his head when his father dragged him out of bed. When Robert was in tenth grade, he moved out. His father had been trying to convince him to quit school and

get a job, and for Robert the final straw came when one day his father dragged him into the bathroom and forced him to cut his hair and shave. At the time, he was already two years older than his classmates; he had also been in a drug rehabilitation center for alcohol, cocaine and heroin addiction. He lived with a friend's family and was able to complete his GED. He joined the service, but then got involved with drugs again and was thrown out of the service for selling and using,

coming like his father and he didn't want that, so he went into rehab again.

Today Robert has no contact with his father and no real mother-son relationship. He stays in touch with his siblings and has a good relationship with his twin half-sisters. While he doesn't want to place blame, knowing that he is responsible for himself, he believes that his home situation when he was growing up contributed to the bad choices he made in his own life. He often felt lonely and isolated and didn't feel like he could trust anyone. He felt helpless and confused when he was being abused and when he watched his mother being abused by her boyfriend. He still finds it hard to trust other people, although he has been in a relationship with a girl for four years. Most of his friends from his earlier years are either dead or in prison, and his closest friend died of a drug overdose.

As a High Fidelity Wrap-around youth support partner, Robert feels good about helping other kids who come from difficult situations become successful. It's his way of transferring the life skills he's learned to others, hoping to help them break the cycle and start a better life for themselves.

*This article was based on a telephone interview by the editor with Robert Manriquez, High Fidelity Wraparound youth support partner at Child and Family Focus in Chester County.*



Throughout high school, Robert was always angry and he knew others who were victims of violence. One friend was shot 27 times by police and killed when he was fleeing police and pinned someone against a wall. Another friend who he had known since second grade and to whom he could always go when he was having problems with his father was also shot and killed by police. Robert frequently got into fights, mostly to prove he was a tough guy and because it was the only way he knew to solve problems. Fortunately, he was never arrested. When he got into heroin, he realized he was be-