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ARBEST

Arkansas Building Effective Services for Trauma UAMS Psychiatric Research Institute

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Noteworthy News

Volume 3, Issue 4 October 8, 2015

Dear Partners,

As fall (hopefully) descends, we share with you this month a hot topic that is rising to the forefront of child advocacy groups across the country, human trafficking. Not only will this be a topic at the October training, but it was also the focus of our September webinar and important enough that we want to feature it in this newsletter as well. Also this month we share notes from the Arkansas Health Reform Legislative Task Force, play activities for traumatized children, and tips for distinguishing ADHD symptoms from similar trauma ones. For newsletter subscriptions or to share your ideas and comments, [email us](#).

[Highlight](#)

Panel Discusses Human Trafficking in Arkansas

Does human trafficking take place in Arkansas? Yes. Is there a good plan for identifying, fighting, and advocating for victims and survivors in Arkansas? Not yet. However, you will find below thoughts from a team of local professionals who want to work together to change that.

On September 25, 2015, a panel of three guests well versed in human trafficking issues in Arkansas hosted

the most recent ARBEST webinar. Their objectives were to define human trafficking; explain Arkansas laws; help listeners know how to identify human trafficking; discuss the current status of human trafficking in Arkansas and nearby states; and share available treatments, resources, and support for victims.

The panel included:

Reagan Stanford, Crime Victims Services Coordinator/
Immigration Services, Catholic Charities of Arkansas,
rstanford@dolr.org.

Emily Robbins, LCSW, UAMS Department of
Psychiatry, Child Study Center,
robbinsemilyn@uams.edu.

Lisette Yang, Forensic Interviewer, Children's
Protection Center Little Rock,
lyang@childrensprotectioncenter.org.

You may not realize that human trafficking is modern day slavery. And tragically, there are more slaves in the world today than at any other time in history—currently 27 million people throughout the world are enslaved. These figures more than likely represent only the tip of the iceberg; due to the nature of human trafficking, it is difficult to know true numbers. However, we do know for a fact that human trafficking is the second largest and fastest growing criminal industry in the world.

According to the United States Department of Justice, 14,000 victims are trafficked into our country annually, and more than half of those are children. Within the borders of America, 200,000 children are at risk of being trafficked into the sex trade each year.

What exactly is human trafficking? There is a pretty thin line between exploitation and trafficking. Specifically, trafficking refers to a PROCESS (recruit, harbor, transport, provide or obtain) by MEANS (of force, fraud, or coercion) for a certain END (for the purposes of involuntary servitude, peonage, debt bondage, slavery, or a commercial sex act).

In more layman terms, human trafficking --and domestic

minor sex trafficking in particular-- includes street prostitution (which is becoming less common), stripping, pornography, escort services, private parties (becoming more common), interfamilial pimping, internet-based prostitution, and gang-based prostitution (which includes services exclusive to members and human trafficking instead of drugs and weapon sales). One main reason human trafficking is on the rise is because services provided by people are a renewable commodity as opposed to a product that has only a one-time use.

Fortunately for our children, Arkansas thus far has had a fairly low number of human trafficking cases, unless that's a false representation and the real number of victims have either not been identified or have been misidentified. Being labeled as a trafficked human does not guarantee any social service benefits, so victims may not see any incentive to self-identify. For the professionals working with this population locally, the biggest concern currently is to prevent victims from being funneled into the criminal justice system.

Who is at risk for human trafficking? In short, your clients. Children or adults with abuse or trauma histories are at greater risk for becoming trafficked. Youth who experience sexual abuse are 28 times more likely to be arrested for prostitution at some point in their lives than children who do not experience such abuse. Other risks include a history of emotional and physical abuse that make a potential victim vulnerable to exploitation, parental history of drugs and alcohol, exposure to domestic violence, and school-related problems.

How do we help our clients identify or advocate for them? The first step is recognizing potential signs of trafficking by keeping these red flags in mind with your clients (note that they share characteristics with other abuses and may be hard to distinguish):

- Visible signs of abuse
- A noticeable change in physical appearance
- A tattoo or mark that client is reluctant to explain
- Change in language
- Multiple infections or STDs

- New friends that your client is hesitant to discuss
- Disconnected from family and friends
- Lost interest in age-appropriate activities
- Spends large amounts of time online, especially at night
- Gets phone calls from people caregivers don't know and hesitant to answer questions about them
- Unexplained gifts
- Turns computer or phone off quickly when caregiver enters the room.

If you suspect a client has been trafficked, call the human trafficking abuse hotline at 888.373.7888. This will enact specialized screening and potential services that can be different from those of the more general abuse reporting hotline.



CAC staff and MHPs working with CACs will be able to attend a live presentation by this panel on October 20 at the CAC conference at Ferncliff.

For a full recording of this webinar, visit our [webinar archives](#).

Preview of October Webinar

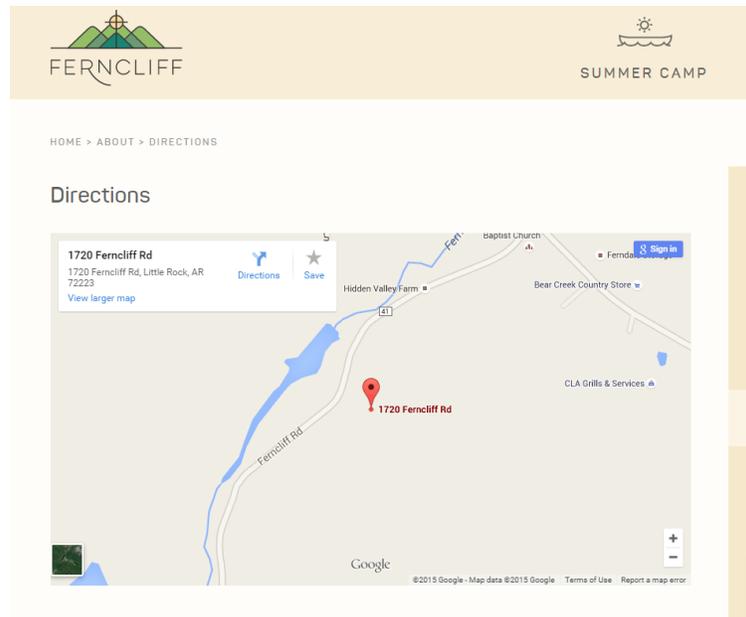
October 19 - 12 pm "Medical Evaluation of Child Sexual Abuse" by Karen Farst, MD, UAMS Center for Children at Risk

Dr. Farst will provide an overview of how and why medical evaluations for child sexual abuse are conducted. Differences between pre-and post pubertal children will be discussed as well as why there is typically not physical evidence present even when sexual abuse/assault has occurred.

Update

October CAC Conference Reminder

CAC advocates and therapists working with CACs will meet October 20th 9 am-4 pm for a retreat-style training at [Ferncliff Camp and Conference Center](#), 10 miles west of Little Rock. The training will include breakout sessions and keynote speakers discussing secondary traumatic stress and trauma associated with being a victim of sex trafficking. Lunch is provided.



Click here for info on [overnight accommodations](#).

Resources

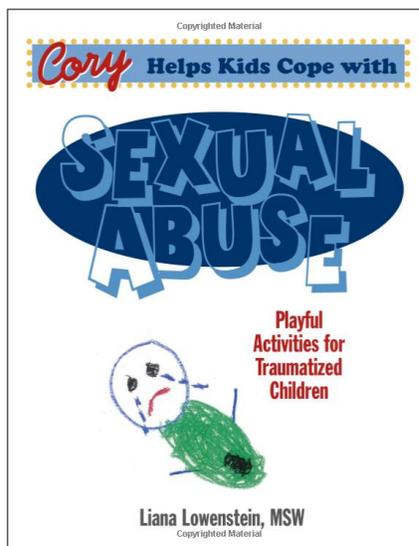
Get Informed on Health Reform Task Force Meetings

The Arkansas Health Reform Legislative Task Force met on Wednesday, September 16, 2015, to get updates and input on behavioral health issues. Some of those in attendance included The Stephen Group, Mental Health Council of Arkansas, Centers for Youth & Families, Professional Counseling Associates, Private Rehab Services for Persons with Mental Illness (RSPMI) Providers, Alliance for Health Improvement, and Department of Human Services (DHS)—Division of Behavioral Health Services (DBHS). [Exhibits and handouts](#) for the meeting have been posted online.

Help Kids Cope with Sexual Abuse through Playful

Activities

In [*Cory Helps Kids Cope with Sexual Abuse: Playful Activities for Traumatized Children*](#), Liana Lowenstein tells the story of Cory and offers an array of creative activities designed to help children cope with sexual abuse and trauma. Therapeutic games, art, puppets, and other engaging techniques address the eight components of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). The book, geared to children ages 4-12, also includes a reproducible story, assessment and treatment activities, and detailed parent handouts. Anthony P. Mannarino, Ph.D. calls it a "terrific, clinically focused book" and says "clinicians will substantially benefit from having this book in their professional library." Published by Champion Press in August 2014, ISBN #: 978-0-9685199-9-8, Retail Price: \$19.95 US / \$19.95 CDN.



Is it ADHD or Trauma? NCTSN Podcast Provides Answers

As part of the National Child Traumatic Stress Network Center (NCTSN), the NCTSN Learning Center for Child and Adolescent Trauma offers free online education. A recent podcast there caught our attention as something that might be helpful for our readers. Sometimes when a toddler is unusually aggressive or easily frustrated, or a school-aged child is frequently distracted in class, or a teenager struggles to focus on more than one activity at a time, we may first suspect we are seeing ADHD symptoms, but that may not be the case. In this podcast,

["Is it ADHD or Trauma Symptoms?"](#) Beth Barto, LMHC, interviews Heather C. Forkey, MD, as she explains how children exposed to traumatic events can exhibit symptoms that overlap with ADHD and, in some cases, could result in an inaccurate diagnosis. Dr. Forkey suggests ways to talk about impulsive and disruptive behaviors with school staff and pediatricians to make sure that a child gets the services she or he needs.

Being Mindful as an Antidote to Stress

A recent article in *Child Trends* explains that an actress and a congressman, along with some Google employees, have something in common with children in disadvantaged, low-income communities: "They are all benefiting from practicing mindfulness." Mindfulness means maintaining a moment-by-moment awareness of our thoughts, feelings, bodily sensations, and surrounding environment, and involves acceptance, or paying attention to our thoughts and feelings without judging them—without thinking of a "right" or "wrong" way to think or feel in a given moment.

["Mindfulness for Children,"](#) chronicles a unique approach to the too common problem of severe stress for youth in disadvantaged populations and proposes that studies indicate that practicing mindfulness can actually change the structure of our brains, particularly in areas that affect emotion regulation and perspective taking. Mindfulness interventions are associated with reductions in behavior problems and psychological symptoms such as anxiety and depression in youth, and help the brain recover from stress, even when it is toxic or repeated.

Enter a handful of great people trying to equip low-income youth with this practically free tool to help them deal with the stressors of their daily lives, to insulate their brains from the negative effects of poverty and trauma. There are several programs in the United States and across the world that are taking this healing technique to the streets. For example, in Brazil, there is an actor who volunteers time weekly to lead meditation classes for

about 30 children in one of Rio de Janeiro's poorest neighborhoods. Through these classes, the children and their parents have learned to better control their anger and fear from living so close to frequent violence and crime.

The article describes, "This exciting emerging approach is being adopted widely, from celebrities like actress Goldie Hawn, whose MindUP Foundation has developed a school-based mindfulness program for young children, to politicians like Ohio Congressman Tim Ryan, who wrote a book on the topic, to the tech industry, which flocks to the Wisdom 2.0 conference every year (Google even employs a head of mindfulness)." To learn more about mindfulness or how you can incorporate it into your repertoire of relaxation techniques, read the full article at "[Mindfulness for Children.](#)"

Meet a VIP

We regularly feature a VIP (Very Interesting Person) in our newsletter. This issue meet Dr. Jan Church, Mental Health Professional, in Little Rock.

October VIP: Janice K. Church, Ph.D.

Janice K. Church, Ph.D., is a Psychologist and Professor of Pediatrics at the University of Arkansas for Medical Sciences, College of Medicine. In addition, she is the Assistant Director of the Family Treatment Program (FTP) and Adolescent Sexual Adjustment Project (ASAP) at Arkansas Children's Hospital. FTP offers treatment for families in which there has been sexual abuse, while ASAP provides outpatient assessment and treatment for adolescents who have committed illegal sexual behaviors.

Dr. Church has been affiliated with ARBEST since its early days in 2009. She went through TF-CBT training with its founders, Drs. Tony Mannarino and Judith Cohen in Pittsburgh in September of that year. A big advocate of the training, she began working with ARBEST and leading consultation calls as a local expert in 2011. Recently she was awarded one of 19 slots from a pool of 109 applicants to be a trainer with the National

Therapist Certification Program. This position will enable her to train health care professionals in TF-CBT nationally and internationally. She was selected because of her excellence as a clinician, local trainer, and educator. This is an outstanding distinction, as there are only 69 international trainers in the world!

She says that her practice before TF-CBT had essentially included all of its components, but not necessarily in the prescribed order or with a great understanding of why what she did worked. TF-CBT training changed that, she recalls, "I have total appreciation and respect for the systematic and orderly application of the individual components and have revised my therapeutic approach accordingly. And, having the research base to back up why I am doing what I am doing, is very helpful in talking with both the client and caregiver. Additionally, I find myself doing lots more psychoeducation with clients and caregivers about specific traumas, trauma triggers, and the brain and body's response to trauma."

She appreciates that TF-CBT helps instill hope in clients and caregivers from the outset that therapeutic intervention will be helpful. She adds, "I like that the model allows me tremendous flexibility and the opportunity to be creative with my clients, and I like the underlying premise that what we are doing should be fun for the client!"

As a seasoned veteran of TF-CBT and a local and national expert, Dr. Church has under her belt a wealth of information for new TF-CBT trainees. Her top advice is, "Practice implementation of the TF-CBT components to gain confidence in your skills set and that the model works. Take advantage of all training opportunities to learn more and get more practice. Really utilize trauma assessment tools to help guide your intervention and to have independent validation of the success/outcome of the intervention."



Dr. Jan Church, Mental Health Professional, UAMS, ACH

Most likes about her job: Seeing children and adolescents and their families healing and moving forward past their trauma.

Enjoys doing when not at work: Being with my husband of 13+ years, Bill, and our "child", almost 14-year-old yellow Labrador Dixie. We love to travel--see new sights, meet new people, do new things. I plan a trip about once every 3-4 months for the purpose of rejuvenation and reenergizing, and truly "get-away." I have a goal of visiting all the National Parks and Monuments and am also big on lighthouses. My favorite international destination is Germany. When traveling, I take a ton of photographs (maybe someday I'll have some free time to get all these pictures organized and labeled!!). Additionally, we are very active in our church, First Lutheran. And, I absolutely love decorating the house for Christmas!

The funniest thing that has ever happened to her: While not funny at the time, I can look back now and smile about the various vermin I've had to contend with--armadillos in my yard (my boyfriend, now husband, was heroic in eliminating them); a black cat thrown at our windshield from an interstate overpass; not one, but two, skunks spraying our dog Dixie in the face; and a brown bat nesting colony in our attic, resulting in me personally escorting 42 live bats out of the house while my husband

did a cross-country bicycle ride!! Also laughable now but not at the time are memories of when I was in Louisville, Kentucky, for the wedding of a friend and drove my car up onto and got stuck in a freshly-poured concrete freeway entrance ramp (that the highway department had not blocked off!).

If she could have a superpower, it would be: The ability to eradicate all the child maltreatment and trauma in this world.

Send us your [suggestions](#) for our next VIP.

Calendar

October 12 ▪ 12:15-1:15 pm Psych TLC Monthly Teleconference, "Brief Parenting Interventions: Expanding Your Toolbox." Moderated by Molly Gathright, M.D.; Featured Speakers Karin Vanderzee, Ph.D., and Joy Pemberton, Ph.D. UAMS, ED II, B107. Little Rock.

October 19 ▪ 12 pm ARBEST webinar, "[Medical Evaluation of Child Sexual Abuse](#)" by Karen Farst, MD

October 19 ▪ 11:30 am-1 pm [2015 Friends of Children Annual Luncheon](#), Arkansas Advocates for Children and Families. Honoring Tjuana Byrd, Dr. Bobby Roberts and Dr. Joe Thompson. DoubleTree Hotel, Little Rock.

October 20 ▪ 8 am-4 pm ARBEST CAC Conference. Ferncliff Camp and Conference Center, Little Rock. Contact [Chad Sievers](#) with questions.

October 23 ▪ 10:30 a.m. [2015 Arkansas Woman of Inspiration Luncheon](#), Children's Advocacy Centers of Arkansas. Honoring First Lady Susan Hutchinson. Marriott Hotel, Little Rock.

November 17 ▪ 1:30-3 p.m. NCTSN policy webinar featuring ARBEST's Dr. Teresa Kramer (details in next newsletter issue)

SAVE THE DATE!

April 27-29 ARBEST Annual TF-CBT Training (Introduction April 27-28; Advanced April 29). UAMS, Little Rock.

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