ARBEST

Arkansas Building Effective Services for Trauma

UAMS Psychiatric Research Institute

Forward to a Friend

In This Issue

Noteworthy News

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Dear Partners,

As summer winds down and our new fiscal year gears up, we take a look back this month to compare CAC data for FYs 14 and 15. We also note changes to mental health appropriations and address questions about using TF-CBT with adults. In the spirit of the season, we share back-to-school resources to help your clients deal with stress related to returning to school. For newsletter subscriptions or to share your ideas and comments, email us.

Highlight

FY14 vs. FY15: How the Numbers Stack Up

The fiscal year 2015 ended on June 30. When we looked at data from FY14 and FY15 to draw comparisons, we noticed significant improvements! Here are some highlights:

- Cummulatively, CACs served **more** children in FY15: 4,678 this year compared to 4,318 in the previous fiscal year.
- CAC-affiliated MHPs registered a **higher percentage** of eligible clients in FY15: 33% this year compared to 23% last year.
- The number of direct client hours by CAC-affiliated MHPs **increased by 62%**: 6,978 hours this year compared to 4,307 in FY14. **Wow!**

By the end of this month, each CAC will receive a detailed

annual report for their CAC as well as an all-site report.

Mental Health Appropriations FY16: New CAC Data Entry Incentives

Just a reminder that for the first quarter in FY16, we will distribute three checks. The report for July's data will be generated on August 15.

CAC data entry incentives have changed slightly for this fiscal year. If your CAC registers 115 clients in a quarter and completes 80% of the family follow-ups, you will earn a $100 incentive. Under last year's incentive, this same CAC would have earned only a $60 incentive. Please contact Chad Sievers if you have any questions.

Billing Breakdown (submitted per quarter)

$2 per registered client
$2 per administrative follow-up (did not contact family)
$5 per completed family follow-up
Additional incentive funding detailed in table below.

Center's Total Number of Clients Registered into ARBEST database	Incentive for 80% or More Completed Family Follow-up Rate (of All Clients Registered by that CAC) per Quarter (Annual Total in Parentheses)
0-25	$20 ($80)
26-50	$40 ($160)
51-75	$60 ($240)
76-100	$80 ($320)
101-125	$100 ($400)
126-150	$120 ($480)
>150	$140 ($560)

Benton County CAC Awarded VOCA Grant

The Children's Advocacy Center of Benton County was recently awarded an advocacy grant from VOCA (Victims of Crime Act). The Office for Victims of Crime (OVC), housed within the U.S.

Department of Justice, administers the **Crime Victims Fund**, which was established under the 1984 Victims of Crime Act to help victims and victim service providers with program funding. In the case of the Benton County CAC, the grant will help fill the funding gap for therapy sessions for clients after their insurance benefits end.

To strengthen the Center's application, Kathy Morrison approached ARBEST to request data on UCLAs and other assessment measures tracked in the ARBEST database. As a result of that contact, ARBEST studied the center's data and noticed trends in follow-ups and passed that information on. Empirical data is highly sought after in grant applications, and ARBEST was pleased to be able to help provide the Benton County CAC with those measures.

Morrison believes the following points were a boost in the center's application: "Counseling is evaluated through evidence-supported assessment benchmarks. Clients are given a survey at the beginning of the quarter and then surveyed again at the end of the quarter. The reduction of adverse symptoms (such as stress, anxiety, nightmares, headaches, etc.) is measured. In the last quarter, 82% of counseling clients showed an improvement in trauma symptoms. We also measure outcomes with the standardized assessment tool UCLA PTSD Reaction Index. The most recent results show an initial baseline of 39.12. The follow-up at three months showed scores were reduced to 31, and then the follow-up at six months showed the improvement of scores to 18.87. This shows that with counseling, clients' PTSD symptoms are improving over time."

If your center needs help with data for a grant application or other such purposes, please contact Chad Sievers.

Update

FY15 Annual Report
ARBEST has begun working on our FY15 annual report that we make available electronically on our website and mail out to some stakeholders, such as state senators and representatives. The report takes several months to produce. We will let you know when it is finished and ready for your perusal online.

July Peer Review Call
On July 14, Kathy Helpenstill (White Co. CSC) and Karrah Dickeson

(Texarkana CAC) facilitated the first part of this year's CAC Peer Review, the conference consultation call. (Peer Review is for therapists who work with a Child Advocacy Center). The call was attended by 16 MHPs from nine CACs. The next step will be the one-day in-person conference scheduled for October 20 at Ferncliff Camp in Little Rock.

Using TF-CBT with Adults: Yea or Nea?

There have been several questions on consultation calls and from CACs about using evidence-based treatments for adults who are survivors of sexual abuse. "Is TF-CBT appropriate for adults?" is a common question that seems to be on the rise recently. **TF-CBT is an evidence-based treatment for children ages 3-18, so it is not intended to be utilized with adults**. You may think, "What's the harm in borrowing from TF-CBT and using that with adult clients?" There are several issues. One, if you say you are using an evidence-based treatment with your adult clients, then that is misleading because TF-CBT is not evidence-based *for adults*. Two, the research is not there to say what will happen when using TF-CBT with adults, or to tell us how to deal with resulting implications.

The good news is that there are two well-established evidenced-based treatments to use with adults who are survivors of sexual abuse: Cognitive Processing Therapy (CPT) and Prolonged Exposure Therapy (PE). CPT involves a structured, sequenced approach to address the unique needs of each patient suffering from PTSD and/or depression. Learn more about CPT and free online training. PE helps clients approach trauma-related thoughts, feelings, and situations that they have been avoiding due to the distress they cause. PE typically requires 8-15 sessions that are usually 90 minutes each. Learn more about PE.

Resources

Getting Mental-Health Ready for Back-to-School

You've bought the new jeans, athletic shoes, lunchbox, and school supplies. Did you think while checking off that to-do list to make sure your child's mind and heart are also prepared to return to the classroom? You can help the parents of your clients get them ready to return to the classroom mentally and emotionally by addressing these needs. Going back to school can be stressful for any kid, and even more so for those dealing with trauma. We have found four resources to help.

1. Mental Health America **(MHA)**, founded in 1909, is a national community-based non-profit organization dedicated to helping Americans achieve wellness by living mentally healthier lives. It suggests these tips to help parents prepare for a return to school:

- Establish an early routine
- Get acquainted with the school
- Provide emotional support
- Identify additional mental health needs

They have created a Parent/Advocate Back-to-School Checklist that could also be helpful for you and your clients' families.

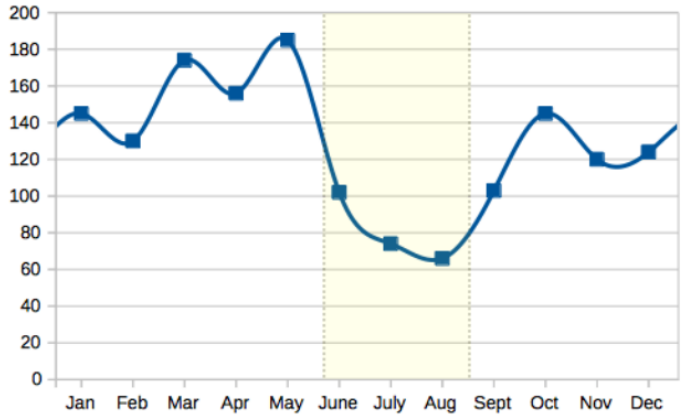
2. The American Psychological Association offers parents strategies for dealing with back-to-school blues and other school-related stress. “The end of summer and the beginning of a new school year can be a stressful time for parents and children,” says psychologist Lynn Bufka, PhD. “While trying to manage work and the household, parents can sometimes overlook their children’s feelings of nervousness or anxiety as school begins. Working with your children to build resilience and manage their emotions can be beneficial for the psychological health of the whole family.” The article also shares links to other resources.

3. Closer to home, **Jonesboro-based therapist Rebekah Evans, Ph.D.**, provides insights for parents preparing for the annual pilgrimage back to the school building in a **blog post on the Arkansas Psychological Association’s site**. In "Tackling Back-to-School Stress," Dr. Jones suggests starting off the school year with a check-in on a family’s mental health status and provides parents with questions to consider. She writes, "Life is full of challenges, and even 'routine' challenges, such as going back to school can strain any family…. As you prepare your family for going back to school, take time to assess the basics. Now is a great time to establish (or re-establish) healthy routines in any of these areas....Simple changes can lead to profound effects on our mood, our anxiety, and our relationships. At a time of year when everyone is focused on new routines, we can make small but powerful changes that lead to happier and healthier families."

4. If you don’t think going back-to-school is stressful for children, read **Peter Gray’s blog post on *Pscychology Today*** that suggests the opposite. He noticed children’s needs for mental health services rose during the school year, peaking during finals'

time in May and dropping significantly over the summer. His observations remind us that in our CACs and therapy sessions, we need to be vigilant to a potential rise in clients' school-related stresses and anxiety. Read "The Danger of Back to School: Children's Mental Health Crises Plummet in Summer and Rise in the School Year."

Occurrences of mental health ER visits at a children's mental health center (from Gray's post)



NCTSN + Pinterest = Happy Crafty MHPs
For those of you who love Pinterest (we know there are many of you), you might be surprised to learn that NCTSN has a notable presence on the national virtual bulletin board that will give you a new way to browse, access, and share its hundreds of resources. NCTSN invites you to, "Follow us on Pinterest, visit our Boards, Pin and Re-pin, Like us, and come back frequently as our account continues to grow!"

Meet a VIP

We regularly feature a VIP (Very Interesting Person) in our newsletter. This issue meet Megan Price, a victim advocate at Texarkana Children's Advocacy Center in Texarkana.

August VIP: Megan Price
Megan came into the victim advocacy line of work through an atypical route—that of a 911 dispatcher. While working in an emergency call center, she became aware of the often harsh circumstances surrounding the children in her community and felt an undeniable urge to do something. She wanted to provide a more personal presence in her community. That calling turned out to be serving as a victim advocate, a role she has been fulfilling for almost two years now and one that gives her an "overwhelming sense of

purpose." The Texarkana CAC where Megan works is located on the Texas and Arkansas state line and provides services to 11 counties in both states. She describes the importance of her CAC's mission, "Our advocates are the lifeline in crisis intervention for victims and provide services crucial to the healing process."

She believes the biggest challenge that she encounters—and quite frequently—is the community's unfamiliarity with the CAC. She notes, "Despite our efforts locally, many people would be surprised to hear that we serve close to 800 children a year,and that number is steadily increasing. I think continuing to provide awareness in the community will open resources to our CAC and our families."

When the intense work of victim advocacy makes for tough days at the office, Megan calls on her positive outlook to help her get through. She explains, "It’s what you do to turn them around that matters most. It is really important to always remind yourself of the work you are doing and your purpose in this field, the impact on the children/families being served, and the awareness you are providing in the community. Reminding myself daily of the positive things I have accomplished makes it easier to brush off bad days."

Megan (and baby Reymi) Price, Victim Advocate, Texarkana Children's Advocacy Center

Advice to new advocates: I stress the importance of providing the tools a family needs to begin the therapeutic process while promoting personal accountability. This is huge for families of victimized children. We may want to do everything for them, but it is better for them if we give support and encouragement, and they become accountable for moving forward in their healing process.
If she could have a super power, it would be: To make my newborn baby sleep through the night. :)

Send us your suggestions for our next VIP.

Webinar Wrap-Up [& Preview]

In a webinar held on July 22, Tiffany West, Ph.D., presented "Posttraumatic Stress Disorder in Youth: An Overview of Assessment and Differential Diagnosis." In this webinar, Dr. West provided detailed information in four key areas related to understanding Posttraumatic Stress Disorder (PTSD) in youth, including:

- Understand childhood traumatic stress.
- Recognize the impact of trauma on a variety of domains.
- Sharpen the ability to assess and diagnose trauma disorders in children.
- Differentiate between trauma diagnoses and other childhood disorders.

She defined child traumatic stress as the physical and emotional responses of a child to events that threaten the life or physical integrity of the child or of someone critically important to the child (such as a parent or sibling). Traumatic events can overwhelm a child's capacity to cope and can elicit feelings of terror, powerlessness, and out-of-control physiological arousal. Trauma can be acute, chronic, or complex and have outcomes affecting a variety of domains, such as attachment, biology/body reactions, controlling feelings, controlling behavior, thoughts about one's self, and thinking.

Dr. West noted that more often than not, formal assessment of trauma symptoms in children is not common practice or viewed as important, but it can be a beneficial tool in knowing whether a child

meets criteria for a trauma or stress-related diagnosis and needs trauma treatment. “Assessment helps us know what is driving the train,” she said. It helps assess for trauma specific and other symptoms that may or may not be reported otherwise and is good for overall observation.

She explained the necessity to differentiate between trauma diagnoses and other childhood disorders and said these factors should be considered:

- Distinguish between disorders that present with similar symptoms (autism spectrum disorder and attention-deficit/hyperactivity disorder).
- Symptoms of trauma, particularly in younger children, often mimic symptoms of other disorders (mood and anxiety disorders).
- It’s important to consider trauma or stress-related disorders (e.g., adjustment disorder or PTSD) when diagnosing these children.
- These differentiations are why a thorough assessment of trauma symptoms is important.
- Unless significant behavioral issues or disorders were present prior to trauma, refrain from diagnosing a behavioral disorder until trauma treatment has been completed.

When diagnosing, Dr. West said a therapist should consider if the child’s symptoms emerged or worsened with traumatic exposure and whether the symptoms are independent from trauma. If not, a stressor-related disorder should be included as a possibility. She added, “It’s often prudent to diagnose an adjustment disorder and then rule out other conditions, once trauma symptoms have been resolved. Remember that diagnoses like autism or attention-deficit/hyperactivity disorder are neurobiological. Unless you are fairly certain that these difficulties are innate and not heavily influenced by environmental experiences, I would strongly recommend considering trauma diagnoses. If these symptoms are still present after appropriate trauma treatment, consider additional diagnoses.”

She added, “It is important to consider how others will view this child, given our diagnosis. What stigma is attached to various presenting concerns? How would we like this child to be seen by others? What are the potential ramifications of re-assessing for other problems after trauma treatment versus establishing a firm

diagnosis that may not be accurate later?”

For a full recording of this webinar, visit our webinar archives.

Preview of August Webinar
August 26 ▪ 12 pm "Helping Children who Experience Trauma in Early Childhood" with Nicola Conners-Burrow, Ph.D.
In this webinar, Dr. Burrow will describe the various organizations working to help young children who have experienced trauma and explain some of the methods used to positively change outcomes in this population.If you can't attend the webinar, check our webinar archives afterward for the recording.

Calendar

August 10-13 ▪ 27th Annual Crimes Against Children Conference. Dallas, Texas.
August 26 ▪ 12 pm ARBEST webinar with Dr. Nicola Conners-Burrow, "Helping Children who Experience Trauma in Early Childhood."
September 1-3 ▪ 2015 Arkansas Conference on Child Abuse and Neglect. Little Rock. For details and to register, visit www.midsouth.ualr.edu or the 2015 Arkansas Conference on Child Abuse and Neglect Facebook page.
September 2 ▪ 8:30 am-12 pm Arkansas Advocates for Children and Families/Arkansas Kids Count Coalition Policy Cafe. Arkansas Education Association auditorium, Little Rock. Register online.

****SAVE THE DATE! October 20 ARBEST's Fall Advocate and Therapist Retreat at Ferncliff in Little Rock****