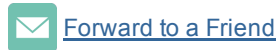


ARBEST

Arkansas Building Effective Services for Trauma



Noteworthy News

Volume 4, Issue 6 January 31, 2017



In This Issue

Highlight

- Reporting on FY16
- *Resilience* screening
- Halfway to a thousand!

Update

- 2017 trainings

Resources

- Two noteworthy articles

VIP

Webinar Wrap-Up

Calendar

Dear Partners,

We hope your 2017 is off to a wonderful start. We are excited by the many goals we will accomplish with your help this year, such as increasing the number of therapists trained in TF-CBT, CPP, and PCIT; helping CACs identify and serve sexually exploited youth; and providing services to more families (6,267 in FY16—yes, YOU are amazing!). We know the next twelve months will be busy and rewarding, and we're here to help you navigate the challenges and celebrate the rewards. In this issue we discuss our FY16 annual report and preview this year's trainings. For newsletter subscriptions or to share your ideas and comments, [email](#) us.

Highlight

Another Year Wrapped Up in the ARBEST Annual Report

Every year when the fiscal year closes on June 30, we start crunching numbers and compiling information for our annual report that we publish online and print to distribute to state legislatures and other stakeholders. When we look at the how FY16 stacked up in numbers, it's an impressive landscape. Thank YOU for all the work you are doing in Arkansas to improve our children's futures, like:

- Advocates from CACs registered 5,018 children into the database and followed up with 2,830 families regarding additional services.
- Mental health professionals registered 2,252 children and assessed 1,477 of them for

Posttraumatic Stress Disorder (PTSD) symptoms.

For next year's annual report year, we are hoping to focus on telling our stories. Keep that in mind, and if you have a client or personal story you want to share, send an email to cmsievers@uams.edu. View the full FY16 annual report [here](#).



ARBEST
Arkansas Building Effective Services for Trauma

A Special Screening of *Resilience*

Please join us at the Ron Robinson Theater in downtown Little Rock for a free screening of an award-winning film. Directed by James Redford, *Resilience: The Biology of Stress and The Science of Hope*, chronicles the birth of a new movement among pediatricians, therapists, educators, and communities, who are using cutting-edge brain science to disrupt cycles of child abuse, violence, addiction, and disease. The program is sponsored by ARBEST, the Arkansas Children's Trust Fund, and Central Arkansas Library System's Ron Robinson Theater. There will be a reception of light hor d'oeuvres at 5:15 p.m. before the film screening at 6. A panel discussion will follow at 7. Preview the [Resilience trailer](#). Ron Robinson Theater is located at 100 River Market Avenue, Little Rock, Arkansas, 72201.

More Than Halfway to a Thousand!

When ARBEST was in its early days seven years ago, we didn't dare to imagine that the number of in-state TF-CBT trained and certified therapists would ever near a

thousand. With the latest group finishing consultation calls recently, we have surpassed the halfway mark, with a current total of 530. We are excited about this and determined to keep growing until every child in Arkansas has close access to a TF-CBT trained therapist for evidence-based help with trauma. Help us reach that goal—tell other therapists you work with or know to get trained. Send them [here](#) for more information.

Update

ARBEST 2017 Trainings

ARBEST offers free introductory and advanced training with Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) trainers Jan Church, Ph.D., and Ben Sigel, Ph.D. Child-Parent Psychotherapy Training (CPP) is led by local experts Sufna John, Ph.D.; Karin Vanderzee, Ph.D.; and Jamie Block, LPC. Local expert Joy Pemberton, Ph.D., leads Parent-Child Interaction Therapy (PCIT) training. For questions, email [Jasmine Medley](#).

Introductory TF-CBT Training in Little Rock

May 3-4, 2017, 8 am-4 pm, UAMS College of Public Health Auditorium, Room 8/240.

Advanced TF-CBT Training in Little Rock

May 5, 2017, 8 am-4 pm, UAMS College of Public Health Auditorium, Room 8/240.

PCIT Training

Anticipated Summer 2017

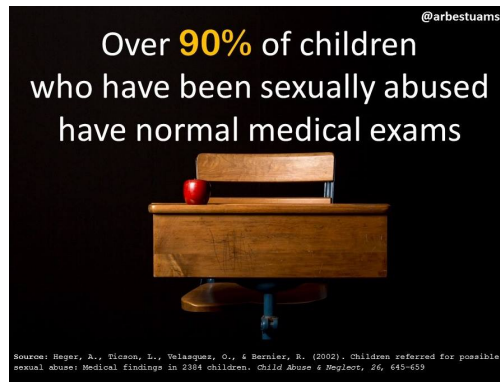
CPP Training

Anticipated Winter 2017

Resources

The January webinar, "It's 'Normal to be Normal'" by Dr. Karen Farst, discussed two resources we found so important that we would like to call your attention to them here as well. The first one revealed that over 90% of children who have been sexually abused have normal physical exams, and this includes those who had anal or genital penetration. In "[Children referred for possible sexual abuse](#)," *Child Abuse & Neglect*, Astrid Heger, et. al. described their five-year prospective study of 2384

children referred for evaluation of possible sexual abuse. Of those, 96.3% had a normal medical examination.



A second article of interest to us proposed that the more frequently abuse occurs for children, the less likely they are to tell, and instead go into survival mode, which often means carrying secrets in silence. The researchers reviewed 124 taped interviews and graded emotional response during disclosure. Most children (75%) were neutral during the disclosure and the number of abuse events was inversely related to negative emotional responses. In "[Children's expressed emotions when disclosing maltreatment](#)," Liat Sayfan, et. al., found that, "Most children in the sample evinced neutral emotion during disclosure. However, stronger negative reactions were linked to indices of psychopathology. Number of abuse experiences was inversely related to negative emotional displays. Fact finders may profit from knowing that maltreated children do not necessarily cry or display strong emotion when disclosing maltreatment experiences. Nevertheless, predictors of greater negative affect at disclosure can be identified: fewer abuse experiences; higher global adaptive functioning; and for sexually abused children, greater dissociative tendencies. Although further research is needed, practitioners should consider that children who disclose abuse may display relatively neutral affect despite having experienced maltreatment."

[Meet a VIP](#)

We regularly feature a VIP (Very Interesting Person) in our newsletter. Over the past three years, we've recognized many mental health professionals and advocates working in CACs, but there is a special person who works across CACs on behalf of all children in our state that we highlight this month. Meet Karen Farst, MD, MPH, associate professor in the College of

Medicine, Department of Pediatrics at UAMS and director of the UAMS Center for Children at Risk.

Dr. Karen Farst's interest in childhood trauma goes back many years. She explains, "My training in residency was to work in primary care in Internal Medicine and Pediatrics. While I was exposed to child abuse cases during training, I did not have a specific interest in working in this field until I started to volunteer as the medical provider for the Children's Advocacy Center of Benton County. I found myself speaking with adults on a daily basis in my practice who had suffered abuse/neglect issues in childhood, and they had no one to stand up for them or help them get services at that time. I found myself drawn to working as part of a team who could step in and potentially change the course sooner as opposed to later in these situations."

A typical work day for Dr. Farst is "typically atypical," she says. While she and her team cover some scheduled clinic patients, much of their work is unscheduled in the form of patients presenting with acute issues to the emergency department or hospital. Some days—about 20% of the workweek—involve time in court-related duties. Her role as section chief for Children at Risk in the Department of Pediatrics comes with some daily administrative tasks, and she likes to be involved in education about child abuse issues through lectures and teaching during patient encounters in the clinic and the hospital.

As you well know, working in child advocacy brings great challenges, and that holds true for Dr. Farst as well. She notes, "Since it is such a difficult subject matter, one of the biggest challenges is that people often have difficulty accepting or digesting that these issues happen in communities all over the state, country, and world. This leads to a lack of adequate support for the programs and services needed to protect children in danger and strengthen children and families in need of services." Dr. Farst and staff at CACs all across Arkansas are making tangible strides in providing those services.

January VIP: Dr. Karen Farst



Karen Farst, MD, MPH, Department of Pediatrics at UAMS and director, UAMS Center for Children at Risk, Little Rock

Her advice to professionals new to working with children in trauma: Realizing that trauma can present in many different ways is important. Sometimes it's with a visible physical injury, but all too often it's with challenges in mood and behavior that are a response to the stress from the trauma. If the concepts of Adverse Childhood Experiences (ACEs) and toxic stress are not familiar to you, it would be well worth the time to look them up (she recommends the [CDC site for ACEs](#) and [Center on the the Developing Child](#) at Harvard University for toxic stress).

Most likes about her job: While the subject matter is difficult, it is such a privilege to work not only with children who need help navigating a way out of crisis but also with the myriad of professionals as a team to investigate, provide safety, advocate, and provide medical and mental health intervention.

Enjoys doing when not at work: I enjoy being outdoors, and most especially, on a hiking trail.

[Webinar Wrap-Up](#)

In a webinar that aired on December 6, 2016, "But I don't want to talk about it. . . Victim Dynamics and the Forensic Interview," Erin Kraner, Director of Clinical Services, Children's Advocacy Center of Benton County, explained what happens behind the scenes of a CAC. Some of the topics she covered were how children

experience trauma, what happens when a child discloses, purposes of forensic interviewing, ChildFirst® protocol, and how factors affecting the child based on the abuse experience can surface within the forensic interview.

Erin referenced the Child Sexual Abuse Accommodation Syndrome to help understand how children experience abuse in terms of secrecy, helplessness, entrapment and accommodation, delayed or unconvincing disclosure, and retraction/recantation (Summit, Roland (1983). "The child sexual abuse accommodation syndrome" (pdf). *Child Abuse Negl.* 7 (2): 177–93). Factors affecting the trauma experience include perpetrator proximity, severity of the abuse, support (or lack of it) from a caregiver, the various forms of maltreatment, familial pressure, and feelings of “my word against his.”

Working with CAC children has taught Erin lessons that help her in an interview, such as to listen closely, get on the child’s level both mentally and physically, use their words to reflect back to them, and to be neutral and non-leading. “Foremost,” she said, “is always keeping in mind that the CHILD is your first priority.”

Erin explained ChildFirst™ Arkansas, which is part of the national ChildFirst® Forensic Interviewing Protocol, a standardized training for frontline professionals working in child advocacy. The course is designed for law enforcement officers, social workers, prosecutors, child protection attorneys, and forensic interviewers. It covers child development, memory and suggestibility, testifying in court, legal issues and preparing children for court. ChildFirst™ Arkansas has almost 1,000 trained professionals who meet in Little Rock twice a year. There is a waiting list currently to join this group. ChildFirst™ Forensic Interview Protocol involves multiple stages and recognition points. These include rapport (orient the child to the interview, encourage narrative), transition to topic of concern (provide a structure to communicate about maltreatment), explore details (use narrative to obtain details of abuse report, explore alternative hypothesis, consider multiple forms of maltreatment), and closure (provide a respectful end to the interview, to address personal safety for child,

address child's questions and/or concerns, return child to a neutral state).

Erin also discussed the stages of disclosure, the process of disclosure, and what happens when a disclosure is recanted.

Please visit our [YouTube channel](#) to view all recorded ARBEST webinars.

[Subscribe](#) to the ARBEST upcoming webinar notification list.

Calendar

February 21 ▪ 5:15-7:30 pm [Resilience](#) screening. Hosted by ARBEST, Arkansas Children's Trust Fund, and Central Arkansas Library System's Ron Robinson Theater. Reception, screening, and panel discussion. Ron Robinson Theater, 100 River Market Avenue, Little Rock, Arkansas, 72201.

February 22 ▪ 12 pm ARBEST webinar, "[Understanding Childhood Attachment](#)" with Teresa Lind, Ph.D., UAMS/ACH Child Study Center.

March 27-30 ▪ [National Children's Advocacy Center International Symposium on Child Abuse](#). Huntsville, AL.

April 13-14 ▪ [Arkansas Mental Health Counselors Association Conference](#). Crowne Plaza, Little Rock.

April 19 ▪ #weARblue day featuring annual morning rally on the steps of the Capitol, the annual Percy Malone Child Protection Award Luncheon, and a full day of Arkansans dressed in blue to support awareness during Child Abuse Protection Month.

May 3-4 ▪ ARBEST Introductory TF-CBT Training. UAMS, Little Rock. [Registration opens February 1.](#)

May 5 ▪ ARBEST Advanced TF-CBT Training. UAMS, Little Rock. [Registration opens February 1.](#)

June 16-17 ▪ River Cities Dragon Boat Festival to benefit the Children's Protection Center. Lake Willastein, Maumelle. [Register](#) your team early!

Please send us your [events](#) for our calendar.

[unsubscribe from this list](#) | [update subscription preferences](#)

This email was sent to <<Email Address>>

[why did I get this?](#) [unsubscribe from this list](#) [update subscription preferences](#)

UAMS - Psychiatric Research Institute · 4301 W. Markham St. #554 · Little Rock, AR 72205 · USA

The MailChimp logo is centered within a light gray rounded rectangular box. The logo itself is the word "MailChimp" in a white, cursive script font.