

ARBEST

Arkansas Building Effective Services for Trauma



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Noteworthy News

Volume 4, Issue 5 December 8, 2016

Dear Partners,

This month we are feeling extra thankful for our state's CACs and their directors, advocates, therapists, and all the brave children and families across Arkansas facing trauma and fighting to overcome it. We hope this season gives you some time to pause, appreciate, and celebrate, too. Visit our [Facebook](#) page to tell us what you are celebrating this holiday season. For newsletter subscriptions or to share your ideas and comments, [email](#) us.

[Highlight](#)

Therapists from Around State Gather for Training



Nearly half of substantiated cases of child abuse or neglect occur among children ages 0-5. We know that these experiences may result in profound difficulties for these children. Fortunately, evidence-based interventions for this vulnerable age group exist. On November 7, 2016, 19 therapists from ten Child Advocacy Centers and three mental health agencies around the state gathered in Little Rock to begin Child-

Parent Psychotherapy (CPP) training to learn how to better help this age group.

An evidence-based treatment designed for children ages 0-5 who have experienced trauma, CPP works to strengthen child-parent relationships, enhance development, and improve mental health.

This training was supported by our colleagues Joy Osofsky, Ph.D., and Phillip Stepka, Psy.D., from Louisiana State University Health Sciences Center, Departments of Pediatrics and Psychiatry, both of whom are

national trainers in CPP. Our own Jamie Block, LPC, Sufna John, Ph.D., and Karin Vanderzee, Ph.D., facilitated the three day training and are in the process of becoming state-certified CPP trainers.

A murmur of excitement ran through the crowd when each CAC and agency was presented with a fully-stocked, brand-new Crowell Kit filled with toys as part of their training supplies, courtesy of ARBEST. For a full description of this kit required in CPP dissemination, see our [Resources](#) section below.



Update

Group Seeks to Help Exploited Youth

Despite increasing reports of adolescents being sexually exploited nationally and in Arkansas, information on the prevalence, demographics, and psychosocial needs of victims is scarce. Moreover, according to the Report of the Arkansas Task Force for the Prevention of Human Trafficking, more than 70% of front-line stakeholders report more training is needed to respond effectively to this problem. Only two states have initiated a treatment program for youth survivors of commercial sexual exploitation; both offer an adapted version of Trauma-Focused Cognitive Behavioral Group Therapy.

We're very excited that 13 CACs have started collecting data on risk factors associated with commercial sexual exploitation of youth. Mental health professionals from four CACs are participating on consultation calls to learn how to adapt TF-CBT for this population. We will keep you posted on future developments in these efforts.

Resources

Unpacking The Crowell Toy Kit: What's Inside and Why

One important way that CPP clinicians can assess the parent-child relationship is through a Parent-Child Structured Play Interaction (Crowell). This procedure provides one method of observing caregiver-child interactions (Crowell & Feldman, 1988; 1991; Crowell, Feldman & Ginsburg, 1988) in a clinical setting. The 45-60 minute procedure involves a series of episodes designed to elicit behaviors that allow the clinician to observe the



relationship between a child and caregiver in a variety of situations, including free-play, clean-up, a bubble blowing episode, increasingly



difficult problem-solving tasks, and a separation/reunion episode. Clinicians are taught how to select appropriate materials, administer the assessment, and interpret their observations, within CPP training. Some examples of observations include how the pair balances the task demands with enjoyment of task completion, their level of comfort with one another, how they share affection, the degree to which they cooperate, and how they handle disagreements. Click [here](#) for a detailed list of suggested materials and a breakdown of ages and tasks.

Other CPP resources can be found at the following sites:

- [NCTSN's CPP Section](#)
- [California Evidence-Based Clearinghouse's CPP Section](#)
- [CPP on Pinterest](#)
- [CPP on Facebook](#)

Meet a VIP

We regularly feature a VIP (Very Interesting Person) in our newsletter. This issue meet Jamie Block, LPC, UAMS Child Study Center.

Jamie Block, LPC, is a clinical therapist and sees clients at the Child Study Center at ACH in Little Rock. She was one of the first 50 clinicians in the state of Arkansas to go through ARBEST's two-day TF-CBT introductory training in 2010. She likes many things about TF-CBT, such as the psychoeducation component that helps engage families early in treatment. She explains, "My experience has been that psychoeducation reduces the families' anxiety and increases the chance that they will remain committed to treatment. It helps the child and the families understand that they are not alone, that others have experienced similar traumatic events, and that many of their thoughts, feelings, and actions related to the trauma experience are typical."

She adds, "But above all, I'd say hope is what I like best about TF-CBT. Because it is an evidence-based treatment for childhood symptoms of PTSD with well-established efficacy, it establishes a sense of hope from the outset of treatment for the child, the family, and for me, that the child and family can heal from the trauma experience."

Jamie finds trauma work especially rewarding, and says, "It is my passion.

Within my clinical work, there are few things as rewarding to me as helping a child and family heal after they have experienced a trauma." With six years of this intervention under her belt, Jamie has wise advice for other therapists, "As you mature as a trauma-trained clinician and take on more and more trauma-involved cases, you must be mindful of your own self-care. You hear some really hard stories. Making time to staff hard cases with co-workers as needed and protecting your own time for self-care are crucial to maintaining the best client care."

December VIP: Jamie Block



Jamie Block, LPC, UAMS Child Study Center, Little Rock

Her advice to new TF-CBT trainees: Take full advantage of the TF-CBT conference calls. Don't be timid about speaking up, staffing cases, or asking questions. The trainers are there to help and support you.

Most likes about her job: I find my work very rewarding—it is a privilege to get to work so closely with children and families, to hear their stories, and watch them heal.

Enjoys doing when not at work: You'll never hear me say I am bored. I am always up to something, and I love it that way! I love spending time with my husband, my tiny Yorkie "Manhattan," friends, and family. I enjoy local events, seasonal festivals, and live theater. On a Friday night, you'll often find me enjoying a dinner and movie date with my husband...hands down it's my favorite night of the week!

If you could have one wish granted on the spot, it would be: Unlimited airfare any time to anywhere! I love the adventure of exploring a place that I've never been before.

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

[Webinar Wrap-Up \[& Preview\]](#)

Nicola A. Conners Edge, Ph.D., University of Arkansas for Medical Sciences, presented a webinar on October 19, 2016, "[Preventing Suspension &](#)

[Expulsion in Early Care and Education Settings: Your Role, Your Rights, and New Supports.](#)" Dr. Edge began by setting out her intentions for the hour: to describe the problem of suspension and expulsion of preschoolers, including negative outcomes; to show listeners how to use the Teaching Pyramid Model framework to prevent suspension and expulsion; and to discuss new policies and supports in Arkansas.

She noted immediately that paying attention to early childhood expulsion and suspension is critical because those are stressful and negative experiences that can impact child outcomes for many years to follow. She explained, "Expulsion or suspension early in a child's education predicts expulsion or suspension in later school grades. Young students who are expelled or suspended are as much as **10 times** more likely to drop out of high school, fail a grade, and be incarcerated."

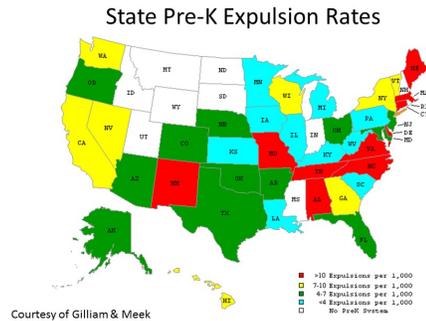
If you don't work with young children, you may not realize what a systemic problem this is. In fact, 10.4% of Pre-K teachers expelled one or more children in the past year. A survey of 468 early education directors of voucher programs in Arkansas showed that 43% engaged in some kind of practice that excluded kids from the classroom in the past year. Who is being suspended or expelled the most? African-American male four-year-olds are at the top of the list. Other characteristics include:

- **Boys** are 3½ times more likely than girls
- **Four-year-olds** are 50% more likely than three-year-olds
- **African-Americans** are expelled at two times the rate of European-Americans and five times the rate of Asian-Americans, and while they make up 18% of preschool enrollment, they make up 48% of preschool children suspended more than once.

Setting components that contribute to a higher suspension or expulsion rate include the following:

- Private and faith-based child care
- High teacher-child ratios
- High teacher stress / feeling hopeless
- Long school day

Dr. Edge invited attendees to make some guesses about what children are getting expelled for. Biting is a big one – even when it is developmentally normal, like in the toddler years – because it upsets the other parents. Severe behavior problems during the preschool years are a meaningful predictor of continued behavior problems, poor peer standing and academic difficulties during kindergarten. She pointed out, "When we fail to support these kids now, we are setting them up for failure later."



Of children ages 2-17 years, 22% have one or more social, behavioral, or developmental concerns. Dr. Edge pointed out that the good news is that we CAN fix this: “We can support children and help teachers manage challenging behaviors. We CAN prevent suspension and expulsion.” She noted that most problem behaviors can be addressed by looking at adult behaviors, such as

- Building positive relationships
- Putting preventive classroom strategies in place
- Specifically teaching children social and emotional skills
- Increasing positive behavior supports for children who need more help.



Dr. Edge said one way to lower expulsion rates is for schools and teachers to work through the four stages of the Social-Emotional Learning Pyramid, which can help guide changes in adult-child interactions. Dr. Edge suggests beginning at the lowest rung, *Nurturing and Responsive*

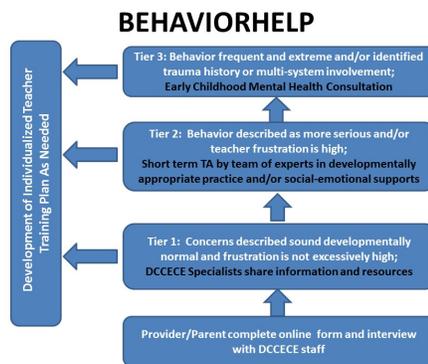
Environments, which includes giving attention to positive behaviors, encouraging respectful interactions, and creating routine positive communication to parents. If tactics from this step fail to alter the behavior as desired, teachers can move to the next level, *High Quality Supportive Environments*. This can include establishing a consistent, predictable daily schedule; having long blocks of child-directed play in which teachers expand on children’s play; and instituting short transitions and transition activities.

The third rung is *Targeted Social Emotional Supports* and includes techniques such as using feelings words, naming and reflecting feelings, teaching and modeling problem-solving, and using genuine choices to avoid power struggles. The final stage is *Intensive Interventions*. This stage is rarely needed when bottom layers of the pyramid are strong. It includes behavior tracking and development of a plan to support the child, strong parent involvement, creating a support team, and mental health

consultation.

Other efforts Dr. Edge discussed included Project Play's Early Childhood Mental Health Consultation to increase teacher use of nurturing and teaching strategies that promote children's social-emotional skills and the Arkansas Expulsion and Suspension Workgroup, one of the first multi-disciplinary groups in the nation dealing with this issue. "Eyes are on us," Dr. Edge said. The group is evaluating many components, including child care and development funds, licensing (along with a quality rating improvement system), health and nutrition programs, and compliance.

A new support system called BehaviorHelp launched on July 1 of this year. It is a single point of entry for serious behavior-related problems in child care. Its purpose is to reduce suspensions and expulsions. System help is initiated with a brief online request. Whoever submits the request, parent or provider, will then receive a phone call from a BehaviorHelp specialist within two working days and an interview, with questions about the situation designed to help the specialist identify the most helpful next step. The next step supports include no-cost training and early childhood specialists.



In the program's first four months, these observations have been noted by program directors:

- Almost half (48%) agree a non-expulsion policy will be a big change for their program
- Most (90%) agreed the training helped them understand why children should not be expelled
- Most (83%) reported they expect to use BehaviorHelp this year
- Referrals referenced difficult or traumatic events in 33% of cases.

Successes with the program are already being seen, such as increased utilization of the response system, improved dialogue/coordination with partners and programs to address challenging behaviors, increased resources to support providers, and increased public awareness.

Challenges have also been noted, including a great need that may outweigh available program resources; funding promotion and understanding of the prevention model; ongoing classroom support; changing community attitudes toward children with challenging behavior; increasing parental

involvement; the high volume of referrals for children with extensive trauma; and a need for mental health treatment referral partners trained in evidence-based treatments.

Dr. Edge closed with an impassioned statement: "We are on the cutting edge of work to help our children become successful in early education settings as well as in life. I am so proud of what is in store for our state: Alone we can do so little, but together we can do so much!"

To learn more about BehaviorHelp, the new support system for all childcare providers in our state, go to <http://humanservices.arkansas.gov/dccece/Pages/ChildCareAssistance.aspx> or email BehaviorHelp@dhs.Arkansas.gov.

To learn more about the mental health consultation program for early childcare providers in Arkansas known as ProjectPLAY, visit <http://familymedicine.uams.edu/research-and-scholarly-activity-continuing-medical-education-cme/community-research-family-and-preventive-medicine/ecpd/projectplay/>.

If you're interested in becoming a mental health referral partner for ProjectPLAY, email NAedge@uams.edu.

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

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

Calendar

December 13 ▪ 9:45 am-2:30 pm [Northwest Arkansas Pre-Legislative Summit](#), Arkansas Advocates for Children and Families, Bentonville. Registration required.

January 19 ▪ 12 pm ARBEST webinar, "[Medical Evaluations of Abuse Cases](#)" with Karen Farst, M.D., Arkansas Children's Hospital.

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

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