ARBEST

Arkansas Building Effective Services for Trauma

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In This Issue

Noteworthy News

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Dear Partners,

We are overjoyed to finally have fall upon us and that long, hot summer behind us. As we transition, we recap our CAC retreat and share four resources to help in your practice. October hosts a number of awareness issues; click to learn more: National Bullying Awareness Prevention and Domestic Violence Awareness. For newsletter subscriptions or to share your ideas and comments, email us.

Highlight

Fall Conference Features Array of Speakers in Relaxing Environment

This year's second annual fall CAC conference was held September 27-28 at Ferncliff Camp and Conference Center. New this year was the addition of overnight accommodations in the hopes that attendees could get a true break from their hard work and, along with helpful educational sessions, have some time for networking and self-care.

Highlights from the Conference Included:

- A keynote address by Mary Richardson, parent of a child trauma survivor who received services at an Arkansas CAC, moved the audience as she thanked—on behalf of all Arkansas families healing from trauma—advocates and therapists for their hard work and healing hearts. Mary told her story of finding restoration at Cooper-Anthony Mercy Child Advocacy Center, where she learned that "you can have a wonderful

life despite what happened." A first-grade public school teacher, Mary now also volunteers her time to prevent child abuse and help those who have encountered its effects because, as she told the audience, "People need to know about the staggering numbers of child abuse, that it's most often someone you know. We cannot be scared to talk about this." After the conference she described her experience of speaking to this audience as "amazing" and said, "I really hope something I said was an encouragement to someone. I was a little nervous and scared up there looking out at everyone, but then it hit me—all those people were there because of the love they have for children and their desire to help them. Then it felt like I was standing there with family. It was an honor to share with them how important they are and what a positive impact the job they do has. Sharing our story—Matthew's story—was very healing and fueled the fire I have to continue to help and encourage those who are fighting for and with our kids."

- In his presentation "Motivational Interviewing: How Do I Talk to Families about Mental Health Services?" Michael Cucciare, Ph.D., Assistant Professor, UAMS/PRI, discussed a method to more fully engage clients in the decision-making process to seek services. In motivational interviewing (MI), clients become more responsible for driving their therapy and healing. Tenets of MI can be utilized with families by advocates and mental health professionals, such as asking permission for even small things like scheduling appointments or giving information, so that they can feel more in control of their situations.
- "Cyber Crimes Against Children" by Jill Irwin, JD, Assistant Attorney General, Office of the Arkansas Attorney General, was a crowd favorite. Participants said that they learned a lot, even though some of the content about the abuse and exploitation of children through technology was a difficult subject matter.

Feedback from Attendees

- "The bonfire and s’mores and morning hike were both nice touches to make this a fun and invigorating getaway!"
- "I feel like this retreat addresses important needs: it allows us to share with one another and recharge. This is high stress work, so that is very helpful."

Scenes from the 2016 Fall CAC Retreat

Retreat Faves

- Rocking on the porch looking out at the lake
- Evening group bonfire
- Early morning hike
- Team building
- "Meeting great new people"

Update

CAC Mental Health Appropriation
As we have noted before, the FY17 Mental Health Appropriation for CACs offers a $25 incentive for every valid UCLA PTSD Reaction Index follow-up that is completed in the new fiscal year. Talk with your center director for more details.

As a reminder, in order for your CAC to receive the full mental health appropriation, a CAC must be able to demonstrate that the MHPs affiliated with it meet the following:

- Provided a minimum of 94 direct service hours in the quarter.

OR

- Documented contact with at least 30% of new eligible CAC clients seen in the quarter (either assessment and referral only or assessment/treatment). (Eligible clients are children/adolescents seen during the quarter who reside within the service area and are not already in treatment at the time of the initial CAC interview.)

AND

- Total number of direct service hours documented must be at least 60% of the total number of direct and indirect hours documented.

What if my CAC provides fewer than 94 direct hours and fails to register at least 30% of all eligible clients seen by the CAC that quarter?
A CAC may receive a portion of their appropriation

funds. Let's use $8,350.50 as an example. If a CAC-affiliated MHP registered 15% of clients seen by the CAC that quarter, the CAC would have reached 50% of its registration goal and would therefore be eligible to receive 50% of the appropriation for that quarter ($4,175.25). If the same CAC-affiliated MHP also provided 72 hours of direct services during the quarter, and the CAC reached 77% of its direct service goal of 94 hours, it would therefore be eligible to be reimbursed for 77% of its funds for the quarter ($6,429.89). In this example, the CAC would receive the higher of the two amounts ($6,429.89) for the quarter.

Resources

Help Anxious Kids Cope

In our line of work, childhood anxiety is a part of every workday. If you've ever thought it would be nice to have more tools to help these kids and their parents better cope with those nerves, we have just the webinar for you. This recorded webinar from the Institute of Mental Health featured Erin Berman, Ph.D., Clinical Psychologist, and walked through these helpful topics:

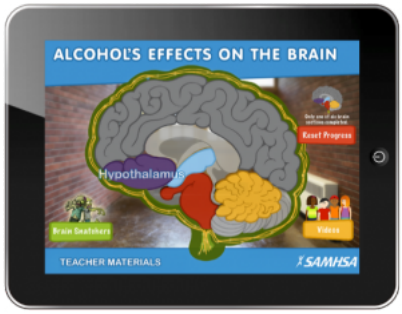
- How to identify an anxious child
- How to change anxious thinking
- The science and biological roots of anxiety in children
- How computer technology is transforming the understanding of anxiety
- Current treatment options (medications and cognitive behavioral therapy).

Help Kids Understand the Dangers of Drinking

Another new, free app from Substance Abuse and Mental Health Services Administration (SAMHSA) is now available. This one hopes to help fifth- and sixth-graders, along with their teachers and parents, to be more educated about the consequences of alcohol use. It might be useful for CAC MHPs, too, or to pass on to parents or teachers asking for your help. Alcohol's Effects on the Brain, AlcoholFX for short, teaches students knowledge and skills to avoid underage drinking. Some of its features include:

- Students can play research-based, interactive games that explore brain science while practicing

their responses to difficult social situations involving alcohol.
- Educators can use science-based lesson plans, resources, and recorded scenarios to help students and parents learn about the dangers of underage alcohol use.
- Parents can learn how alcohol affects their child's brain and puts their child at risk for falling behind in school.
- Prevention- and education-focused organizations can use *AlcoholFX* and its related promotional materials, including a video, to promote drinking abstinence.



Help for Guiding Clients Through a Crisis
When a client shows up with a new COW (crisis of the week), do you know how to best help? Although Crisis Intervention in Child Abuse and Neglect was developed for child welfare agencies, it encapsulates the most pertinent topics related to crisis intervention and could be of use to therapists or other CAC staff as well. Peruse it for topics such as understanding the goals and steps of crisis intervention, treatment approaches and techniques, terminating services, and much more.

NCTSN on Adverse Childhood Experiences (ACEs)
By now, surely you and most everyone working in childhood trauma have heard of ACEs (Adverse Childhood Experiences), a study made more popular by a TED Talk featuring pediatrician Nadine Burke Harris that we first wrote about in our June 2015 newsletter. As this study has now filtered into the mainstream arena, NCTSN has found it necessary to address the study, so its current NCTSN ACEs work group released in August key talking points. While this document was not released publicly, we would like to share with you some highlights from it that you may find helpful if your clients come to you with comments or questions about ACEs.

The original ACEs study was co-led by Vincent Felitti, MD, and Robert Anda, MD, through Kaiser Permanente in 1995 and uncovered among 17,000 participants a strong relationship between specific adverse childhood experiences and serious health outcomes in adulthood. It was the first major study to document a powerful connection between childhood traumas and adversities and physical health outcomes of high morbidity and mortality in adulthood. Exposures to adversity (in ten categories) were compared to measures of adult risk behavior, health status, and disease. Over half of ACE Study respondents reported exposure to at least one ACE, and one-fourth reported exposure to at least two or more ACEs.

The ACE Study has raised public awareness about the high prevalence and impact of negative life events in children's lives. It has helped redefine the way clinicians, researchers, policymakers, and the public understand the links between exposure to adversity and mental and physical health outcomes of high morbidity and mortality. It has also contributed to increased awareness of intra-familial traumas and adversities and encouraged more in-depth discussions with children, families, providers, and many others about the intersections of mental health, physical health, and life experiences.

NCTSN recognizes that the ACE study has made a significant contribution to the child trauma field and wants to help advance and integrate knowledge about the impact of ACEs across all child and family-serving systems. It was concerned that the growing popularity of the term "ACEs" might lead to the use of ACEs for screening and obtaining an "ACE score" in ways inconsistent with trauma-informed care. Work Group members applauded the contribution of the original ACE Study and the enthusiastic grassroots movement that grew from it but also want to support an evidence-informed understanding of child traumatic stress into national discussions about ACEs to build on its successes and move future discussions from awareness to action.

Because the ACEs questionnaire was originally

developed as a tool to investigate public health questions with a certain population, it was not designed to be a mental health screening tool for wide use with children and adolescents. Many childhood experiences are not included in the ACEs questionnaire. In our CACs and other settings where children who have experienced trauma turn for help, we need to continue to also assess for exposure to these experiences.

ACE scores and other easily available quizzes that our clients find on the internet may not offer sufficient context and evidence-based interpretation of results or address individuals' strengths and resilience. If clients ask you about such indices, we can provide information about what a “score” both is and what it is not. While the general public may embrace the term “ACEs” as less stigmatizing than other terms used to describe traumatic experiences, they may not understand its limitations or implications. The term is sometimes misapplied to other negative adversities and traumas, which can cause confusion across surveys, studies, and in the public's interpretations.

In short, while helpful, ACEs is not sufficient to meet the needs of the children and families who present at our CACs and who have been exposed to traumatic experiences. Evidence-based solutions, such as TF-CBT, are needed to address the effects of such exposure.

So what can you do when your clients want to discuss ACEs? Here are some guidelines:

- Ensure that discussions about ACEs consider other traumas (such as community violence, school shootings, fatal car crashes, and parental suicide) and adversities (such as poverty, racism, and out-of-home placement) in conjunction with those captured by the ACEs questionnaire.
- Educate audiences about the distinctions between ACEs, toxic stress, childhood trauma, and child traumatic stress, as well as how these terms are complementary, and help them become more comfortable talking directly about trauma.
- Expand the discussion about ACEs to include a focus on strengths and resilience.

- Promote screening in systems that serve children and families.
- Work to build capacity to prevent and treat childhood trauma.
- Expand dissemination of the NCTSN Core Concepts of Childhood Trauma as a "common language" and foundation for addressing childhood trauma, adversity, and toxic stress.
- Disseminate interventions that build resilience among children and families exposed to trauma.
- Support the development of trauma-informed systems through evidence-based approaches to systems change.
- Promote the need for continued prospective research related to child-specific trauma and adverse experiences, interactions and synergies between them, and their long-term impact.

Meet a VIP

We regularly feature a VIP (Very Interesting Person) in our newsletter. This issue meet Barbara Reed, LPC, LMHC, NCC, CCMHC, MHP, at Wade Knox Children's Advocacy Center, Lonoke.

Barbara Reed first trained in TF-CBT in 2012 in Indiana. Since then she has used the model to assess and provide service through the lens of trauma.

She notes that "although trauma affects individuals in different ways, possibly according to the protective factors they encompass, trauma exposure is a gauge regarding the depth of treatment needed to being health and wholeness." What Barbara most appreciates about TF-CBT is its structure and strong familial involvement. She says that one of her biggest challenges is being creative in using it with younger children to help them understand the concept of trauma.

She advises new TF-CBT trainees to never hesitate to ask questions: "If you are unsure how to approach a subject, talk to colleagues who are currently practicing, be creative, and continue to receive TF-CBT training annually." While her workdays are filled with

making decisions, attending meetings, and problem solving, she knows to keep an eye on her own mental state and when the work gets too heavy, she rests her mind when she gets home by "downloading and detaching in order to recharge for the next day. Music and listening to podcasts is greatly helpful in this process."

October VIP: Barbara Reed

Barbara Reed, LPC, LMHC, NCC, CCMHC, MHP, at Wade Knox Children's Advocacy Center, Lonoke

Most likes about her job: It's unpredictable, which keeps me always in a state of critical thinking.

Enjoys doing when not at work: Spending ample amounts of time with my family and doing different activities with them.

If she could have a wish granted on the spot, it would be: I would love to be one of the wisest women in the world! I always aspire to increase in wisdom.

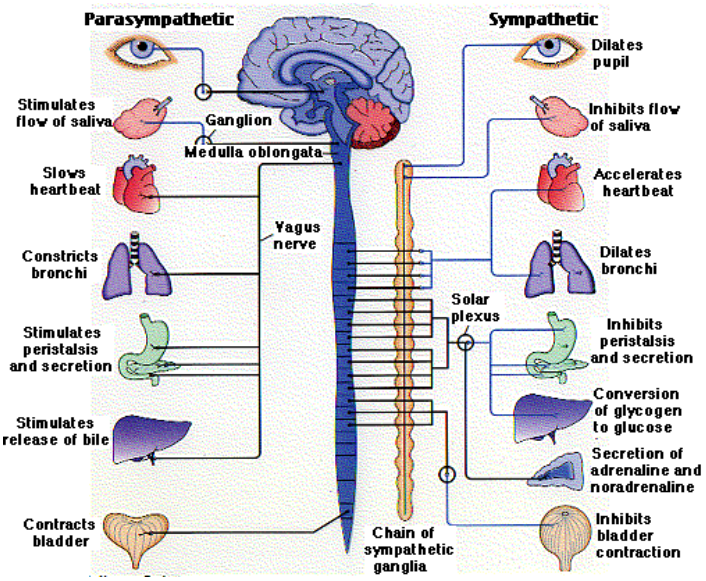
Send us your suggestions for our next VIP.

Webinar Wrap-Up [& Preview]

Terri Combs-Orme, Ph.D., Urban Child Institute Endowed Professor, College of Social Work, University of Tennessee, presented a webinar on September 20, 2016, "Hormones and the Human Stress Response." She began the webinar by defining stress

and noted that it is not a feeling but the body's physiological process for coping with challenge or threat. She called it "an elegant physiological system that has evolved and permitted survival of our species by promoting survival under threat."

Dr. Combs-Orme explained that homeostasis is the tendency of the body to seek and maintain balance or equilibrium within its internal environment, even when faced with external changes, while allostasis is the process of achieving stability, or homeostasis, through physiological or behavioral change. Allostatis helps return the body to homeostasis, but costs the organism, which is then called allostatic load. While this can be as simple as calories burned, it can also be as serious as organ damage. Allostatic overload refers to the repeated frequency and/or severe nature of stress when it's present without adequate coping resources, which puts the person in constant effort to adapt. This constant flow of cortisol causes the body to fail to signal itself to return to normal. When a body is in a constant "fight-or-flight" condition, it quits reacting to cortisol, so its feedback loop becomes dysregulated.



The human response to stress

She pointed out that stress is adaptive and enhances our survival capabilities but is designed to be shut down by the feedback loop, and when that loop is disrupted by chronicity, the body can't differentiate real from perceived threat. A person's ability to adapt to stress is also affected by genetics, epigenetics (previous

experiences), personal resources, intelligence, problem-solving abilities, social support, and health (diet, exercise, etc.).

What can you take away from all of this to help you in your practice? First, realize that many and maybe most clients come to us with high levels of stress, and for many, that stress began as early as during gestation. Also, poor early caregiving often exacerbates prenatal effects on brain. Adverse events such as abuse, parent death, etc., further exacerbate these effects as do social conditions, child abuse, poor parenting, poverty, racism, and discrimination.

For a recording of this and other webinars, visit our archives.

Preview of October Webinar
October 19 ▪ 12 pm "Preventing Suspension & Expulsion in Early Care and Education Settings: Your Role, Your Rights, and New Supports" with Nicola Edge, Ph.D., Associate Professor, University of Arkansas for Medical Sciences, Department of Family and Preventive Medicine.

In this webinar, Dr. Edge will describe the problem of behavior-related suspension and expulsion of preschoolers in Arkansas and the U.S., including long-term negative outcomes and the connection to early childhood trauma. She will discuss new policies in Arkansas to reduce suspensions and expulsions among children 0-5, and you will learn how to access a new support system called BehaviorHelp. We will describe how all professionals and parents can use the Teaching Pyramid Model framework to prevent suspension and expulsion and support young children and their families.

Calendar

October 17-20 ▪ National Conference for America's Children. Sponsored by Prevent Child Abuse America. Cincinnati, Ohio.
October 19 ▪ 12 pm ARBEST webinar, "Preventing Suspension & Expulsion in Early Care and Education Settings: Your Role, Your Rights, and New Supports" with Nicola Edge, Ph.D., UAMS.

October 21 ▪ 11 am Victims' Rights Rally. Arkansas State Capitol, Little Rock.
November 7-9 ▪ ARBEST Child-Parent Psychotherapy (CPP) Training. Arkansas Studies Institute, Little Rock.Email for questions.

Please send us your events for our calendar.