

# ARBEST

## Arkansas Building Effective Services for Trauma UAMS Psychiatric Research Institute



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### In This Issue

#### Highlight

- Mental health funding
- New PCIT trainers

#### Update

- Database change
- CAC peer review

#### Resources

- Helping kids thrive
- The Childhood Adversity Narratives
- *Focal Point* on trauma

#### CAC Corner Cafe

#### Webinar Wrap-Up

#### Calendar

## Noteworthy News

*Volume 3, Issue 1 July 2, 2015*

### Dear Partners,

As the mercury rises to triple digits and the summer afternoons sizzle, we hope you are reading this month's issue from a perch somewhere breezy. Let us be the first to wish you a happy new year as we begin the new fiscal year. This issue we share some data from the close of FY15 and a few cool resources such as a new website aiming to help children recover from trauma and thrive and a research review dedicated to trauma-informed care. For newsletter subscriptions or to share your ideas and comments, [email us](#).

### Highlight

#### **Mental Health Appropriations FY15**

As FY15 comes to an end, we want to update you on a couple of items concerning the Mental Health Appropriation for FY16:

**First**, the Mental Health Appropriation passed the legislative council meeting on June 9, 2015. This means we are able to distribute funding for FY16.

**Second**, this year checks will be distributed after data have been entered. For the first quarter, we will

distribute three checks (8/15, 9/15, & 10/15). For the second quarter (10/1/15 to 12/31/15), checks will be distributed on 1/15/16, and subsequent checks will follow the same pattern. Also, the CAC data entry invoices will be sent quarterly instead of monthly.

**Third**, 13 of 14 CACs submitted Request for Applications. Each CAC will be eligible to receive \$8,650 per quarter.

### **New (and Local) PCIT Trainers**

Ben Sigel, Ph.D., and Joy Pemberton, Ph.D., both psychologists with the PRI Child Study Center, were recently recognized by the PCIT International Board of Directors for qualifying to become Level II trainers. Parent-Child Interaction Therapy (PCIT) is an empirically-supported treatment for young children with emotional and behavioral disorders that places emphasis on improving the quality of the parent-child relationship and changing parent-child interaction patterns. PCIT International was created to promote fidelity in the practice of PCIT through well-conducted research, training, and continuing education of therapists and trainers. Sigel and Pemberton are the only certified PCIT trainers in Arkansas.

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## [Update](#)

### **New ARBEST Database Answer Option for CAC Advocates**

As some advocates have already noticed, we have added a new answer option under “Referred for Counseling.” If you select “No,” you now have the option of choosing “Parent/Caregiver refuses counseling services.” This change was a result of feedback we received from advocates that our previous menu did not cover all scenarios well. Thank you for your input!

### **CAC Peer Review**

On Tuesday, July 14 at 12 p.m., Kathy Helpenstill (White Co. CSC) and Karrah Dickeson (Texarkana CAC) will facilitate the CAC Peer Review call. Peer Review is intended for therapists who work with a Child Advocacy

Center.

To call in...

Dial: 1-877-366-0711

Code: 92580730

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## Resources

### **New Campaign Helps Kids Recover and Thrive**

Substance Abuse and Mental Health Services Administration's (SAMHSA) National Child Traumatic Stress Initiative has launched a new campaign and accompanying [website](#). "Helping Kids Recover and Thrive" aims to raise awareness of the impact of trauma on children and to share resources to help those who have experienced it recover and thrive. See two new [public service announcements](#) in both English and Spanish and check the site regularly for additional new materials that are currently being developed.

### **Child Adversity Narratives Shed Light on Adverse Childhood Experiences**

Last month we shared with you Dr. Nadine Burke Harris' powerful TedTalks on Adverse Childhood Experiences (ACEs) and would like to direct your attention now to a helpful resource that succinctly highlights key parts of the ACE study and demystifies it for the general public and policymakers. [The Childhood Adversity Narratives \(CAN\)](#) shares information on the costs and consequences of child maltreatment and the adversity aspects of child trauma—including the ACE Study and other educational and policy activities. Authors Frank Putnam, MD, William Harris, PhD, Alicia Lieberman, PhD, Karen Putnam, PhD, and Lisa Amaya-Jackson, MD, explore the terms used, summarize the original ACE study findings, along with its replicated research, and offer their own insights and other resources. The authors created the narratives to prompt discussion of national and state solutions and invite everyone to use the materials to benefit children and families who have experienced childhood adversities. Don't miss this goldmine—it's a cornucopia of useful facts and deep insights that anyone working in trauma-informed care should read carefully.

## Entire *Focal Point* Dedicated to Trauma-Informed Care

*Focal Point* is an annual research review produced by [The Research and Training Center](#) and distributed to 19,000 readers. The current issue, [Focal Point: Youth, Young Adults & Mental Health: Trauma-Informed Care](#), focuses on trauma-informed care's growing relevance in research, official policy, practice methods, and organizational structure. The Trauma issue contains eleven articles, including, "Data Trends: Can the Body Help Reduce Adolescents' Trauma Symptoms?," "The Impact of Toxic Stress on the Developing Person: Becoming a Trauma-Informed Service Provider," and "Healing Through Artistic Expressions of Trauma." In "Through a Darker Lens: The Trauma of Racism in Communities of Color," Melanie Funchess describes her son's traumatic encounters with racism, biases, and racial profiling while helping him seek mental and physical health care services. We think you'll find this collection of trauma articles well worth your reading time.

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## CAC Corner Cafe



Welcome to the CAC Corner Cafe. With this feature we hope to offer you a cozy place to gather and share your great ideas. If you have a book, video, or website that has been extremely helpful in your practice, share it! Send us your [CAC Corner Cafe submissions](#) today. Our featured guest this issue is Dr. Sufna John, mental health professional at the UAMS Psychiatric Research Institute's Child Study Center. She shares with CAC therapists and other MHPs resources for use with young clients.



*Sufna John, Mental Health Professional, Child Study Center*

### **Dr. John's Suggested Resources**

Dr. Sufna John has worked at the Child Study Center for two years and is now an assistant professor in the UAMS College of Medicine, Department of Psychiatry.

She most enjoys those moments in therapy when she can see the burden lift off children's shoulders as they share their traumatic experiences with the caring adults in their life. At the Child Study Center, she feels lucky to be surrounded by colleagues who share her passion for treating families who have experienced trauma and who echo her commitment that the most vulnerable receive the best care available. She says, "Trauma-Focused Cognitive Behavioral Therapy has been a wonderful addition to my therapy toolkit, and I'm grateful to the ARBEST team for allowing children across the state to benefit from evidence-based services."

In her June webinar (see below) "[Utilizing Trauma-Focused Cognitive Behavioral Therapy with Preschool-Aged Children](#)," Dr. Sufna John pointed out that using books can be especially helpful with younger children and provide them with a framework for their narrative later in treatment. Her favorites, along with a note on the situation for which they are useful, are:

- Murphy's Three Homes*: Foster care
- Zachary's New Home*: Foster care
- The Night Dad Went to Jail*: Parental incarceration
- A Terrible Thing Happened*: General/violence
- Please Tell*: Sexual Abuse

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## [Webinar Wrap-Up](#)

In a webinar held on June 19, Dr. Sufna John, assistant professor in the UAMS College of Medicine, Department of Psychiatry, presented "[Utilizing Trauma-Focused Cognitive Behavioral Therapy with Preschool-Aged Children.](#)" In this engaging talk, Dr. John provided strategies for successfully implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with children ages 3-5 years. She started with a brief overview of important developmental tasks for this age group and then gave tips on how to implement each component of TF-CBT with younger children.

Dr. John made a strong case for why this age group needs trauma interventions—20% of the 2013 child maltreatment reports in the state of Arkansas were for children ages 3-5 years, which equates to 1,982 children. She pointed out the necessity for therapists to understand developmental tasks so they can determine whether TF-CBT is an appropriate intervention for a client (i.e., is the child developmentally at least 3 years of age?), identify children who may need other early intervention services (such as speech/language or occupational therapy), enhance clinical knowledge and ability to provide psychoeducation to parents on developmentally-appropriate expectations, and choose appropriate strategies within each component of TF-CBT. She noted several excellent resources on developmental milestones in this age group: [www.cdc.gov/actearly](http://www.cdc.gov/actearly) and [www.zerotothree.org](http://www.zerotothree.org).

She reminded listeners that traumatic events early in life interfere with typical development. "As such," Dr John said, "many trauma symptoms early in childhood may manifest as developmental difficulties (e.g., toileting, sleep, eating, sensory processing)." She added that knowing what is typical will help an MHP determine when a behavior is abnormal developmentally and when to implement behavior-management strategies or refer to outside services.

Tips from Dr. John for working with children 0-5:

- Hands-on experiences work very well with young children. Don't talk about it, do it!

- Include caregivers in sessions. This will help them to understand what the child is learning and how to reinforce these skills at home.
- Psychoeducation may play a larger role for younger kids. Dispel common myths and increase parent engagement.
- Model positive parenting techniques for caregivers.
- Have fun! Play is the natural language of kids.

In TF-CBT, the trauma narrative is always an area of concern for MHPs, parents, and clients. Dr. John said that for younger children it can take many forms, such as:

- Timeline: for young children, this may help put events into perspective; focus on both positive and traumatic life events
- Puppet/dollhouse play
- Create a story (may be helpful to revisit a book read during psychoeducation)
- The physical product of trauma processing isn't the narrative; it is the process behind creating it
- As with older children, share trauma narratives with parents alone as it is created, in preparation for the conjoint session.

She also noted the importance of having "good" goodbyes with this young population when treatment is terminated. "Many children who have experienced traumas find separations to be a trigger," Dr. John noted. "Terminating therapy services represents an important separation in their lives. We have a unique opportunity to provide children with good goodbyes." This could be done with a memory book or tangible items they get to leave with or reading a book such as *The Invisible String*.

Dr. John concluded with this advice, "Young child treatment may take you out of your comfort zone at times. Don't afraid to be silly. Play is the natural form of communication for young children."

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## Calendar

**July 14 ▪ 12 pm** CAC Peer Review Call

**July 22 ▪ 12 pm** ARBEST webinar with Tiffany

West, "[Differential Diagnosis](#)."

**July 25 ▪ 8 am-4 pm** Arkansas Psychiatric Society annual conference. Open to all mental-health professionals. Featuring Dilip Jeste, M.D., Erick Messias, M.D., Zachary Stowe, M.D., and Peter Jensen, M.D. UAMS, Jackson T. Stephens Spine and Neurosciences Institute, Little Rock. Register [here](#).

**August 10-13 ▪ 27th Annual [Crimes Against Children Conference](#)**. Dallas, Texas.

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

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