

# ARBEST

A JOINT PROGRAM OF THE UAMS DEPARTMENTS  
OF PSYCHIATRY AND PEDIATRICS

**Arkansas Building Effective Services for Trauma (AR BEST)**

**Annual Report 2009-2010**

## Table of Contents

Background and Objectives	3
Objective 1	4
Objective 2	10
Objective 3	17
Objective 4	19
Objective 5	20
Statewide Dissemination	20
Appendices	22

## Tables and Figures

Table 1: Mental Health Providers Who Have Completed TF-CBT Training	5
Table 2: TF-CBT Training Pre-Post Test Results	6
Table 3: TF-CBT Training Conference Evaluation Results	7
Table 4: Comparison of TF-CBT Statewide Disseminations to Arkansas	20
Figure 1: Mental Health Professionals Trained in TF-CBT by County	6
Figure 2: Type of Trauma -- Clients Served by CACs	11
Figure 3: Sample Child Assessment Graph: The Strengths and Difficulties Questionnaire	13
Figure 4: Clients Seen by Treatment Setting	14
Figure 5: Type of Trauma for Children Receiving Mental Health Treatment	14
Figure 6: Type of Trauma for Children Receiving Mental Health Treatment	14
Figure 7: Referral Sources for Clients Receiving Mental Health Treatment	15
Figure 8: Percent Meeting DSM Criteria for PTSD Based on UCLA PTSD Index	16
Figure 9: Strengths and Difficulties Questionnaires – Results from <i>Child</i> Self Report	16
Figure 10: Strengths and Difficulties Questionnaires – Results from <i>Parent</i> Report	17
Figure 11: Race of Clients in the Pediatrics Clinic	18
Figure 12: Gender of Clients in the Pediatrics Clinic	18
Figure 13: Clients Seen at UAMS Traumatic Stress Clinic by Type of Trauma	18

## Background

In Arkansas, more than 51,000 calls were made to the Child Abuse Hotline in 2008, resulting in 27,672 investigations of child abuse or maltreatment. Almost 23 percent of these were confirmed to be abuse or neglect. In the spring of 2009 the State Legislature approved funding to improve screening, monitoring and continuity of care for children experiencing physical or sexual abuse in Arkansas to address the psychological impact of their trauma. Subsequently, the Arkansas Building Effective Services for Trauma (AR BEST) program was created as a multidisciplinary collaboration between the University of Arkansas for Medical Sciences (UAMS) Psychiatric Research Institute and the Department of Pediatrics. AR BEST is designed to promote excellence in care for children and adolescents experiencing physical or sexual abuse. The mission of AR BEST is to improve outcomes for traumatized children and their families in Arkansas through excellence in the following areas:

- **Clinical Care** - Implement evidence-based assessment and treatment practices throughout the state to create a comforting and safe environment for children and adolescents who are traumatized and optimize their physical and mental health outcomes.
- **Training** - Provide state-of-the-art training, supervision and learning environments that will maximize the adoption of quality interventions for traumatized children and adolescents.
- **Advocacy** - Enhance awareness, expand knowledge and promote collaboration among all individuals working with traumatized children and adolescents and their families.
- **Research and Evaluation** - Constantly monitor, assess the effectiveness of, and develop and test new models of interventions for traumatized children and adolescents to provide the safest and most effective care available.

It is the goal of AR BEST to enhance the existing service system by increasing the capacity to provide evidence-based services to traumatized children. Two key parts of that service system are important targets of this effort: Child Advocacy Centers (CACs) and Community Mental Health Centers (CMHCs). Arkansas has a network of CACs that are an essential resource for victims of child sexual abuse. Currently, eleven CACs in Arkansas serve abused children and their families. In addition to providing forensic interviews, they also provide support and referrals for children and families. In terms of mental health services, Arkansas has an extensive network of CMHCs with locations in 69 counties throughout the state that provide important services to traumatized children and their families. In partnership with the Arkansas Commission on Child Abuse, Rape and Domestic Violence, the AR BEST team has worked closely with representatives from CACs and CMHCs to ensure that they are fully engaged in this effort to improve services for traumatized children.

To ensure that these efforts are guided by the best scientific evidence about what is effective for traumatized children, the AR BEST team established a Scientific Advisory Board made up of national experts in treatment of childhood trauma (See Appendix A). The Advisory Board members have provided leadership and oversight for the project and offered guidance and support on implementation issues.

To accomplish the AR BEST mission, the AR BEST leadership team developed five measurable objectives. These form the foundation for all of the activities that are being monitored and

evaluated over the funding period. The report that follows provides highlights of the first year and a summary of the progress to date on all the objectives and activities.

<b>AR-Best Objectives</b>	
1	Provide training to advocates, mental health professionals and other individuals working with traumatized children in evidence-based practices.
2	Design, train and implement a statewide screening protocol for use in all Child Advocacy Centers (CACs), with staggered roll-out to the Arkansas Department of Human Services/Division of Child and Family Services and Community Mental Health Center (CMHC) professionals.
3	Formally assess, develop a treatment plan for and, when feasible, provide services for children at UAMS who have experienced sexual or physical abuse and follow-up 12 months thereafter to track progress.
4	Establish a statewide communication system for ongoing training, supervision and consultation to mental health professionals in CACs, CMHCs and other agencies for families.
5	Fund mental health providers to provide services at CACs.

**Objective 1: Provide training to advocates, mental health professionals and other individuals working with traumatized children in evidence-based practices.**

Training Overview

As part of a statewide initiative to improve care for traumatized youth, AR BEST is integrating the latest research with state-of-the-art training for mental health clinicians.

Training Model

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an effective mental health treatment for youth who have experienced trauma, including sexual and physical abuse. Because it has demonstrated success in reducing symptoms in children and adolescents and improves coping mechanisms of parents, it was selected as an empirically-based treatment to be made available to children that have experienced such traumatic events. In September, AR BEST initiated a statewide dissemination of this intervention for mental health clinicians. The training process was designed to occur in five stages (described in greater depth in the next section of the report):

Stage 1: Free on-line training in TF-CBT through the Medical University of South Carolina

Stage 2: A free two-day conference for mental health providers for in-depth training in TF-CBT

Stage 3: Ongoing consultation for trained mental health providers via teleconferences

Stage 4: Use of the AR BEST web-system to document use of TF-CBT

Stage 5: Certificate of Completion

#### Progress to Date in Implementation of Training Model

Stage 1: Free on-line training in TF-CBT for mental health clinicians through the Medical University of South Carolina (<http://tfcbt.musc.edu/>). Modules can be accessed any time; ten continuing education credits are awarded at completion. As seen in the table below, prior to implementation of AR BEST, only 47 mental health clinicians in Arkansas had completed this training. Since August 2009, 257 mental health providers across Arkansas have completed this web-based training and received 10 hours of continuing education credit.

**Table 1: Mental Health Providers Who Have Completed TF-CBT Training**

<u>Time Period</u>	<u>Registered</u>	<u>Completed</u>	<u>Completion Rate</u>
<b>Prior to AR BEST (10/1/05-7/30/09)</b>	130	47	36.2%
<b>After AR BEST (8/1/09-6/30/10)</b>	479	257	53.7%
<b>Total</b>	509	304	59.7%

Stage 2: A free two-day conference for mental health providers and advocates on Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) with co-developer Anthony Mannarino, Ph.D., who is the director of the Center for Traumatic Stress in Children and Adolescents at Allegheny General Hospital in Pittsburgh. Only providers who had completed the web-based training module could participate in the conference. Dr. Mannarino was the main presenter at the conference held April 15-16, 2010, at UAMS.

(Picture below from conference; Dr. Mannarino [presenter] and Senator W. Percy Malone)



The two-day conference (see agenda in Appendix B) brought in mental health professionals, therapists and counselors from across Arkansas who frequently work with traumatized children and their families. The participants in this training earned 13 hours of continuing education. To date, 134 providers have completed the web-based training and attended the conference. There will be a follow-up web-training for these participants as well as regular follow-up phone consultations with a nationally recognized expert in TF-CBT.

**Figure 1: Number of Mental Health Providers Trained in TF-CBT by County**

Conference attendees completed a brief pre-post test to assess their knowledge related to TF-CBT, and the results are summarized below. As expected, because of the web-based training, conference participants entered the conference quite knowledgeable about TF-CBT. Even so, the conference resulted in increased knowledge about the nature of the treatment, its appropriateness for various populations and the specific techniques used.

**Table 2: TF-CBT Training Pre-Post Test Results (N = 130)**

Question (Abbreviated)	Web Training Only Percent Correct	After Conference Percent Correct
Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is a hybrid treatment model	62%	96%
TF-CBT is the most rigorously tested treatment for traumatized children	91%	99%
Applicability of TF-CBT to individuals from diverse cultures or backgrounds	97%	97%
TF-CBT specific techniques used	97%	100%
Reasons to discuss the traumatic narrative	99%	100%

Conference attendees also completed a conference evaluation form in which they provided feedback about their satisfaction with the conference, and the results are summarized below. Based on this feedback, attendees seemed highly satisfied with the conference.

**Table 3: TF-CBT Training Conference Evaluation Results (N = 121)**

Question	Strongly Agree	Agree	Some-what Agree	Disagree
<b>The educational activity met the stated objectives:</b>				
a. <b>Objective 1:</b> To become proficient in the mental health screening of and treatment initiation for children and adolescents with a history of trauma.	63.3%	36.7%	-	-
b. <b>Objective 2:</b> To understand the rationale, empirical support and core components of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT).	73.6%	26.4%	-	-
c. <b>Objective 3:</b> To recognize the critical role and process of integrating parents/caregivers into TF-CBT.	76.9%	23.1%	-	-
This conference expanded my clinical knowledge or affirmed that my current knowledge is correct	69.4%	28.9%	1.7%	-
This conference introduced me to new concepts and/or cutting edge issues	48.8%	38.0%	9.9%	3.3%
This conference improved my ability to treat children and adolescents with a trauma history	69.4%	27.3%	3.3%	-
This conference provided information that will change my knowledge, performance, competence, and/or client outcomes	59.2%	38.3%	2.5%	-
Facilities were conducive to learning	43.0%	40.5%	13.2%	3.3%
Teaching format was conducive to learning	59.7%	38.8%	2.5%	0.8%
Overall, this workshop was satisfactory	70.2%	28.1%	1.7%	-
	<b>Yes</b>		<b>No</b>	
Did you detect any commercial bias in the material presented in the conference?	2.5%		97.5%	
Do you intend to change your practice due to attending this training conference in TF-CBT?	94.1%		5.9%	
Do you intend to participate in the follow-up phone consultations?	92.9%		7.1%	

In addition to the questions above, attendees were given a space to provide open-ended feedback about the conference, and 33 participants provided this feedback. Two attendees simply provided suggestions related to the facilities and food, and another two made comments about their role in their agency. The comments from the other 29 attendees were all highly positive remarks about the conference. A sampling of those comments is provided below:

*“Kudos to UAMS and AR BEST for bringing excellent, evidence-based treatment to Arkansas. What a treat to hear one of the giants of clinical care.”*

*"I thoroughly enjoyed the conference and am looking forward to putting these ideas to work"*

*"The conference was very well organized. I was kept well informed via email and it helped a lot. The meeting space is wonderful and I will buy Dr. Mannarino's book as he is a wealth of knowledge. Great job by AR BEST. I am interested to attend further conferences."*

*Solid training- good presenter. I have been in mental health for over 25 years and often find trainings too basic - this one was not. I learned from it."*

*"The AR BEST website and the tracking it provides is exciting to future funding opportunities for clinicians. Great job UAMS."*

*"Very informative. I appreciate that the presentation was not a "rehash" of what was learned on the web, but went further in-depth and provided additional techniques and information about TF-CBT."*

Stage 3: The follow-up to the web-based training and conference will consist of ongoing consultation via teleconferences with Dr. Mannarino and other nationally recognized TF-CBT experts. These will occur twice monthly for seven months. Only providers who have completed the TF-CBT web-based training and two-day conference may participate in these ongoing teleconference calls. At this time, calls are being scheduled, and 69 mental health professionals have signed up to participate in the calls. The contact hours that providers have with Dr. Mannarino and the cadre of experts will be tracked and posted in future reports. With the help of Dr. Mannarino, we were fortunate to recruit well-trained and experienced experts, including some of the nations' leading experts in trauma in children:

**Rochelle Hanson, Ph.D.**  
Professor  
National Crime Victims Research & Treatment  
Center  
Charleston, SC

**Roy Van Tassell, M.S.W.**  
Clinical Supervisor Family Sexual Abuse  
Treatment Program and Trauma Specialist  
Family & Children's Services  
Tulsa, OK

**Amy Hoch, Psy.D.**  
Be Well Psychological Services, LLC  
Medford, NJ

**Cassie Hornbeck, Psy.D.**  
Carrollton, OH

**Carrie Epstein, M.S.W.**  
Senior Director of Child Trauma Programs  
Safe Horizon

**Judy Cohen, M.D.**  
Medical Director  
Center for Traumatic Stress in Children and  
Adolescents  
Allegheny General Hospital  
Professor of Psychiatry  
Drexel University College of Medicine  
Pittsburgh, PA

**Susana Rivera, Ph.D.**  
Program Director  
Serving Children and Adolescents in Need, Inc.  
Laredo, Texas

Stage 4: Mental health professionals can use the AR BEST web system to complete on-line assessments of their clients, plan their treatment, and document their use of TF-CBT elements in the treatment process. This system can be used during the teleconference sessions to monitor clinician progress in TF-CBT implementation. All conference attendees were automatically registered to use the AR BEST web-system. As of June 1<sup>st</sup>, 2010, 199 mental health professionals from 39 counties were registered in the system.

Stage 5: Each provider will receive a Certificate of Completion after completing 12 out of the 14 consultation call sessions over the seven-month period and will be identified on the AR BEST website as someone who has received training in the TF-CBT evidence-based model. This will be a useful credential to serve the children in their communities who experience trauma as well as for accreditation and reimbursement purposes. Future goals for the AR BEST program will include continued opportunities to expand the training program to mental health providers statewide and implement a statewide system of experts who can offer ongoing supervision/technical assistance in follow-up consultation calls.

UAMS clinicians and a representative from a CAC serve on the AR BEST team and were the first in the state to be trained in the implementation of TF-CBT by the developers of the treatment. This team has recently completed Stage 5 of the TF-CBT program. These five providers have completed the on-line training, in-person conference training by the developer of the intervention in Fall 2009 and six months of consultation and follow-up via teleconference calls. The five UAMS clinicians include:

Ben Sigel, PhD  
Postdoctoral Fellow in Child Psychology  
Psychiatric Research Institute, UAMS

Adam Benton, PhD  
Postdoctoral Fellow in Child Psychology  
Psychiatric Research Institute, UAMS

Janice K. Church, Ph.D.  
Clinical Associate Professor of Pediatrics  
UAMS College of Medicine  
Family Treatment Program at AR Children's Hospital

John Clemmons, Ph.D.  
Assistant Professor  
UAMS College of Medicine  
Department of Pediatrics  
Family Treatment Program at Arkansas Children's Hospital

Kathy Helpenstill, LCSW  
Community Education Coordinator/ Forensic Interviewer  
White County Children's Safety Center

**Objective 2: Design, train and implement a statewide screening protocol for use in all Child Advocacy Centers (CACs), with staggered roll-out to the Arkansas Department of Human Services (DHS) Division of Child and Family Services (DCFS) and CMHC mental health professionals.**

Sometimes traumatized children manifest emotional and behavioral problems immediately following a traumatic event; many times, however, their symptoms do not surface until a period of time has passed. Unfortunately, there has not been a formal system for following up with children and families after they have had contact with a CAC. Furthermore, there is no formal system to track whether abused children receive mental health services from either CACs or other agencies; to determine the child's mental health needs after an initial investigation and other pertinent legal activities; and to follow up months following initial disclosure when symptoms are most likely to manifest. Therefore, it is unknown the extent to which abused children and their families have accessed treatment and received appropriate services.

To address this need, the AR BEST team at UAMS has developed a secure and confidential web-based system with suggested protocols and a variety of tools for CACs and mental health professionals. The system for the CACs is primarily designed to provide them with a systematic way to track basic information about children seen in the CAC, screen for mental health concerns and track their short-term outcomes. The system for the mental health professionals is more complex, and includes demographic information about children seen, assessment tools for behavior and trauma symptoms and reports on assessment results, as well as tools for treatment planning and for documenting the treatment process.

Protocol for Child Advocacy Centers

The screening and follow-up protocol for the CAC involves two parts.

- Client Registration - First, the CACs complete a short on-line form about each client that comes through the CAC to provide basic demographic information as well as information about the nature of the trauma. This form contains no identifying information about the child or family.
- Client Follow-up - The follow-up form includes a brief child screening for emotional/behavioral problems, and information about referrals and services received, and status of the case. It is designed to be completed by phone at 1 week, 1 month and 3 months after the child's initial visit to the CAC. The system also tracks who is due for a follow-up phone call.

Through the completion of the client registration and follow-up process, in future reports the AR BEST team will be able to answer the following questions about children seen in CACs in Arkansas:

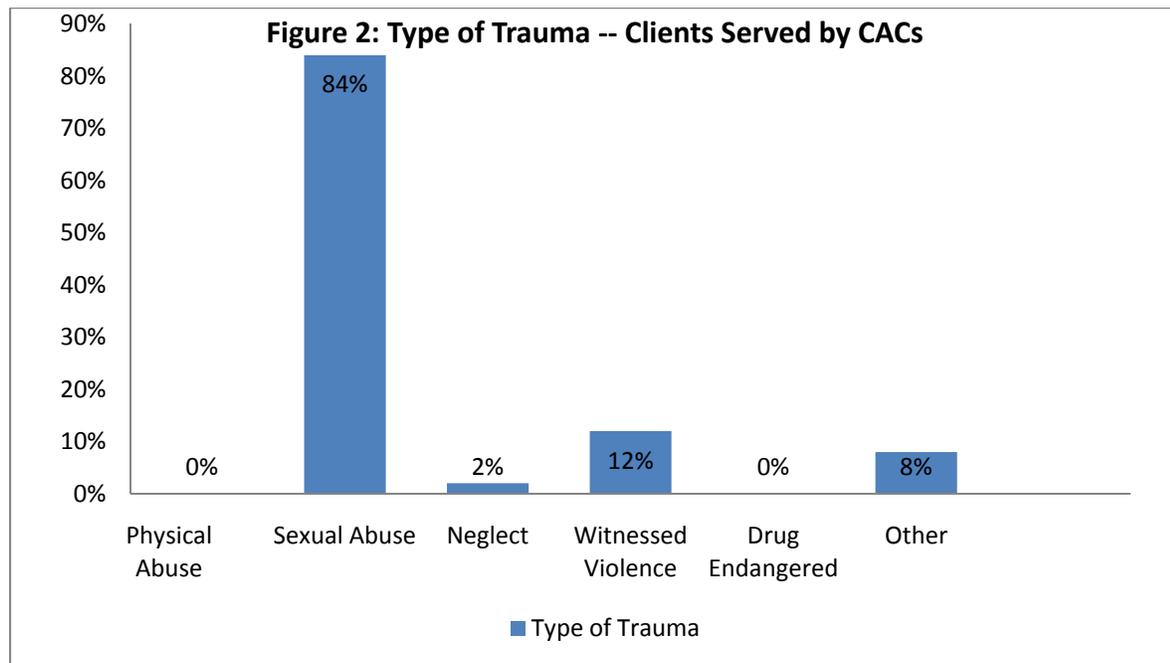
- How many children have experienced recent trauma, including children seen in CACs?
- What type of trauma have they experienced?
- What types of symptoms are they experiencing?
  - Do they differ by gender, type of trauma, or other factors?
- How many are referred for mental health services?

- How many follow up on the referral?
- What can we learn about those that do/do not follow-up (symptom severity, family situation, etc.)
- What are the barriers to receiving services?

### Progress on Implementation of the CAC protocol

A centralized web-based database has been developed by the AR BEST systems designer and database programmer for CAC staff to use. This database is accessible via a secure login through the AR BEST website. The website became active on May 1<sup>st</sup>, and we are currently incorporating minor modifications to the site based on CAC feedback. All CAC directors have been registered in the system, and advocate registration is ongoing. The AR BEST team has conducted trainings with CAC directors and developed a number of tools to assist them in their implementation, including handouts for families, instructions for advocates, etc.

As of June 1<sup>st</sup>, CAC advocates registered 49 CAC clients from 9 different counties in the AR BEST system. The majority of clients were female (71%), and Caucasian (86%). They ranged in age from 2-18 years. Their reported trauma is shown in the chart below. At the time of the initial contact with the family, 39% of the children were referred for counseling. Because the system is so new, too few follow-ups have been completed to include in this report.



A quarterly report format is under development to share ongoing progress with the AR BEST program to CAC advocates, DHS, CMHC providers, legislators and other stakeholders. This report will contain data updates, training information and other pertinent information about the AR BEST project such as:

- Emotional and behavioral needs of children and adolescents seen in participating Child Advocacy Centers.

- Extent of mental health referrals and linkages between the CACs and local mental health providers.
- Outcomes of traumatized children and adolescents seen by mental health clinicians in their geographic region.

### Protocol for Mental Health Professionals

Similar to the web-based system developed for the CACs, the AR BEST team developed a companion system to be used by mental health professionals who are treating children who have experienced trauma. The secure, web-based system includes five parts:

- Clinician Registration
  - Provides information about the mental health professional trained in TF-CBT, including their location, licensure, etc.
- Client Registration
  - Mental health professionals provide basic demographic information about the children they see that have experienced recent trauma.
- Clinical Assessment Tools and Reports
  - Children (or parents if children are under age 12) complete standardized questionnaires about their traumatic experience and current trauma and behavior symptoms.
  - These are completed at intake and repeated at 3, 6, and 12 months after intake (unless they are discharged sooner).
  - Mental health professionals can access reports to help them understand the assessment results, and to see if their clients are improving over time.
- Support for Treatment Planning
  - The system allows mental health professional to generate a customized treatment plan based on problems common to children that have experienced trauma with goals and objectives that can be addressed using TF-CBT.
- Documenting the elements of TF-CBT
  - Mental health professionals enter information about the services they provided after every session and document what TF-CBT treatment elements they used.

We expect this protocol to first and foremost be clinically useful to the mental health professionals. However, it will also provide the AR BEST team with data to answer the following questions:

- How many children do we identify through mental health providers that have experienced recent trauma?
- What type of trauma have they experienced?
- What types of symptoms are they experiencing?
- What are their mental health needs?
- Do their symptoms improve with treatment?
  - Are they getting TF-CBT and how much?
  - Do some subgroups of children respond better than others?
- Are trained clinicians using TF-CBT with their clients that have experienced trauma?
  - If no, why not?

- What elements do they use?

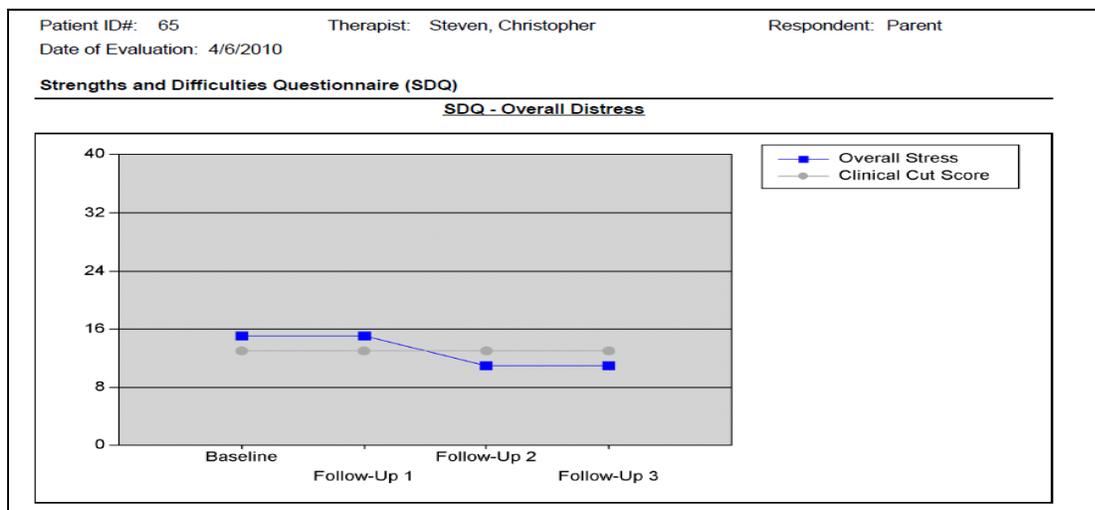
### Progress on Implementation of the Protocol for Mental Health Professionals

A literature search was conducted by the AR BEST work group and several appropriate screening and assessment tools with strong psychometric properties were compared for use in the protocol. Since these tools had to be used by providers with a variety of educational and training backgrounds and in a variety of sites, factors such as the ease of use, length of time in administering, being culturally relevant across a diverse client population, and cost effectiveness were critical elements to consider. After this review, two tools were selected:

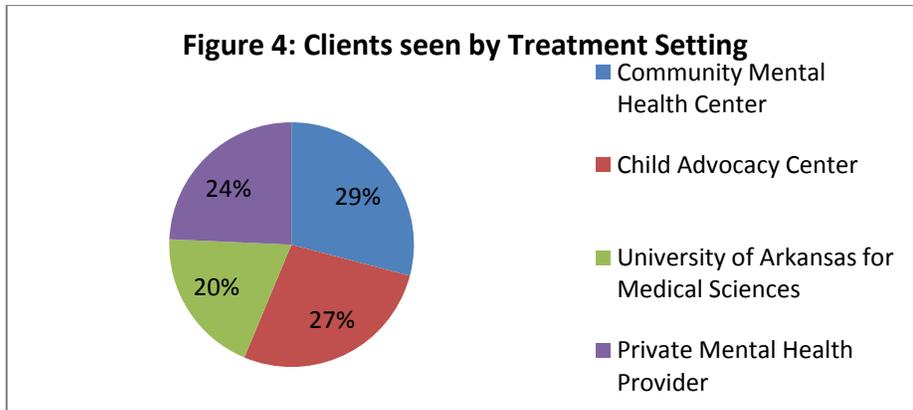
- The UCLA Post Traumatic Stress Disorder (PTSD) Index - A brief screening tool to provide information regarding trauma exposure and PTSD symptoms.
- The Strengths and Difficulties Questionnaire (SDQ) - A brief behavioral screening tool for youth that addresses Emotional Symptoms, Behavioral Problems, Attentional Difficulties, Peer Relations and Prosocial Behaviors.

The AR BEST technical support team created a web-based system to allow access to these assessment tools via the AR BEST website, and to allow for immediate scoring of these tools and reports to help mental health professionals understand the results. An example of a report can be seen below. This particular report charts a child's assessment results over time, allowing the mental health professional to see the trend toward improvement in symptoms.

**Figure 3: Sample Child Assessment Graph: The Strengths and Difficulties Questionnaire**

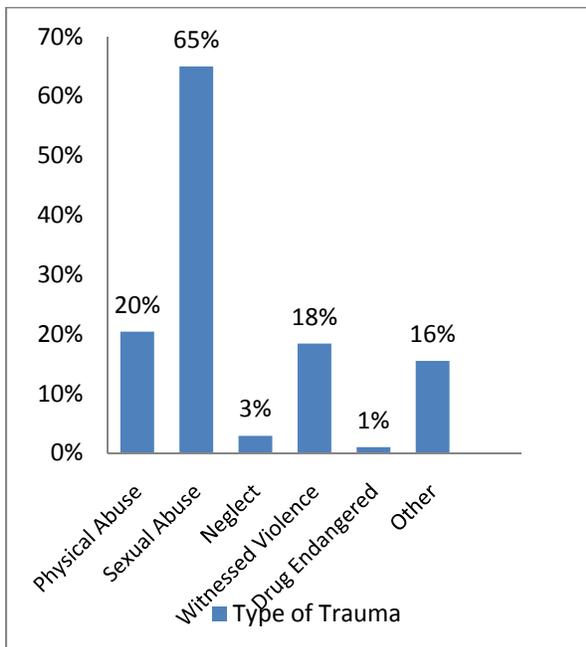


Mental health professional attending the April TF-CBT conference were trained in this web-based system, and the system went 'live' on May 1<sup>st</sup>, 2010. In that short time, 37 mental health professionals registered 103 clients in the system. These clients were seen for mental health services in the following locations:

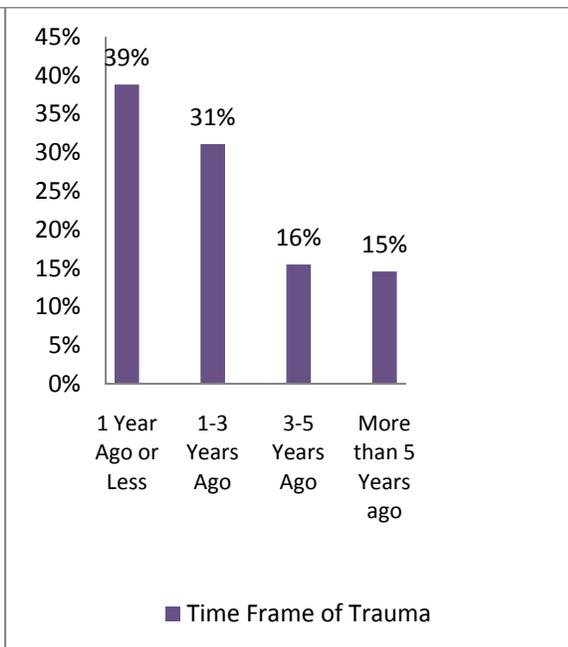


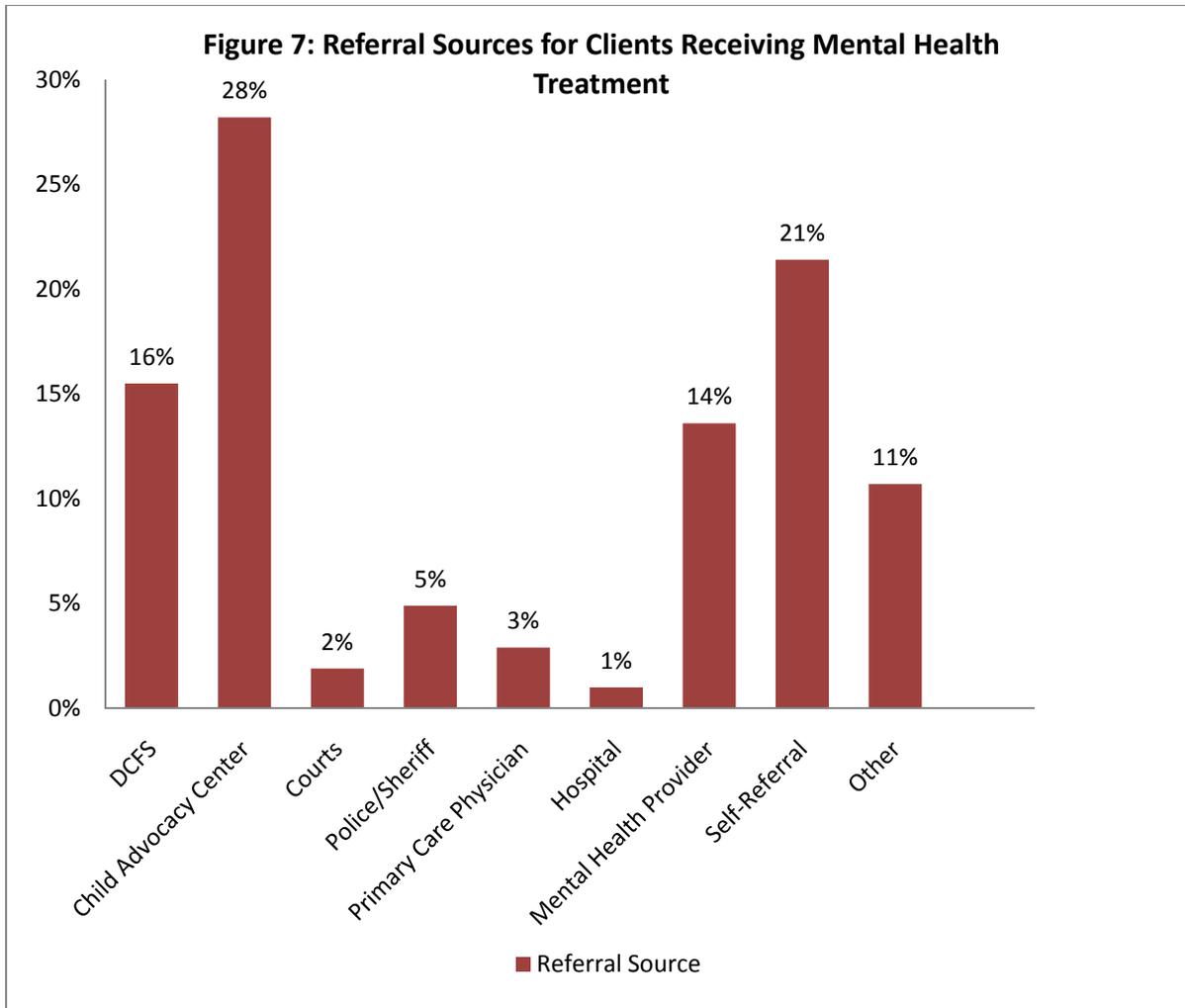
The majority of the clients receiving mental health services were female (63%), and they ranged in age from 5-19 years. Types of trauma they experienced are shown below, along with the timing of the trauma. The most frequent perpetrators of the trauma were parents (17%) and step-parents (11%), other relatives (22%) and non-relatives known to the child (14%). The counseling was court ordered in 15% of the cases. Child Advocacy Centers were the most common referral source (see Figure 7), which indicates the critical role of CACs in connecting families to mental health services, hence the AR BEST emphasis on working with CACs.

**Figure 5: Type of Trauma for Children Receiving Mental Health Treatment**



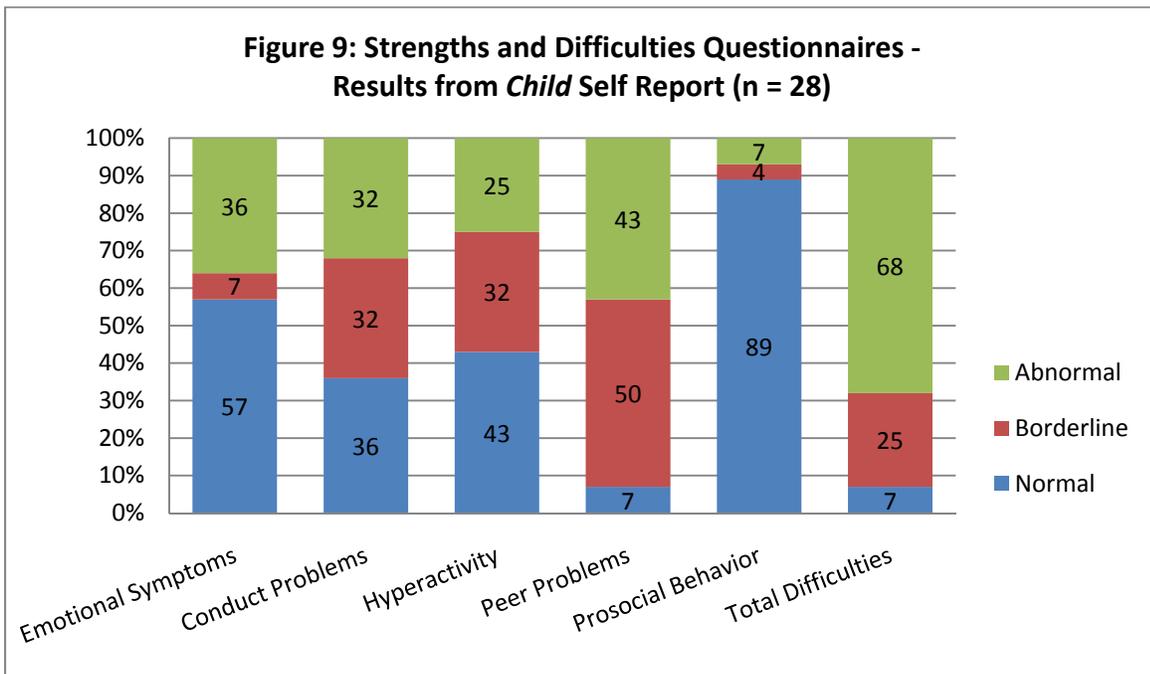
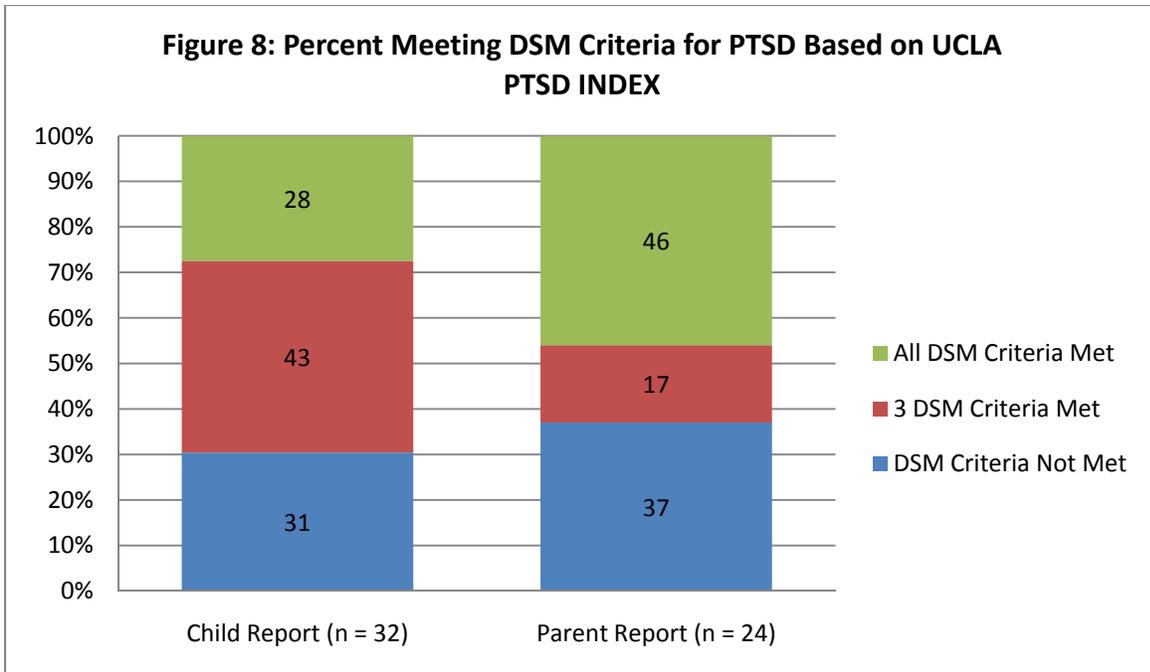
**Figure 6: Time Frame of Trauma for Children Receiving Mental Health**

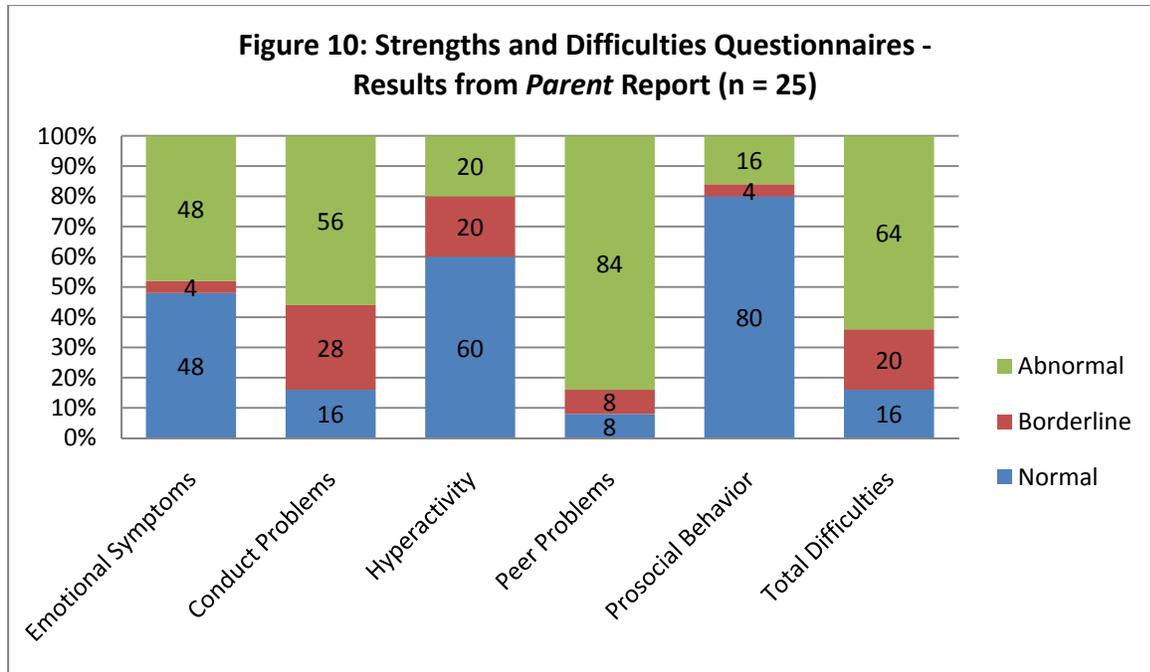




In 90% of the cases, the mental health professional indicated that they planned on using TF-CBT in the client's treatment. For the 10% for which use of TF-CBT was not planned, the most common reasons were that other problems needed to be addressed and lack of support from a caregiver.

The mental health professional are using the AR BEST system to complete baseline client assessments, including the UCLA PTSD Index and the Strengths and Difficulties Questionnaire (SDQ). For children under age 12, parents completed the questionnaires, while children ages 12 and older reported on their own symptoms and behaviors. The results are shown in the charts below, and suggest that at the baseline evaluation, about two-thirds of the children assessed meet at least three of the diagnostic criteria for PTSD (e.g. experiencing increased arousal, avoidance and re-experiencing). Results from the SDQ suggest that about two-thirds of children are exhibiting behaviors that fall in the 'abnormal' range (based on the total score), meaning that the behaviors are clinically serious. In addition, another 20-25% (varies based on child vs. parent report) are exhibiting behaviors in the 'borderline' range. Problems with peers, conduct problems and emotional symptoms were the most common problem areas. On several subscales of the SDQ, parents' ratings (for children under 12) indicated greater problems when compared to the adolescents' ratings of their own behavior. However, the total score results were similar. In future reports we will be able to report on change in symptoms over time for children in treatment.





**Objective 3: Formally assess, develop a treatment plan for and, when feasible, provide services for children at UAMS who have experienced sexual or physical abuse and follow-up 12 months thereafter to track progress.**

It is a goal of the AR BEST project that UAMS experts will be available to treat the most severe cases of childhood trauma from across the state through the Psychiatric Research Institute or Department of Pediatrics. These clinics will integrate the latest research in psychiatric and psychological services to children, adolescents and families through outpatient and inpatient treatment services. A multidisciplinary team of expert clinicians and psychiatrists will be trained in assessing and treating children and adolescents who have faced the most horrific traumatic events, such as sexual or physical abuse, witnessing domestic violence or death, and long-term maltreatment among many others. The treatment process may include: assessment of trauma symptoms, individual and family therapy, group therapy, medication management, or inpatient treatment.

#### Progress on Implementation of UAMS Services

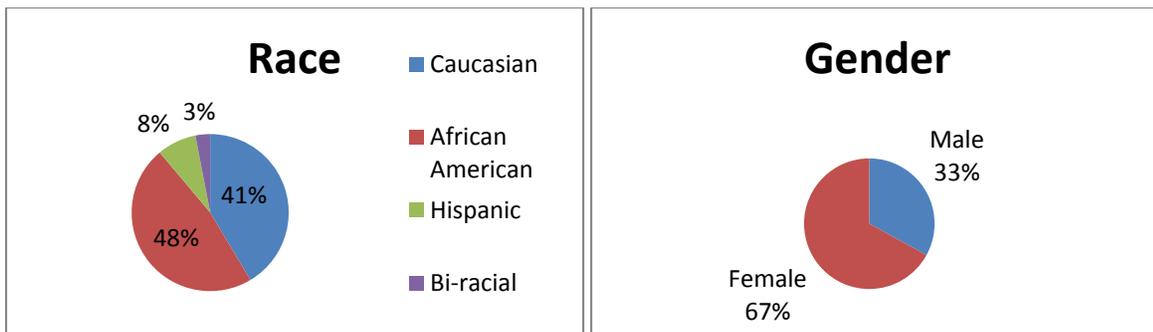
As described above, UAMS clinicians were the first in the state to be trained in the implementation of TF-CBT by the developers of the treatment. So far, five providers have been trained at UAMS, including on-line training, in-person training by the developer of the intervention in Fall 2009 and on-going consultation and follow-up via teleconferences. This group of in-state TF-CBT 'champions' are now prepared to lead training efforts statewide and are currently co-facilitating (with outside experts) the teleconference consultation calls for mental health professionals statewide who attended the April conference.

These clinicians were active in designing the AR BEST screening, assessment and treatment planning process that is now available in a web-based format to clinicians statewide. They also

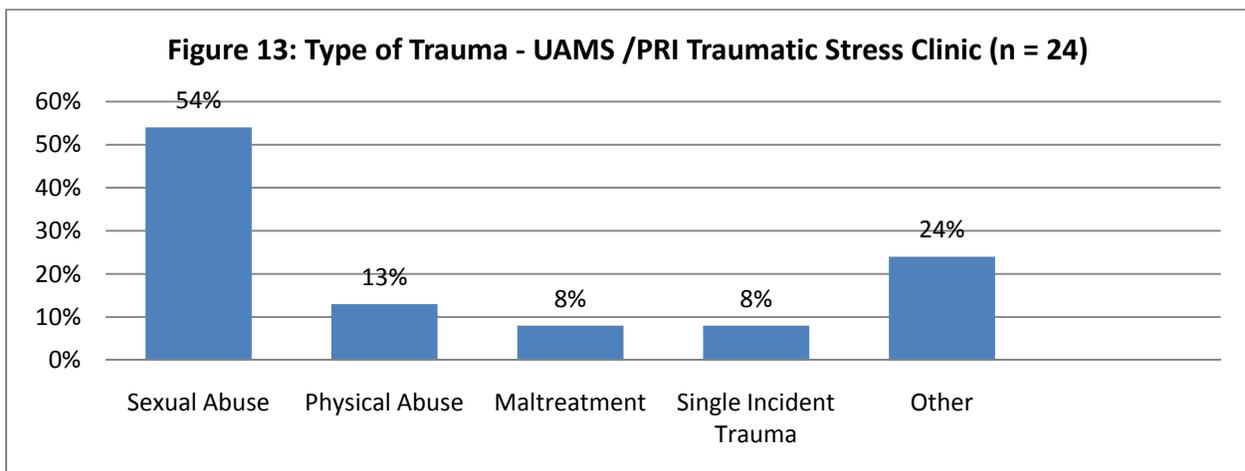
piloted the assessment tools, helped design the reports and developed interpretation guides for clinicians so that the tools would be user-friendly to mental health professionals around the state.

The UAMS team has been implementing TF-CBT (in conjunction with medication management and other services as needed) in clinics of the Psychiatric Research Institute and Department of Pediatrics since completing the training in Fall 2009. Since October, 64 children ages 3-18 (mean age of 9.04) were seen in the Family Treatment Program, a UAMS Pediatrics specialty clinic for treating victims of sexual abuse and their families.

**Figures 11 and 12: Demographics for Clients in the UAMS/Pediatrics Family Treatment Program (n = 64)**



Another 24 children, ages 5 – 18, were seen in the UAMS Traumatic Stress Clinic in the Psychiatric Research Institute. These children varied in the type of trauma experienced (see chart below).



Follow-up procedures have been designed to track the progress and treatment outcomes of children and families receiving TF-CBT through UAMS. This follow-up will include a repeat of the UCLA PTSD Index and SDQ and will sometimes involve additional assessment tools chosen to assess cognition, behavior or other symptoms. Future reports will examine change over time in symptoms of children receiving treatment through UAMS.

**Objective 4: Establish a statewide communication system for ongoing training, supervision and consultation to mental health professionals in CACs, CMHCs and other agencies.**

Quarterly reports and other periodic updates about trainings and supervision schedules will be announced through emails and the AR BEST website. The AR BEST team will also identify existing or develop written materials on mental health issues relating to child abuse and childhood trauma and post these on the website. To keep AR BEST clinicians, CMHC's and other agency personnel informed, the work group will disseminate information about screening, clinical assessment and treatment improvements through additional workshops and seminars. These may occur at UAMS or over teleconference calls. Consultation and supervision sessions will also be offered as a way to maintain communication with mental health clinicians. This expert consultation will promote support for the AR BEST program model. Participation in workshops, seminars and consultation sessions will be tracked and evaluated to determine effectiveness and needs for future trainings.

Progress Toward Improved Communication Statewide

- An e-mail listserve has been developed for all CAC directors.
- All CAC directors have been registered on the AR BEST website.
- Registration of advocates on the AR BEST website is ongoing.
- An email listserve for advocates is partially complete.
- The AR BEST team has made site visits to all CACs.
- 199 mental health professionals have been registered on the AR BEST website.
- An email listserve for these mental health professionals has been developed.
- The AR BEST team met with the directors of child programs from all CMHCs.
- 69 mental health professionals have signed up to participate in ongoing consultation calls related to TF-CBT.
- Training opportunities have been advertised through major professional organizations in the state, such as the Mental Health Council of Arkansas.
- Additional trainings have been planned to spread the word about TF-CBT training opportunities available through AR BEST. For example, in August, the AR BEST team will be presenting at the highly attended annual conference sponsored by the Mental Health Council of Arkansas, the child abuse conference sponsored by Mid-South, and the ACCARDO conference in the fall.
- Special sections of the AR BEST website have been developed for parents and for children/adolescents. These sections will provide children, family members and other caregivers with critical information on the psychological effects of child abuse, available treatments, providers trained in TF-CBT and other relevant issues.
- The AR BEST team is in the process of developing the AR BEST Locator Map, through which advocates will also be able to identify individuals in their communities trained in TF-CBT and refer their clients to these clinicians.

## **Objective 5: Fund mental health providers to provide services at CACs**

AR BEST has funded mental health professionals so that they can be more available to efficiently and effectively screen, triage and conduct therapy with youth who have experienced trauma and their families. Using a Request for Qualifications (RFQ) mechanism, CACs were invited to support an on-site mental health provider. During the first year of this initiative, the criteria for selection were determined, and the RFQ was released. Of the 11 CACs, 8 responded to the RFQ, and all were funded. This allowed for the hiring of 20 mental health professionals that will work closely with the CACs to ensure availability of evidence-based services to CAC clients. All 20 mental health professionals completed the on-line TF-CBT training and attended the April conference. All are signed up to participate in the ongoing teleconference consultation calls.

In addition, UAMS created a new position for a liaison to the CACs to facilitate trainings and offer support to CAC staff. This position has been filled, and this liaison and other AR BEST team members have had approximately 55 contact hours with the CAC staff, and approximately 67 contact hours with the contract mental health professionals.

### **TF-CBT Statewide Dissemination Project:**

The AR BEST program is conducting interviews with other states to gain a better understanding of the facilitators and barriers to the dissemination of TF-CBT. We have gathered preliminary data using several standards for 12 (California, Connecticut, Delaware, Kentucky, Massachusetts, Minnesota, New Hampshire, North Carolina, North Dakota, Ohio, South Carolina, and Washington) out of the 17 states working on dissemination projects. This information is summarized below and compared with what is currently being done for the AR BEST program. Once all interviews are complete, we will publish our findings in a peer-reviewed journal. We will also use the feedback and recommendations from these states to help guide and better facilitate our AR BEST program to enhance the effectiveness for the children and families in Arkansas.

**Table 4: Comparison of TF-CBT Statewide Disseminations (n=12) to Arkansas**

	<b>Other States</b>	<b>Arkansas</b>
<b>Client Characteristics</b>		
Targeted Populations	All types	All types
Trauma Types Excluded	None	None
Complex Trauma Included	Yes	Yes
<b>Training/Supervision</b>		
Credentials	Master's, Doctoral level, interns, provisionally licensed counselors	Master's and Doctoral level
Individuals trained	Supervisors, administrators, counselors, community mental health practitioners, private practice, Child Advocacy Centers, brokers including caseworkers, Child Protective Services, police and fire departments	Community mental health practitioners, private practitioners, and Child Advocacy Center mental health professors

Readings	Yes	No
Online Training	Yes	Yes
Conference	Yes	Yes
Consultation Calls	Yes	Yes
Live Demonstrations	Yes	No
Fidelity Checks	Yes	Yes (optional)
Online Roster	Yes	Yes (eventually)
<b>Stakeholder Buy-in/ Implementation</b>		
Advisory Board	Some	Yes
Meetings with agencies and involved personnel	Yes	Yes
Incentives	Yes	No
<b>Outcome Measurement</b>		
IRB approval	Yes	Yes
Measures used	UCLA PTSD, Strengths and Difficulties Questionnaire (SDQ), Child Depression Inventory (CDI), Mood & Feelings Questionnaire, Child/Adolescent Sexual Behavior Inventory, Child Behavior Checklist, Youth Outcomes Questionnaire, Self-Report for Childhood Anxiety Related Emotional Disorders	UCLA PTSD & SDQ
Centralized Database	Yes	Yes
Provider Feedback Reports	Yes	Yes
Tracking Clinician Training	Yes	Yes
Tracking Outcome	Yes	Yes
Tracking Fidelity	Yes	Yes (if available)

## APPENDIX A

### AR BEST Scientific Advisory Board Members

**Mark Chaffin, Ph.D.**

Professor of Pediatrics  
University of Oklahoma Health Sciences Center

**Kimberly Hoagwood, Ph.D.**

Professor of Clinical Psychology (in Psychiatry)  
Columbia University Medical Center

**Anthony P. Mannarino, Ph.D.**

Professor and Vice President  
Department of Psychiatry  
Allegheny General Hospital  
Drexel University College of Medicine

**Benjamin E. Saunders, Ph.D.**

Professor and Associate Director  
National Crime Victims Research and Treatment Center  
Department of Psychiatry and Behavioral Sciences  
Medical University of South Carolina

## APPENDIX B

**TRAUMA-FOCUSED COGNITIVE BEHAVIORAL THERAPY (TF-CBT) FOR  
TRAUMATIZED CHILDREN AND THEIR FAMILIES**

**Two-Day Workshop**

**April 15-16, 2010**

**Presenter: Anthony Mannarino Ph.D.**

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**DAY 1 AGENDA**

**Thursday, April 15, 2010**

<b>Time</b>	<b>Topic</b>
8:00-8:30 am	Registration Open
8:30-8:45 am	Opening remarks ( <i>Teresa Kramer, Ph.D.</i> )
8:45-9:00 am	Introduction of Speaker ( <i>Senator W. Percy Malone and Donna Malone</i> )
9:00-10:30 am	Introduction and Background; Overview of Evidence-Based Treatment and Underlying Principles of TF-CBT
10:30-10:45 am	BREAK
10:45-12:00 pm	Review of Psychoeducation and Parenting Skills
12:00-12:45pm	LUNCH BREAK
12:45-2:15 pm	Review of Relaxation, Affective Regulation, and Cognitive Processing
2:15-2:30 pm	BREAK
2:30-3:45 pm	Review of Trauma Narrative (Part 1)
3:45-4:00 pm	Wrap-up

**DAY 2 AGENDA**

**Friday, April 16, 2010**

<b>Time</b>	<b>Topic</b>
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8:00-9:00 am	Trauma Assessment through AR BEST ( <i>Nikki Burrow, Ph.D and Adam Benton, Ph.D.</i> )
9:00-10:30 am	Review of Trauma Narrative (Part 2)
10:30-10:45 am	BREAK
10:45-12:00 pm	Review of Cognitive Processing of Trauma Narrative and In Vivo Desensitization
12:00-1:00 pm	LUNCH BREAK
1:00-2:30 pm	Review of Conjoint Sessions and Enhancing Safety
2:30-3:30 pm	“Crises of the Week” and Other Implementation Barriers
3:30-4:00 pm	Question and Answer Session

## APPENDIX C

AR BEST Home Page ([www.arbest.uams.edu](http://www.arbest.uams.edu))

ARBest - University of Arkansas for Medical Sciences - Windows Internet Explorer

http://uams.edu/arbest/

UAMS  
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FOR MEDICAL SCIENCES

AR BEST For Children  
College of Medicine

For Mental Health Clinicians  
For Child Advocacy Center Advocates  
For Parents  
For Children  
Contact Us  
UAMS Home  
AR BEST Home

**Arkansas Building Effective Services for Trauma**

*Psychiatric Research Institute and Department of Pediatrics Collaborate to Serve Children Who Have Experienced Abuse*

Approximately 58,000 investigations of child abuse or maltreatment occurred in Arkansas in 2007, according to the National Center for Injury Prevention and Control. More than 9,000 of these were confirmed to be physical or sexual abuse or a combination of both.

The mission of AR BEST is to improve outcomes for traumatized children and their families in Arkansas through excellence in clinical care, training, advocacy and research.

- **Clinical Care** - Implement evidence-based assessment and treatment practices throughout the state to create a comforting and safe environment for children and adolescents who are traumatized and optimize their physical and mental health outcomes.
- **Training** - Provide state-of-the-art training, supervision and learning environments that will maximize the adoption of quality interventions for traumatized children and adolescents.
- **Advocacy** - Enhance awareness, expand knowledge and promote collaboration among all individuals working with traumatized children and adolescents and their families.
- **Research** - Constantly monitor, assess the effectiveness of, and develop and test new models of interventions for traumatized children and adolescents to provide the safest and most effective care available.

If you are a mental health professional, click here to log in.

If you are an advocate of a Child Advocacy Center, click here to log in.

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AR BEST Mental Health Provider Home Page

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AR BEST For Children  
College of Medicine

Welcome Christian Lynch

[AR BEST Home](#) | [Account Home](#) | [Control Panel](#) | [Manage Account](#) | [Downloads](#) | [Logout](#)

Total Patients 2 [Register Patient](#) | [Show Discharges](#)

Patient ID	Registered	Treatment Plan	Treatment Record	Instruments	Reports	Action
<a href="#">0002</a>	5/19/2010	<a href="#">Add</a>   <a href="#">Print</a>	<a href="#">Add</a>   <a href="#">View</a>	<a href="#">Add</a>   <a href="#">List</a>	<a href="#">Parent</a>   <a href="#">Patient</a>	<a href="#">Discharge</a>
<a href="#">0001</a>	5/14/2010	<a href="#">Edit</a>   <a href="#">Print</a>	<a href="#">Add</a>   <a href="#">View</a>	<a href="#">Add</a>   <a href="#">List</a>	<a href="#">Parent</a>   <a href="#">Patient</a>	<a href="#">Discharge</a>

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