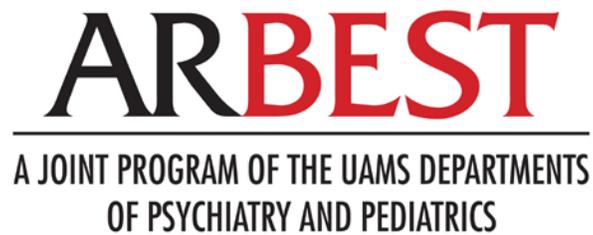


Annual Report: 2010-2011
Year 2



Arkansas Building Effective Services for Trauma (AR BEST)

In the spring of 2009 the Arkansas 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. The second year of the project, 2010-2011, has seen tremendous participation in trainings by providers and significant growth in the numbers of children and families seen for services. This report will highlight the results achieved under each objective during the second year of the project.

AR BEST Objectives	
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 (CAC's) and Community Mental Health Centers (CMHC's).
3	Provide clinical 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.
5	Fund mental health providers to provide services at CAC's.

Project History: AR BEST (Arkansas Building Effective Services for Trauma) was created as a multidisciplinary collaboration between the University of Arkansas for Medical Sciences (UAMS) Psychiatric Research Institute and the Department of Pediatrics.

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 and evaluation.

AR BEST is designed to increase capacity in Child Advocacy Centers (CAC's) and Community Mental Health Centers (CMHC's). Currently, eleven CAC's in Arkansas serve abused children and their families. Arkansas also has an extensive network of CMHC's 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 CAC's and CMHC's to fully engage them in this effort to improve services for traumatized children.

OBJECTIVE 1: TRAINING

Provider training: Free on-line training in Trauma-Focused Cognitive-Behavioral Therapy (TF-CBT) for mental health clinicians through the Medical University of South Carolina (<http://tfcbt.musc.edu/>) was promoted by AR BEST in the fall of 2009. As seen in the table below, 47 mental health clinicians in Arkansas had completed this training prior to initiation of AR BEST. Between July 1, 2010, and June 30, 2011, **310** mental health providers across Arkansas completed this web-based training.

Mental Health Providers Who Have Completed TF-CBT Training

<u>Time Period</u>	<u>Registered</u>	<u>Completed</u>	<u>Completion Rate</u>
Prior to AR BEST (10/1/05-7/30/09)	130	47	36%
AR BEST Year 1: (8/1/09-6/30/10)	479	257	53%
AR BEST Year 2: (7/1/10 – 6/30/11)	463	310	67%
Total	1072	614	57%

AR BEST subsequently sponsored its second two-day conference on TF-CBT for mental health providers in March of 2011 as well as an Advanced Conference for clinicians who had completed the two-day conference in 2010. The conferences again featured TF-CBT co-developer Anthony Mannarino, Ph.D., 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. In Year 2, **188** providers completed the two-day conference, and **49** completed the Advanced Training. To date, **331** providers from 51 (out of 75) counties have completed the web-based and two-day training. Of these, **107** are participating in ongoing consultation calls with one of five national experts and six in-state experts.

Comments from attendees were highly positive. A sampling of those comments is provided below:

“Thank you, for perhaps the most helpful, carefully planned and executed continuing education workshop I believe I have ever attended in my several decades of work with children. Seriously.”

“The array of resources that you have made available are stunning.”

“Well done to all of you who knit the pieces together along with persuading Dr. Mannarino to again return to Arkansas. The whole experience was as pleasant as it was edifying. Please convey my thanks to the others!”

“Thank you! AR BEST staff did a terrific job putting this conference together. I can’t wait to start using TF-CBT. I’m going to start going through my client list to determine which of my clients may benefit from it.”

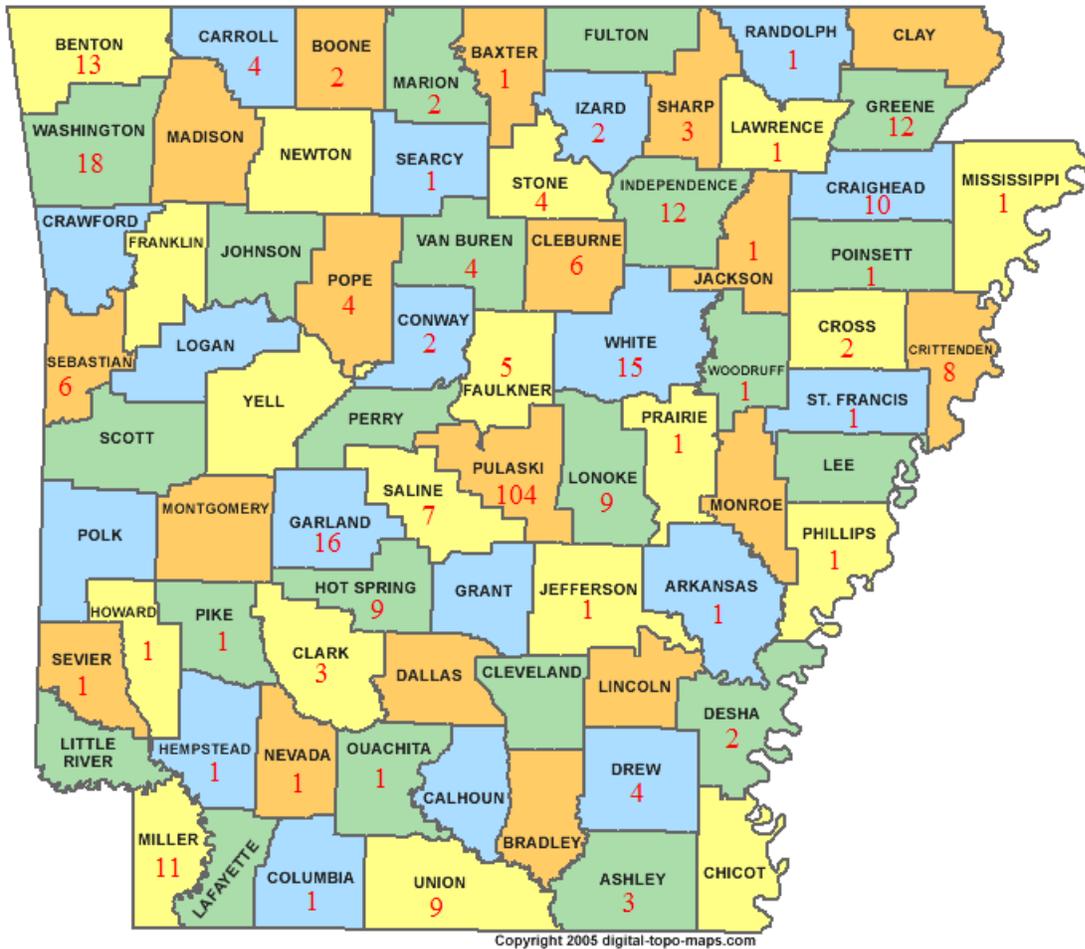
“This was the best training I have been to! Thank you.”

“Thank you! The workshop was an awesome experience and I am excited to get started with clients!”



Karrah Dickeson, LPC (center), was awarded the first annual AR BEST Clinician of the Year by Senator W. Percy Malone and his wife Donna Malone.

In an effort to ensure that trained providers are available statewide, AR BEST is tracking the location of clinicians around the state trained in TF-CBT (see below for the number per county). In addition, an interactive map has been added to the website to help families and professionals identify a clinician in their location.



Each provider receives a Certificate of Completion after completing 12 of the 14 consultation calls and is identified on the AR BEST website as someone who has received training in the evidence-based model. As of June 30, 2011, 56 providers had completed the required number of consultation calls to become fully certified as TF-CBT trained; another 107 providers are currently participating in the second round of calls, which will extend through November 2011. This will be a useful credential to serve the children in their communities who experience trauma as well as for accreditation and reimbursement purposes.

Foster Parent Training: In February of 2011, AR BEST sponsored four workshops led by Teresa Kramer, PhD, on trauma-informed care for children at an annual conference for foster parents. More than 120 foster parents attended the workshops.

The attendees were asked to complete a brief evaluation before and after the training. The items on the evaluation forms were designed to provide information about knowledge gained as a result of the training and satisfaction with the training. The attendees answered eight knowledge questions before and after the training, and participants significantly increased their knowledge on every item. The questions showing the most significant gains from pre-test to post-test were:

- I am able to identify symptoms of trauma in my child
- I know what to do to increase my child's sense of safety
- I can recognize three trauma "hot spots" that my child may react to
- I know how to find a therapist trained in trauma-informed care to help my child
- I understand "re-enactment" and how that might affect my child's behaviors

Comments from attendees at the workshops were very positive. Below are several representative comments in response to the open-ended question: "*Because of what I learned today...*"

"I will always look for help and never give up." "I will take more time to listen."

"I will make sure they know they are safe." "I will listen more carefully and observe more."

"I will praise more than punish." "I will know how to get the help he needs."

"I will look for opportunities to reduce their stress."

"I will note what is going on when trauma symptoms are exhibiting."

"I will be more understanding of behavior issues." "I will find help."

Training for Arkansas Department of Human Services/Division of Child and Family Services (DCFS) Staff: AR BEST in partnership with DCFS and MidSOUTH Training Academy developed a series of trainings designed to increase use of trauma-informed practices within DCFS supervisory staff. Starting in June, 2011 Dr. Kramer and Benjamin Sigel, PhD, conducted 10 two-day trainings hosted by Mid-South Training Academy in five regions of the state. These trainings reached **104 child welfare supervisors and area directors**. Evaluations completed thus far (N=99) show positive response with high satisfaction and significant improvement in knowledge and

perceived skills in every area measured. A three-month follow-up of action steps is planned. Plans are in place to disseminate this training to DCFS front-line workers beginning in the Fall of 2011 through the Mid-South Training Academy and IV-E University Partnership.

The AR BEST team has disseminated information about AR BEST through a variety of other trainings and conference presentations in the state and nationally (see Appendix for citations).

Advocate Training: The AR BEST team hosted three training events for Advocates from CAC's:

One-Day Advocate Training: A one-day conference was held on September 30th, 2010, at Arkansas Children's Hospital to provide in-depth training based on advocate feedback and to plan future training opportunities for 2011. Fourteen advocates from nine CAC's participated. Based on feedback from the advocates, the training was well received, informative, and helped create a sense of unity and professionalism. The following are some comments from the evaluation survey:

"It was wonderful to get the chance to meet some of the other advocates. Making some connections was really great for me and extremely encouraging to know that I wasn't alone."

"Very helpful to me as an advocate! Helps to have the support and understanding of other advocates. Thank you!!"

"So excited to continue working with and learning from all advocates in Arkansas."

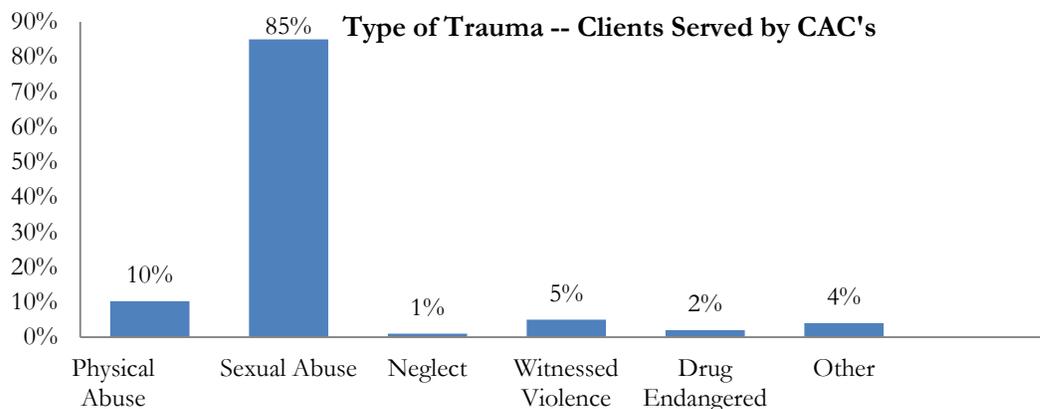
National Children's Advocacy Center (NCAC) Training: A family and victim advocate training conference took place on February 16th-18th, 2011, at Arkansas Children's Hospital and was attended by 18 Arkansas advocates from 12 CAC's. The training was provided by NCAC trainers. The Family and Victim Advocate training included foundational sessions on the dynamics of child abuse, the development and resolution of a crisis, the impact of trauma on a child, the rights of crime victims, and the importance of considering the child's family culture. Skill-based sessions included crisis intervention, court preparation, and facilitation of caregiver education/support groups. This training conference was well-received by participants, with most rating the conference as 'above average' or 'excellent'.

Advocate Case Conferences: The Arkansas Advocates held their first case discussion on May 5th, 2011, at Arkansas Children's Hospital. The purpose of these case discussions is to provide all advocates a place to present their work in an environment that engenders support, trust, and positive feedback and builds the skills of the advocate. Twelve advocates attended, and three advocates volunteered to present cases to the group. The presentation of these cases generated a lot of feedback and discussion regarding the role of the advocates in the case. Later that day, staff from the Arkansas Commission on Rape, Abuse, and Domestic Violence spoke to the advocates regarding changes to Arkansas law as decided recently by the state legislative session.

OBJECTIVE 2: STATEWIDE SCREENING PROTOCOL

The AR BEST's secure and confidential web-based system to screen and track client and family needs has been successful. It offers a variety of tools for CAC's and mental health professionals to use in assisting clients and helps the AR BEST team track project outcomes.

There has been tremendous growth in registrations over the past year. As of June 1, 2010, CAC advocates registered 49 clients from 9 different counties in the AR BEST system; as of **June 30, 2011, the CAC's have registered more than 1,800 clients from 63 of 75 counties in Arkansas.** The majority of clients continue to be female (71%) and Caucasian (79%). They range in age from less than 1 year to 19 years old with the average age of children registered through AR BEST being 8.9 years old. At the time of initial contact with the family, 49% of the children were referred for counseling (and another 20% were already receiving counseling).



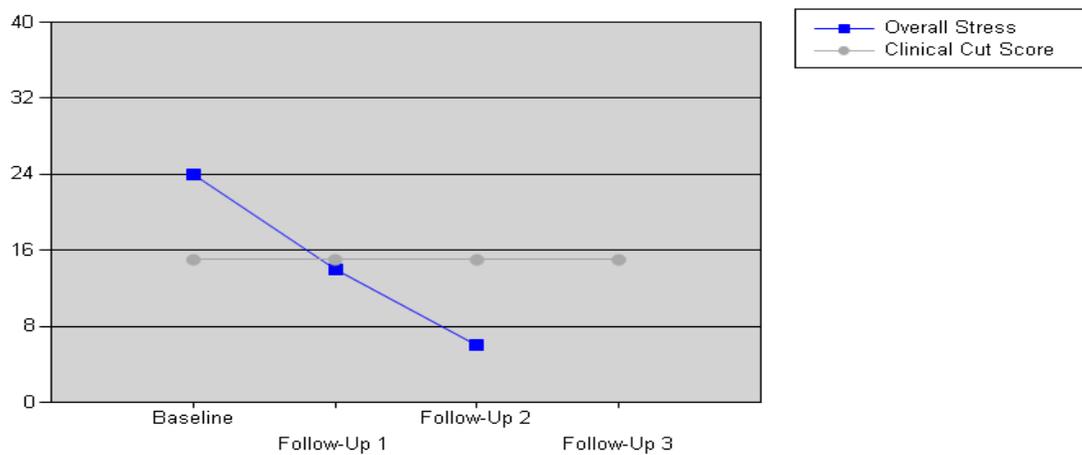
Quarterly reports have been disseminated to share ongoing progress with the AR BEST program to CAC advocates, the Arkansas Department of Human Services, CMHC providers, legislators and other stakeholders containing information and detailed data from the system about: demographic information and type of trauma experienced (see chart above), emotional and behavioral needs of children and adolescents, extent of mental health referrals and linkages between CAC's and mental health providers, and outcomes of traumatized children and adolescents. Summary data for July 2010 through June 2011 include:

- Majority are Caucasian females referred from Arkansas State Police for sexual abuse investigation. Most are between the ages of 5-14.
- Nearly three-fourths are referred to mental health counseling or are already in counseling.
- Approximately 19% reported multiple problems with anxiety and depression.
- Approximately 30% reported problems with decreased attention and 'acting out' behavior problems.
- Approximately 12% were removed from their home at the time of the interview.
- Children most at risk for developing problems included older children, boys and children whose parent or step-parent was the perpetrator.

Similar to the web-based system developed for the CAC's, 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:

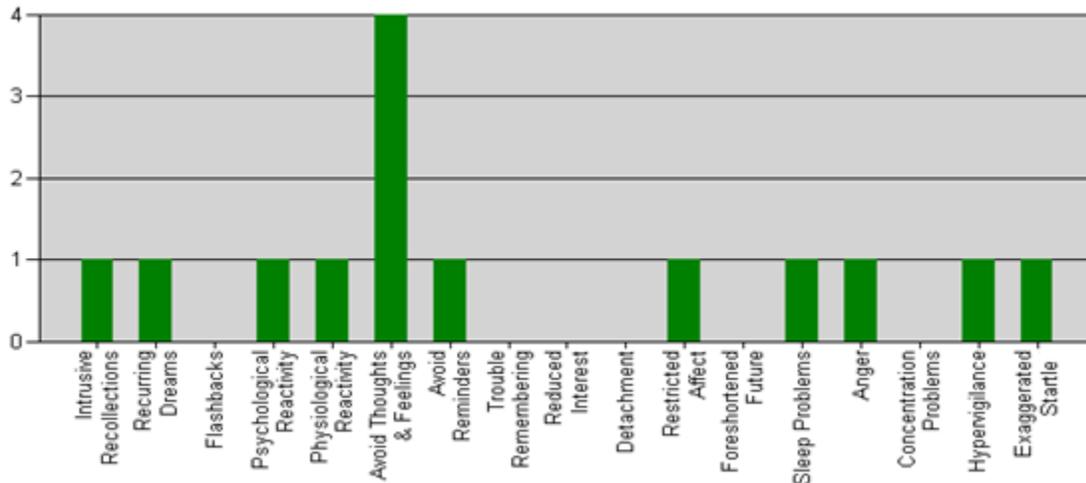
- Clinician Registration
- Client Registration
- Clinical Assessment Tools and Reports (see examples of reports below)
- Support for Treatment Planning
- Documenting the Elements of TF-CBT

Sample Child Assessment Graph: Tracking Change in Symptoms on the Strengths and Difficulties Questionnaire (SDQ)



Sample Child Assessment Graph: Charting a Child's Current Symptoms on the UCLA Post-Traumatic Stress Disorder (UCLA PTSD) Checklist

Note: 0 = Never; 1 = Twice Per Month; 2 = 1-2 Weekly; 3 = 2-3 Weekly; 4 = Almost Daily

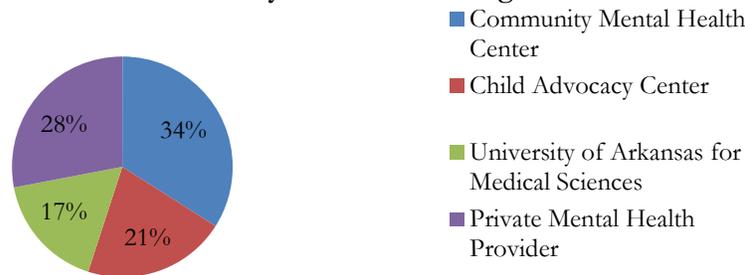


Based on the most recent Clinician Annual Report, the majority of clients receiving mental health services were female (64%), ranging in age from 5-19 years. Types of trauma experienced and timing of the trauma are shown below. The most frequent perpetrators of the trauma were relatives (other than the parent) (22%), parents (17%), and non-relatives known to the child (14%). Counseling was court ordered in 15% of the cases. CAC's were the most common referral source, which indicates the critical role of CAC's in connecting families to mental health services.

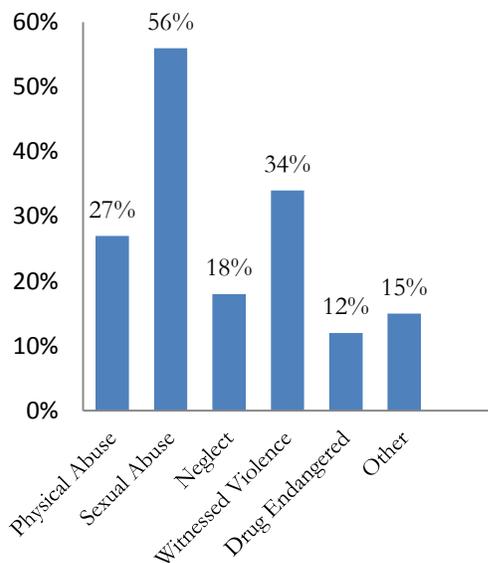
A few key points from the data submitted during FY 2010 are as follows:

- 420 clients from 59 Arkansas counties were registered in the AR BEST system by a mental health professional.
- The majority are Caucasian females with a history of sexual abuse.
- At intake, the majority of children are experiencing serious behavior problems or significant symptoms of Post-Traumatic Stress Disorder (PTSD).

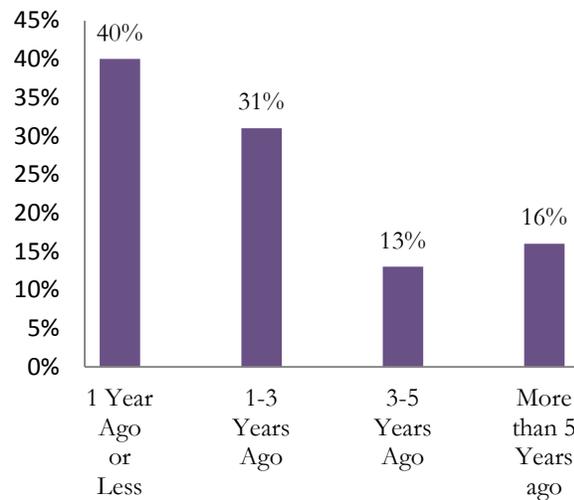
Clients Seen by Treatment Setting

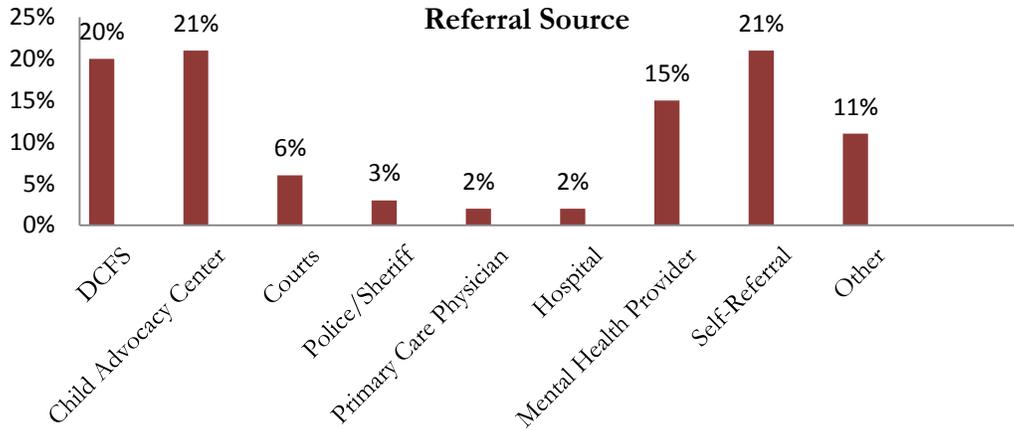


Type of Trauma for Children Receiving Mental Health Treatment



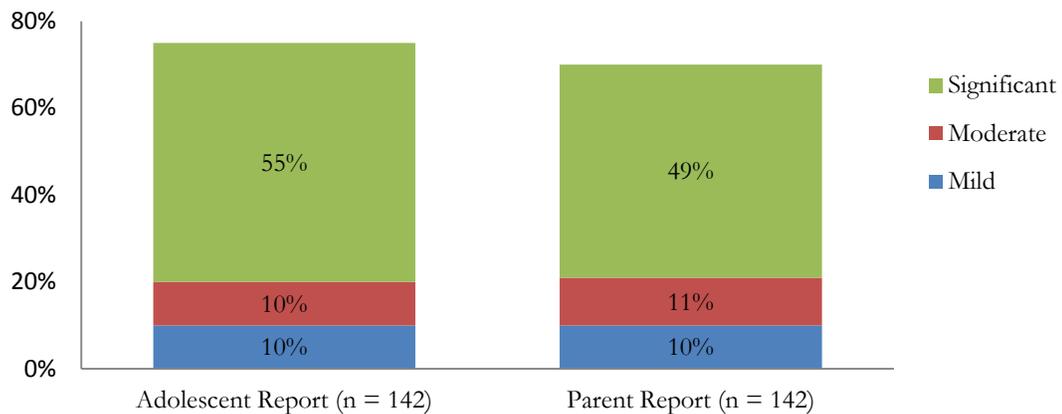
Time Frame of Trauma for Children Receiving Mental Health Treatment



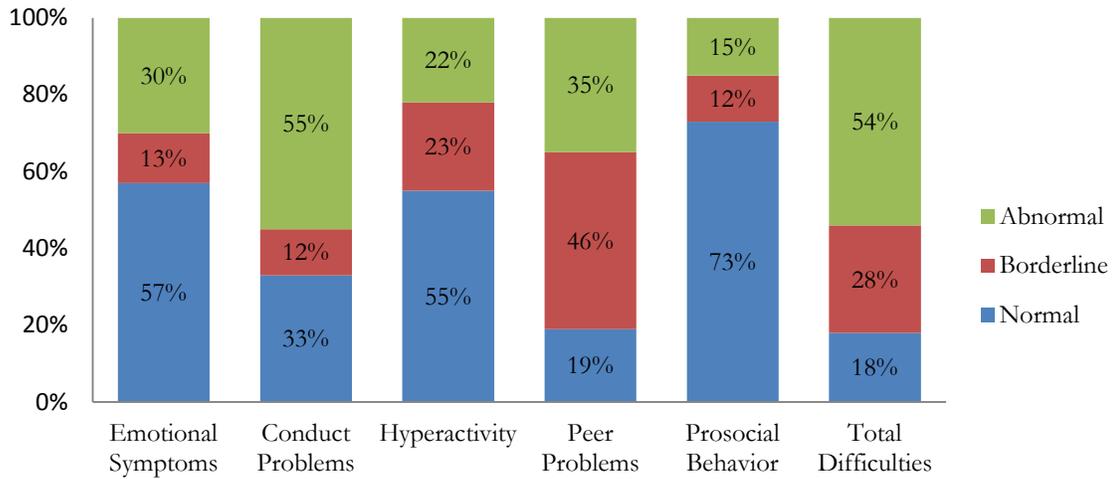


- Results suggest that at the baseline evaluation, about one-half to two-thirds of the children (varies based on child vs. parent report) met criteria for partial or full PTSD, and more than half were experiencing serious symptoms at the time of the assessment.
- Results from the SDQ suggest that about one-half of children exhibit behaviors that fall in the 'abnormal' range (based on the total score), meaning that the behaviors are clinically serious. In addition, approximately 30% (varies based on child vs. parent report) exhibit behaviors in the 'borderline' range. Problems with peers, conduct problems and emotional symptoms were the most common problem areas.

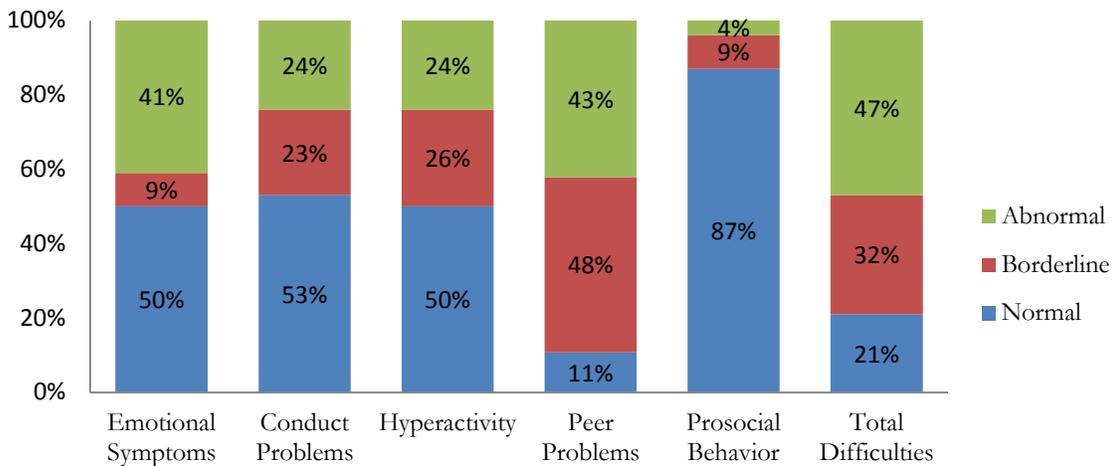
Percent with Mild, Moderate and Significant Symptoms on UCLA PTSD Index - Total Severity Score



**Strengths and Difficulties Questionnaires -
Results from *Parent Report* (n = 130)**



**Strengths and Difficulties Questionnaires -
Results from *Adolescent Self Report* (n = 120)**

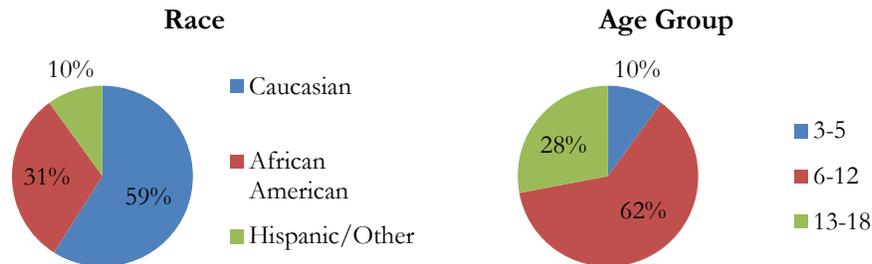


OBJECTIVE 3: PROVIDE SERVICES FOR CHILDREN

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 have been trained in assessing and treating children and adolescents who have faced the most horrific traumatic events.

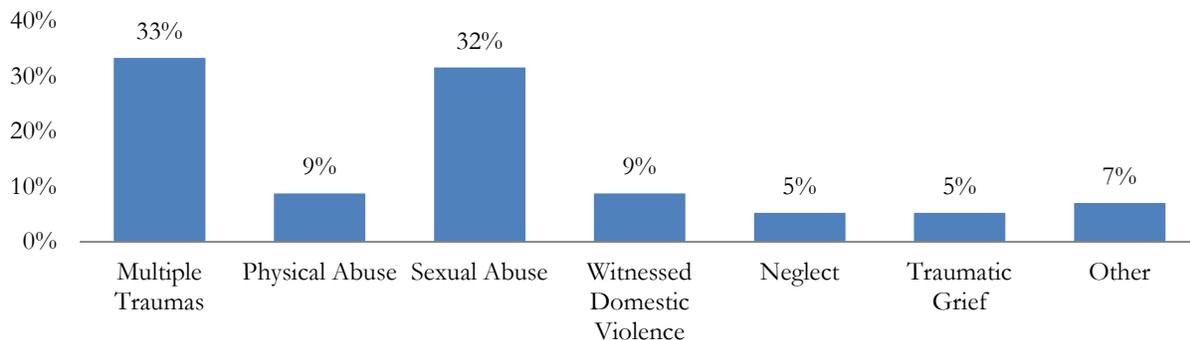
In FY 2010, **167 children** ages 3-18 and 70 parents or caregivers were seen in the Family Treatment Program, a UAMS Pediatrics specialty clinic for treating victims of sexual abuse and their families. This is a 45% increase in child and youth client admissions over the previous year.

Demographics for Child Clients in the UAMS/Pediatrics Family Treatment Program (n = 167)



In FY 2010, another **57 children**, ages 5 – 18, were seen through inpatient and outpatient programs at the Psychiatric Research Institute. These children varied in the type of trauma experienced (see chart below).

Type of Trauma - UAMS/PRI Traumatic Stress Clinic (n = 57)



Six UAMS clinicians have been trained in the implementation of TF-CBT by developers of the treatment and serve as 'local experts' who provide consultation in TF-CBT to mental health professionals throughout the state. This group of TF-CBT 'champions' have led the training efforts statewide and are currently co-facilitating consultation calls for other mental health clinicians.

OBJECTIVE 4: STATEWIDE COMMUNICATION SYSTEM

Mental health professionals have used the AR BEST web system to complete on-line assessments of their clients, plan their treatment, and document their use of TF-CBT. All conference attendees were automatically registered to use the AR BEST web-system. By June 30th, 2011, approximately 500 mental health professionals from 56 counties were registered in the system.

Quarterly reports and other periodic updates about trainings and supervision schedules have been announced through emails and the AR BEST website. The AR BEST team has developed or identified written materials on mental health issues with traumatized youth to post on the website.

Consultation and supervision sessions have been used as a way to maintain communication with mental health clinicians. From the second round of training, 107 clinicians are currently participating in consultation sessions and are projected to complete their training in 2011.

AR BEST Home Page (www.uams.edu/arbest)

UAMS
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AR BEST For Children
College of Medicine

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.

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- E-mail listserv developed for all CAC directors; CAC staff registered on the AR BEST website
- 45 CAC advocates from 13 CAC's have registered on the AR BEST website
- Video teleconference equipment has been placed in the following locations to facilitate training and communication: all 13 CAC's; the Arkansas Commission on Child Abuse, Rape, and Domestic Violence; the Family Treatment Program; and Arkansas Children's House. Specialized video equipment for medical consultation has been activated in CAC's which participate in consultation for medical exams
- 504 mental health professionals registered on the AR BEST website; e-mail listserv for mental health professionals
- Individual contacts with directors of child programs from all CMHC's

- 107 mental health professionals participating in consultation calls related to TF-CBT
- Training opportunities advertised through major professional organizations in the state (see below)
- Special sections of the AR BEST website for parents and children/adolescents
- The AR BEST Locator Map to identify clinicians trained in TF-CBT in Arkansas counties

OBJECTIVE 5: FUND MENTAL HEALTH PROVIDERS IN CAC'S

In FY 2010, AR BEST has funded 8 CAC's to contract with 19 mental health professionals (MHPs) 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. A total of \$124,000 was awarded for the eight CAC's who applied for assistance in providing mental health services for victims. Individual awards are listed in the Appendix. All 19 mental health professionals completed the on-line TF-CBT training and attended one of the training conferences. Those MHP's served an average of 26.8 children per month, and registered 89 clients in the AR BEST web-based system. In addition, an award of \$1,000 in therapeutic toys and books was provided to each of twelve CAC's. CAC's were able to order specialized materials that could be used within their center.

To assist with limited availability of resources for parents and caregivers of sexually abused children, the Department of Pediatrics AR BEST Project developed a Request for Qualifications (RFQ) for CAC's to request AR BEST funds for development and implementation of support groups for non-offending parents through CAC's. A total of three CAC's applied for and were awarded this assistance (details in Appendix), but only one was successful in implementing a support group. That center drew down funds for 16.5 hours of direct service.

Appendix

Presentations by AR BEST Team

Church, Janice K. (August, 2010). Overview of Trauma-Focused Cognitive Behavioral-Therapy. Community Service, Inc., Annual Conference. Morrilton, AR.

Church, Janice, & Benton, Adam. (October, 2010). Trauma-Focused Cognitive-Behavioral Therapy and the UAMS Arkansas Building Effective Services for Trauma Project. Arkansas Psychological Association, Little Rock, AR.

Church, Janice K., & Robbins, Emily. (February, 2011). Overview of Trauma-Focused Cognitive-Behavioral Therapy. Arkansas Children's Hospital Psychosocial Forum. Little Rock, AR.

Fritz, R. M., Sigel, B. A., & Kramer, T.L. (April, 2011). Factors associated with clinician participation in and evidence-based dissemination project. Invited oral presentation at the Department of Health Services Research Conference at the University of Arkansas for Medical Sciences, Little Rock, Arkansas.

Mitrani, Nicholas, & Robbins, Emily. (April, 2011). Developing Statewide Resources for Children Suffering from Trauma: An Overview of AR BEST, Trauma-Focused Cognitive Behavioral Therapy, and Advocacy Training. Arkansas Mental Health Counselors Association (ARMHCA). Little Rock, AR.

Mitrani, Nicholas, & Robbins, Emily. (April, 2011). Developing statewide resources for children suffering from trauma: An overview of AR BEST, Trauma-Focused Cognitive-Behavioral Therapy, and advocacy training. Medical Network Conference.

Sigel, B. A. & Benton, A. H. (December, 2010). Children with sexual behaviors. Invited oral presentation at the Arkansas Association for the Treatment of Sexual Abusers Conference, Fayetteville, Arkansas.

Sigel, B. A., Benton, A. H., Lynch, C. E., & Kramer, T. L. (October, 2010). Preliminary findings for statewide dissemination programs using Trauma-Focused Cognitive-Behavioral Therapy with children and adolescents. Poster presented at the Arkansas Psychological Association Conference, Little Rock, Arkansas.

Sigel, B. A., Benton, A. H., Lynch, C. E., & Kramer, T. L. (October, 2010). Preliminary findings for statewide dissemination programs using Trauma-Focused Cognitive-Behavioral Therapy with children and adolescents. Poster presented at the Kansas Conference in Clinical Child and Adolescent Psychology, Lawrence, Kansas.

Sigel, B. A., Kramer, T. L., & Connors-Burrow, N. (August, 2010). Enhancing services for traumatized children: The AR BEST Project. Invited oral presentation at the Mental Health Council of Arkansas' Annual Behavioral Health Institute, Hot Springs, Arkansas.

Worley, Karen B. (August, 2010). Overview of the AR BEST Project. Community Service, Inc., Annual Conference. Morrilton, AR.

Worley, Karen B., Church, Janice K., & Mitrani, Nicholas. (September, 2010). AR BEST: Coordinated Projects to Improve the Services Provided to Abused Children and Their Families. 2010 Arkansas Conference on Child Abuse and Neglect. Hot Springs, AR.

Worley, Karen B., Church, Janice K., & Mitrani, Nicholas. (December, 2010). AR BEST: Coordinated projects to improve the services provided to abused children and their families. Arkansas Association for the Treatment of Sexual Abusers (AR-ATSA). Fayetteville, AR.

CAC's Funding for Mental Health Services

CAC	Amount Awarded	Amount Used by CAC's
White County Children's Advocacy Center -Searcy	\$20,000.00	\$12,872.50
Advocacy Center of Eastern Arkansas -West Memphis	\$20,000.00	\$5,167.50
Cooper-Anthony Mercy Children's Advocacy Center -Hot Springs	\$20,000.00	\$1,211.25
Texarkana Children's Advocacy Center -Texarkana	\$13,000.00	\$16,494.00
Children's Protection Center -Little Rock	\$13,000.00	\$1,068.75
Children's Advocacy Center of Eastern Arkansas -Jonesboro	\$11,000.00	\$4,590.00
Wade Knox Children's Advocacy Center -Lonoke	\$11,500.00	\$1,894.50
Children's Advocacy Center of Benton County -Rogers	\$15,500.00	\$23,115.00
TOTAL	\$124,000.00	\$66,413.50

A total of \$66,413.50 was used by the CAC's. These funds paid for 893 hours of direct services to child victims. The funds also paid for 295 hours of indirect services, including case management, record keeping for the AR BEST project, and therapist time in consultation with national and state experts in TF-CBT.

CAC's Funding for Non-offending Caregiver Groups

CAC	Amount Awarded	Amount Used by CAC's
Texarkana Children's Advocacy Center -Texarkana	\$1,700.00	\$0
Advocacy Center of Eastern Arkansas -West Memphis	\$1,700.00	\$0
White County Children's Safety Center -Searcy	\$1,700.00	\$1,580.00
Total	\$5,100.00	\$1,580.00