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In the Spring of 2009, the Arkansas State Legislature approved funding to improve screening, monitoring, and continuity of care for children who have experienced physical or sexual abuse in Arkansas to address the psychological impact of their trauma. During the sixth year of the ARBEST (Arkansas Building Effective Services for Trauma) program, we have made tremendous strides toward improving services for traumatized children. Specifically, we have increased the rate of participation in trainings by mental health professionals (MHPs), resulting in significant growth in the number of children and families receiving services. In addition, several new initiatives were launched. This report will highlight the results achieved under each objective during the sixth year of our program, state fiscal year July 1, 2014-June 30, 2015.

<table>
<thead>
<tr>
<th>ARBEST Objectives</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. Provide training to advocates, mental health professionals (MHPs), and other individuals working with traumatized children in evidence-based practices.</td>
</tr>
<tr>
<td>2. Design, train, and implement a statewide screening protocol for use in all Child Advocacy Centers (CACs) and Community Mental Health Centers (CMHCs).</td>
</tr>
<tr>
<td>3. Provide clinical services for children at UAMS who have experienced sexual or physical abuse and follow up thereafter to track their progress.</td>
</tr>
<tr>
<td>4. Establish a statewide communication system for ongoing training, supervision, and consultation for MHPs.</td>
</tr>
<tr>
<td>5. Fund MHPs to provide services at CACs.</td>
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</table>
Milestones
2009-2015

FY10
Instituted a statewide database to track trauma

FY11
Offered first Trauma-Focused Cognitive Behavioral Therapy training

FY12
Created monthly webinar series
Presented trauma-informed care trainings for DCFS supervisors and directors
**Program History** The mission of ARBEST (Arkansas Building Effective Services for Trauma) is to improve outcomes for traumatized children and their families in Arkansas through excellence in clinical care, training, advocacy, research, and evaluation. ARBEST operates under the auspices of the Psychiatric Research Institute (PRI) of the University of Arkansas for Medical Sciences (UAMS). ARBEST is designed to increase capacity in Child Advocacy Centers (CACs) and Community Mental Health Centers (CMHCs). Currently, 14 CACs in Arkansas serve abused children and their families. Arkansas also has an extensive network of CMHCs with locations in 69 counties to provide important services to traumatized children and their families. In partnership with the Arkansas Commission on Child Abuse, Rape and Domestic Violence, the ARBEST team has worked closely with representatives from CACs and CMHCs to fully engage them in this effort to improve services for traumatized children.
ARBEST: FY15 Overview

• In April, 177 mental health professionals (MHPs) attended the two-day Sixth Annual Introductory Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) Training, and 120 MHPs attended the Fifth Annual Advanced TF-CBT Training.

• 84 MHPs completed TF-CBT consultation calls. Arkansas now has 366 MHPs who have completed all aspects of TF-CBT training. Families and professionals can easily search for a TF-CBT trained therapist on the ARBEST website.

• 26 mental health professionals participated in Peer Review established in collaboration with Children’s Advocacy Centers of Arkansas (CACA) to meet National Children’s Alliance (NCA) standards.

• More than 320 professionals in the Arkansas Division of Children and Family Services (DCFS) participated in the trauma-informed “Lunch & Learn” series. ARBEST assisted in training DCFS staff in the trauma section of their new assessment tool, the Child and Adolescent Needs and Strengths (CANS).

• ARBEST faculty members published an article on this statewide initiative, with another one in press. To date, faculty members have published
eight articles on the ARBEST program's efforts to address short- and long-term effects of trauma on children.

• The ARBEST team made 31 presentations on trauma-informed care this fiscal year (see the Appendix for a complete listing).

• 2,011 children were registered into the ARBEST database by MHPs who have received training through this program; 1,408 of those cases were assessed for PTSD symptoms.

• 4,678 children were registered into the ARBEST database by CACs. Collectively, CAC-affiliated MHPs served 956 children this year (an increase of 50% from previous year!).

• At the request from the Arkansas Department of Human Services (DHS), ARBEST created MYTE (Mothering Youth with Trauma Experience) for Specialized Women’s Services (SWS) programs. MYTE is helping mothers in treatment facilities learn more effective coping skills and parenting strategies.

• ARBEST helped promote child abuse prevention by submitting a proclamation to Governor Asa Hutchinson’s office to declare April in Arkansas as Child Abuse Prevention month.
Objective 1: Training

TF-CBT As part of a statewide initiative to improve care for traumatized youth, ARBEST is integrating the latest research with state-of-the-art training for mental health professionals. TF-CBT is an effective mental health treatment for youth who have experienced trauma, including sexual and physical abuse. ARBEST is in its sixth year of a statewide dissemination of this intervention to MHPs. To date, 1061 providers from 67 counties across Arkansas have completed web-based and two-day training. Of these, 366 have completed ongoing consultation calls with one of five national experts and six in-state experts; an additional 90 MHPs are currently participating in consultation calls.
**AR NEST** ARBEST set out to develop a specialty focus to improve services in Arkansas for children five years old and younger who have experienced trauma. Consensus across child-serving systems, such as child welfare and mental health, indicated a lack of training in and availability of evidence-based services for this population. In response, ARBEST created a sister program, Arkansas Network for Early Stress and Trauma (AR NEST), and revised its trauma-informed care trainings to include additional information on early stress and the often profound impact trauma has on children’s early emotional, social, behavioral, and biological health and development. Since its inception in 2012, AR NEST has disseminated evidence-based training in two interventions designed for very young children and their parents – Parent Child Interaction Therapy (PCIT) and Child Parent Psychotherapy (CPP) – to 91 providers (including 38 in this fiscal year) in central, northwest, and northeast Arkansas. AR NEST is a trauma-focused program of the Psychiatric Research Institute and is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA).
TF-CBT Training

**Mental Health Professionals** A TF-CBT trained therapist has: 1) Completed the online training course in TF-CBT offered by the Medical University of South Carolina ([http://tfcbt.musc.edu](http://tfcbt.musc.edu)); 2) Attended two-day introductory TF-CBT training conducted by a certified trainer; and 3) Participated in consultation calls involving case presentations with either a national or state expert twice a month for six months.

![Janelle Von Storch, LPC, 2015 ARBEST Clinician of the Year, with Arkansas First Lady Susan Hutchinson at the 2015 Introductory TF-CBT Training](image)

**Locate Services** In an effort to ensure that trained providers are available statewide, ARBEST is tracking the location of clinicians throughout the state who are trained in TF-CBT. Through the ARBEST website, families and professionals can search for an MHP in their area ([arbest.uams.edu](http://arbest.uams.edu)).
MHPs Enrolled in TF-CBT Training

*This is the estimated number of MHPs expected to complete TF-CBT training in the 2015 cohort who are currently participating in the consultation call process.

2015 TF-CBT Training Attendees by County (N=1,061)
Other Training Activities

**Trauma-Informed Care**

Beginning in 2011, ARBEST partnered with the Arkansas Division of Children and Family Services (DCFS) and MidSOUTH Training Academy to develop a series of trainings designed to increase the use of trauma-informed practices by DCFS supervisory staff and frontline workers. This has led to a successful web-based series, which began in the fall of 2013, “Taking It Back to Work.” To date, more than 650 frontline workers have participated. At the request of the Arkansas Department of Human Services (DHS), ARBEST developed a unique program, Mothering Youth with Trauma Experience (MYTE), a trauma-focused intervention designed to help caregivers understand the impact of trauma on their children, learn effective parenting strategies for managing challenging emotional/behavioral outcomes of trauma, and create a safer, more nurturing environment. MYTE was designed to be implemented within the Division of Behavioral Health Services (DBHS) Specialized Women's Services (SWS) programs throughout the state, which are residential substance abuse treatment settings for pregnant women and mothers. Currently 26 facilitators have completed the training and three of the seven SWS programs are participating in it.

“*I've thought back on the trauma that I personally brought to my child and practice ways to not let it happen again and comfort him in troubled times.*”

—Mother who completed MYTE training

**CAC Peer Review**

Since the fall of 2013, ARBEST has helped organize peer review phone calls for CAC-affiliated MHPs. Peer review falls under the National Children's Alliance standard of mental health and provides mental health professionals with ongoing training. Peer review calls provide a time for MHPs new to TF-CBT to ask facilitators questions and seek support from their peers through case presentations. During this most recent fiscal year, 26 MHPs participated in peer review across 14 sessions.

**Presentations**

In FY15, ARBEST staff has made 31 presentations to more than 1,000 people. See the appendix for a complete listing.
### ARBEST FY15 Webinars

<table>
<thead>
<tr>
<th>Date</th>
<th>Presenter(s)</th>
<th>Topic</th>
<th>Attendees</th>
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</thead>
<tbody>
<tr>
<td>July 29</td>
<td>Deepmala a</td>
<td>Evidence-Based Pharmacotherapy for Children &amp; Adolescents with Posttraumatic Stress Disorder (PTSD)</td>
<td>13</td>
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<tr>
<td>August 22</td>
<td>Sufna John a</td>
<td>Treating Childhood Traumatic Grief: Implementing the Grief-Focused Components of TF-CBT</td>
<td>29</td>
</tr>
<tr>
<td>September 23</td>
<td>Kelly Hamman a &amp; Karin Vanderzee a</td>
<td>Engagement and Graduation: Beginning and Ending TF-CBT</td>
<td>11</td>
</tr>
<tr>
<td>October 29</td>
<td>Josh Cisler a</td>
<td>Understanding and Using Exposure-Based Interventions for Anxiety</td>
<td>10</td>
</tr>
<tr>
<td>November 20</td>
<td>Chad Sievers a</td>
<td>2015 TF-CBT Training &amp; Other Training Updates</td>
<td>21</td>
</tr>
<tr>
<td>December 10</td>
<td>Janelle von Storch b</td>
<td>Echoes of Trauma, Echoes of Loss</td>
<td>20</td>
</tr>
<tr>
<td>January 30</td>
<td>Karin Vanderzee a</td>
<td>Implementing TF-CBT with Adolescent Females with High-Risk Behaviors</td>
<td>19</td>
</tr>
<tr>
<td>February 25</td>
<td>Kate Shufeldt c</td>
<td>Arkansas Court Improvement Program (ARCIP): Court Basics for Mental Health Professionals</td>
<td>24</td>
</tr>
<tr>
<td>March 20</td>
<td>Dawn Doray d</td>
<td>Supervised Visitation and Monitored Exchanges: Family Services for Separated and/or Divorced Parents</td>
<td>23</td>
</tr>
<tr>
<td>April 17</td>
<td>Emily Robbins a &amp; Sky Tapp a</td>
<td>Working with Foster Parents: Trauma Informed Care</td>
<td>22</td>
</tr>
<tr>
<td>May 22</td>
<td>Chad Sievers a</td>
<td>Is this Helping? Using Assessment Tools to Monitor your Clients' Symptoms and your Program Outcomes</td>
<td>23</td>
</tr>
<tr>
<td>June 19</td>
<td>Sufna John a</td>
<td>Utilizing TF-CBT with Preschool-Aged Children</td>
<td>31</td>
</tr>
</tbody>
</table>

a UAMS Psychiatric Research Institute; b Arkansas Families First, LLC; c Administrative Office of the Courts-Juvenile Division; and d Doray Psychological Services, PLLC.
Objective 2: Statewide Screening Protocol

**Mental Health Appropriation**
In accordance with ACT 294 of the Arkansas General Assembly, Regular Session, ARBEST oversees the Mental Health Appropriation for CACs. This year CACs registered 4,678 clients in the ARBEST database from 74 of Arkansas’ 75 counties. CAC-affiliated MHPs registered in the database 956 of 2,983 (32.0%) eligible clients from 56 Arkansas counties – a 50% increase compared to last fiscal year. Eligible clients are children who reside within the CAC service area and are not already in counseling at the time of the initial CAC interview.

*Red pins indicate CAC locations (14), Green pins indicate CAC satellite locations (3).*

> “The therapy component is the most exciting program we have established at Grandma’s House. Watching children change from their first visit until they graduate from TF-CBT is fulfilling for us.” — Michelle Steiner, Executive Director/ MDT Coordinator, Grandma’s House Children’s Advocacy Center

**Clients Served** ARBEST’s secure and confidential web-based system to screen and track client and family needs has been very successful. Since 2010, the CACs have registered 16,964 children into the ARBEST database and followed up with 9,124 families regarding additional services. During that same time period, MHPs have registered 5,149 children and assessed 3,643 of them for PTSD symptoms.
Six-Year Overview of Registered Clients

Clients Registered by CAC Advocates

Clients Registered by MHPs and Assessed for Trauma Symptoms
TF-CBT Client Demographics

<table>
<thead>
<tr>
<th>Client Details</th>
<th>Male (26.3%)</th>
<th>Female (73.6%)</th>
<th>All (100%)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Average Age in Years (sd)</td>
<td>8.3 (3.6)</td>
<td>10.3 (4.4)</td>
<td>9.8 (4.3)</td>
</tr>
<tr>
<td>Race:</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Caucasian</td>
<td>81.3%</td>
<td>73.4%</td>
<td>75.5%</td>
</tr>
<tr>
<td>African-American</td>
<td>11.5%</td>
<td>12.5%</td>
<td>12.2%</td>
</tr>
<tr>
<td>Hispanic/Latino</td>
<td>2.6%</td>
<td>5.8%</td>
<td>5.0%</td>
</tr>
<tr>
<td>Other</td>
<td>5.5%</td>
<td>8.9%</td>
<td>7.7%</td>
</tr>
<tr>
<td>More Than One</td>
<td>5.5%</td>
<td>5.1%</td>
<td>4.5%</td>
</tr>
<tr>
<td>Offender Under Age 18</td>
<td>36.8%</td>
<td>21.6%</td>
<td>25.6%</td>
</tr>
<tr>
<td>MHP Plans to Use TF-CBT</td>
<td>61.6%</td>
<td>67.6%</td>
<td>65.9%</td>
</tr>
<tr>
<td>Average Days From CAC Visit to MHP Appointment</td>
<td>23.4</td>
<td>23.4</td>
<td>23.4</td>
</tr>
</tbody>
</table>

Reduced Trauma Symptoms

The UCLA PTSD Reaction Index is a brief screening tool used to gather information regarding trauma exposure and PTSD symptoms. The questionnaire is available in caregiver, adolescent, and child versions. The caregiver version asks questions pertaining to the child as observed by the caregiver. After three months of TF-CBT treatment, caregivers reported observable decreases in their children’s PTSD symptoms, and children and adolescents also reported decreases in their own symptoms (see graphic on the right).

Clients Seen by CAC-Affiliated MHPs (N=956) in FY15

*Red pins indicate CAC locations (14). Green pins indicate CAC satellite locations (3).
Objective 3: Specialized Services for Children

**UAMS Clinical Services** It is a goal of ARBEST that UAMS experts will be available to treat the most severe cases of childhood trauma from across the state through the Psychiatric Research Institute (PRI) inpatient unit or outpatient clinics. To date, MHPs from UAMS have registered 808 children from 64 counties into the ARBEST system. As a group, MHPs have used the UCLA PTSD Reaction Index to assess 600 children for symptoms of trauma. The chart below represents clients who have had a baseline and one follow-up assessment. In general, scores between 27 and 32 fall in the mild range; those between 33-37 are considered moderate; and those above 38 are considered severe. The total distress score endorsed by clients or their caregivers should decrease in treatment across time.

**UCLA PTSD Reaction Index: Baseline and Follow-Up Scores**
Serving Children Ages 0-5  In its fourth year, the AR NEST program continues to provide evidence-based therapies (CPP and PCIT) for Arkansas’ youngest and most vulnerable citizens. To date, MHPs have provided evidence-based treatment to 197 children 5 years old and younger who have experienced traumatic events. **On average, children experienced five types of traumatic events prior to treatment.** For children and parents with a follow-up assessment entered, significant improvements were seen in children's internalizing (withdrawn, anxious, depressed) and externalizing (acting out, tantrums, aggression) behavior and parenting stress. Reductions in symptoms of PTSD were also found.

The three most common traumatic events for very young children seen by AR NEST were*:

1. Separation from a loved one (70%)
2. Seeing family fight physically (48%)
3. Incarceration of close family member (34%)

*Percentages do not add up to 100% because most of these children have experienced more than one trauma.*
Objective 4: Statewide Communication System

**Database**  Mental health professionals use the ARBEST online database to complete assessments of their clients, plan treatment, and document their use of TF-CBT. All conference attendees are automatically registered to use the database. By June 30, 2015, approximately 1,600 mental health professionals from 67 counties had registered in the database.

**Reports**  Semi-annual reports and other periodic updates about trainings and supervision schedules are announced through emails, the ARBEST website, and the ARBEST newsletter. The ARBEST team has developed or identified written materials on mental health issues affecting traumatized youth to post on our website.

**Newsletter**  ARBEST has broadened reach through a monthly newsletter disseminated to CAC directors, advocates, and MHPs affiliated with CACs. The newsletter shares informational articles, timely news announcements, and helpful resources. Since its inception, the newsletter has evolved to include “CAC Corner Cafe,” in which an MHP or advocate shares ideas such as best practices, favorite films, or books that help in practicing TF-CBT, and “Meet a VIP,” to share TF-CBT experiences or family engagement advice, as well as personal interests or hobbies.

**Website**  The ARBEST website (arbest.uams.edu) continues to be regularly updated, providing trainees and other visitors crucial information about the program. Website traffic has increased by 72% since April 2012 when ARBEST first began tracking viewership. Over the past year, the site has had 13,456 visits. When the ARBEST team trains more stakeholders across the system, site visits seem to increase, gaining around 20% new visitors each year. In April the newly renovated ARBEST website debuted. Changes included a more modern appearance, enhanced utility, and additional resources. The next phase of improvement will include ARBEST’s engagement in multiple social media outlets.
Objective 5:

MHP Funding in CACs

Appropriation  Per Act 294 of the Fiscal Session of the State of Arkansas 89th General Assembly Regular Session of 2014, UAMS distributed funds to CACs for mental health services. In order to receive the full appropriation amount each quarter, CACs must demonstrate that the MHPs affiliated with their agency: 1) Provided a minimum of 94 direct service hours in the quarter or  2) Documented contact with at least 30% of new eligible CAC clients seen in the quarter. Eligible clients are children who are seen during the quarter, reside within the CAC service area, and are not already in mental health treatment at the time of the initial CAC interview.

As a group, the CACs exceeded their service goals in FY15:

Comparing data from FY14 and FY15 showed significant improvements. The number of direct client hours by CAC-affiliated MHPs increased by 62%. MHPs also registered a higher percentage of eligible clients in FY15: 34% this year compared to 23% last year.
**Future Goals & Plans** ARBEST has added an advisory board comprised of stakeholders from programs that interface with traumatized children, including child welfare, juvenile courts, early education, mental health, and CACs. The board meets quarterly to advise the ARBEST team on program development, training needs, outreach, data analysis, and strategic planning. In the upcoming year, ARBEST will be branching out to provide additional training to MHPs in children's problematic sexual behaviors, which sometimes occur when children have been sexually abused. In addition, Drs. Ben Sigel and Jan Church, two of our state TF-CBT specialists, will be working toward national certification as TF-CBT trainers and taking on a more central role in local trainings. ARBEST will also continue to train stakeholders in trauma-informed practices and will work more closely with the Arkansas Department of Human Services to create a statewide, trauma-informed system of behavioral healthcare.

**CAC Funding to Promote Evidence-Based Mental Health Services**

<table>
<thead>
<tr>
<th>Child Advocacy Center Location</th>
<th>Mental Health Services</th>
<th>Data Entry Services</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td>Central AR Children’s Advocacy Center (Conway)</td>
<td>$41,593.75</td>
<td>$2,341.00</td>
<td>$43,934.75</td>
</tr>
<tr>
<td>Children’s Protection Center (Little Rock)</td>
<td>$31,286.00</td>
<td>$1,257.00</td>
<td>$32,543.00</td>
</tr>
<tr>
<td>Children’s Safety Center (Springdale)</td>
<td>$39,600.00</td>
<td>$2,798.00</td>
<td>$42,398.00</td>
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<tr>
<td>Children’s Advocacy Center of Benton County (Little Flock)</td>
<td>$34,600.00</td>
<td>$2,254.02</td>
<td>$36,854.02</td>
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<tr>
<td>Children’s Advocacy Center of Eastern AR (West Memphis)</td>
<td>$19,048.00</td>
<td>$1,147.00</td>
<td>$20,195.00</td>
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<tr>
<td>Children’s Advocacy Center of Pine Bluff (Pine Bluff)</td>
<td>$30,563.00</td>
<td>$1,188.00</td>
<td>$31,751.00</td>
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<tr>
<td>Cooper-Anthony Mercy Child Advocacy Center (Hot Springs)</td>
<td>$41,593.75</td>
<td>$3,498.00</td>
<td>$45,091.75</td>
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<tr>
<td>Grandma’s House Children’s Advocacy Center (Harrison)</td>
<td>$40,764.75</td>
<td>$1,677.00</td>
<td>$42,441.75</td>
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<tr>
<td>Hamilton House Child Safety Center (Fort Smith)</td>
<td>$34,600.00</td>
<td>$2,824.00</td>
<td>$37,424.00</td>
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<tr>
<td>Northeast AR Children’s Advocacy Center a (Jonesboro)</td>
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<tr>
<td>Percy &amp; Donna Malone Child Safety Center (Arkadelphia)</td>
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<td>$8,677.00</td>
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<td>Texarkana Children’s Advocacy Center (Texarkana)</td>
<td>$41,593.75</td>
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<td>Wade Knox Children’s Advocacy Center (Lonoke)</td>
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<td>White County Children’s Safety Center (Searcy)</td>
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<td>$1,427.00</td>
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<td>Total</td>
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<td><strong>$23,066.02</strong></td>
<td><strong>$441,066.02</strong></td>
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*Deferred mental health appropriation funds
FY15 Presentations


Kramer, T. (2015, April). Building Statewide Capacity to Provide Evidence-Based Treatments for Children Exposed to
Trauma. Presentation for 2015 Southeast Child Psychiatry Training Consortium, Little Rock, AR.


Kramer, T. (2015, May). Evidence-Based Interventions Following Exposure to Trauma. Presentation for Arkansas State Hospital Staff, Little Rock, AR.

John, S. (2015, May). Recognizing and Responding to Trauma Across Childhood: An Overview of Symptom Presentation and Brief Interventions Across Development. Trauma Presentation for the Child Diagnostic Unit, Little Rock, AR.


Sigel, B. (2015, June). Working with Depressed Caregivers in Family Treatment. Presentation for Arkansas Association for Mental Health, Little Rock, AR.


Publications to Date


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