



2015-16
Annual Report
Year Seven

ARBEST
Arkansas Building Effective Services for Trauma

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Mission ARBEST's mission is to improve outcomes for traumatized children and their families in Arkansas through excellence in clinical care, training, advocacy, and evaluation.

Introduction



In the Spring of 2009, the Arkansas State Legislature approved funding to improve screening, monitoring, and continuity of care to address the psychological impact of trauma for children who have experienced physical or sexual abuse in Arkansas. This led to the establishment of the Arkansas Building Effective Services for Trauma (ARBEST) program, which operates under the auspices of the Psychiatric Research Institute (PRI) of the University of Arkansas for Medical Sciences (UAMS). In partnership with the Arkansas Commission on Child Abuse, Rape, and Domestic Violence, ARBEST aims to increase capacity in Arkansas' 14 Child Advocacy Centers (CACs) and extensive network of Community Mental Health Centers (CMHCs) in 69 counties in order to provide services to traumatized children and their families. During its seventh year of operation, the ARBEST program helped increase the number of trauma trainings for mental health professionals, thereby increasing the number of children and families receiving services, and launched several new initiatives. This report highlights the results achieved in each of ARBEST's objectives during state fiscal year July 1, 2015, through June 30, 2016.

ARBEST Objectives

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

From the Director

Dear Stakeholders,

For the past 35 years, I've witnessed the devastating effects of child sexual, physical, and psychological abuse on the children and adults with whom I've had the honor to work. My professional choices have been guided by the one belief that everyone has the right to safety, justice, and healing. Almost every day I hear that another child or an adult has taken a risk and entrusted a therapist, teacher, coach, or friend with their long-held secret. When a four-year-old child discloses she is being abused by her stepfather, when a mom is willing to come forward publicly and talk about how a Child Advocacy Center helped her son who was abused for years by an uncle, when an adult woman reveals for the first time in treatment her multiple abuses involving multiple offenders, I am inspired to continue this work. And I am reassured that our mission at ARBEST is being fulfilled. Through our efforts this past year we have directly touched the lives of 6,267 families, 464 therapists, 310 child welfare workers, and 692 other professionals in our state to increase awareness of trauma and improve care for our most vulnerable children. We hope there are many more lives that have been improved one way or another by ARBEST's work.

We thank you for joining with us to safeguard our children's future well-being, and we hope you are inspired by the progress we have made in the past year.

Yours truly,



Teresa L. Kramer, Ph.D.
ARBEST Director

Advisory Council

ARBEST's Advisory Council is 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 ARBEST on program development, training needs, outreach, data analysis, and strategic planning. We thank the following members who served this year:

Darneshia Bell
Safe Babies Court Team

Phyllis Bell
Office of the Governor

Janice Church
UAMS Family Treatment Program

Karen Farst
Center for Children at Risk

Christin Harper
Arkansas Division of Children and Family Services

Kathy Helpenstill
White County Children's Safety Center

Jennifer Long
Children's Protection Center

Mary Beth Luibel
Arkansas CASA (Court Appointed Special Advocate)

Sherri Jo McLemore
Arkansas Children's Trust Fund

Christa Neal
Percy and Donna Malone Child Safety Center

Terese Patrick
Arkansas Association of Infant Mental Health

Lori Poston
Arkansas Mental Health Council

Kate Shufeldt
Arkansas Court Improvement Team

Max Snowden
Arkansas Commission on Child Abuse, Rape, and Domestic Violence

Paula Stone
Arkansas Division of Behavioral Health Services

Stacy Thompson
CACs of Arkansas

FY16

ARBEST has become the statewide leader and a nationally-recognized model program in providing evidence-based treatment for children who have experienced trauma. Notable progress in the past year has been made in training and coordinating the statewide workforce that cares for these children and families in the aftermath of trauma. The program has celebrated numerous highlights since its inception, including those listed below that were achieved in the past fiscal year.

July

Complex Trauma

In the summer, the Complex Trauma Assessment program opened its doors. The goal of this initiative is to deliver comprehensive psychological evaluation services to address the needs of high-risk youth within the child welfare system.

CAC Conference

In the fall, a one-day conference was held for family advocates and MHPs affiliated with a Child Advocacy Center. Highlights included a panel discussion on child human trafficking in Arkansas, a keynote address on secondary trauma by the deputy project director of the National Children's Advocacy Center, and breakout sessions.

October

Social Media

In the winter, ARBEST expanded its social media presence by creating a robust Facebook page. By broadening these communication pathways, ARBEST hopes to create dialogue and establish engaging relationships with a wider variety of stakeholders.

January

TF-CBT Training

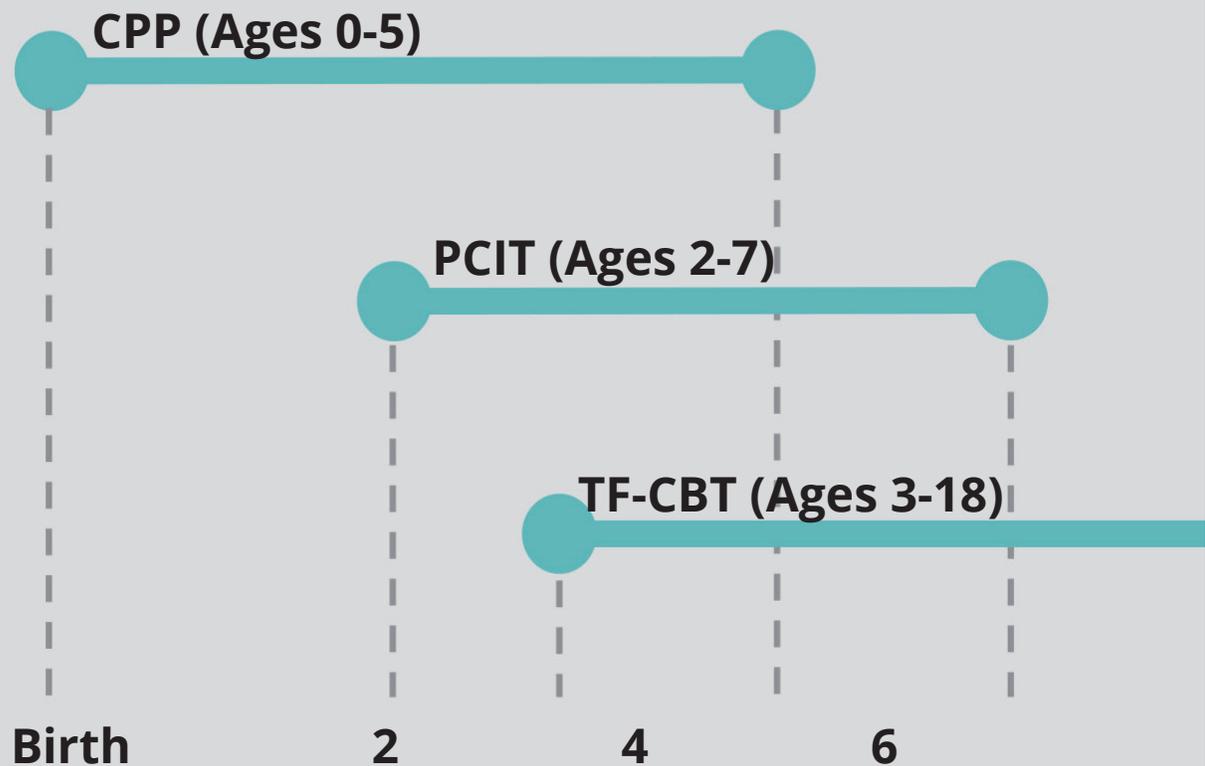
In the spring, 194 clinicians attended the seventh introductory Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) training; 138 clinicians were present at the sixth annual advanced training. To date, more than 450 Arkansas providers have completed all aspects of TF-CBT training.

April

Objective 1: Training

Evidence-Based Treatments For seven years, ARBEST has been training mental health professionals in the evidence-based treatment (EBT) of Trauma-Focused Cognitive Behavioral Therapy (TF-CBT). Since 2012, ARBEST's sister program, Arkansas Network for Early Stress and Trauma (AR NEST), has been disseminating two EBTs for children who have experienced trauma: Child-Parent Psychotherapy (CPP) and Parent-Child Interaction Therapy (PCIT).

Evidence-Based Treatments by Age Range



CPP CPP is a treatment for trauma-exposed children between the ages 0-5. CPP has been proven to reduce emotional and behavioral difficulties in children, enhance safe and effective caregiving practices for parents, and strengthen the parent-child relationship. There were 23 mental health professionals (MHPs) who attended the initial three-day training this fiscal year. Of those, 13 successfully completed the training process and are now eligible for national rostering.

PCIT PCIT was created for children with disruptive behaviors and/or a history of trauma. It is appropriate for children ages 2-7. Core components include strengthening the parent-child relationship and teaching appropriate, consistent discipline skills. In Arkansas, 32 PCIT therapists serve eight counties, with the highest numbers of therapists located in Pulaski and Craighead Counties.

TF-CBT TF-CBT is the most researched and well-supported EBT for childhood trauma. Core components of treatment include education about trauma, parent management of behavioral problems, gradual exposure to trauma reminders, relaxation and stress management, affective expression and coping, cognitive coping, helping the child tell and process his or her trauma story, parent and child joint sessions, and enhancing safety. This year, 194 MHPs attended ARBEST's seventh annual introductory training and 138 MHPs were present at the sixth annual advanced training.

ARBEST's goal is to help disseminate all three EBTs statewide to provide a continuum of developmentally-appropriate mental health services for PTSD and related behavioral concerns across childhood.

10

12

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16

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MYTE ARBEST continued work on the Managing Youth Trauma Effectively (MYTE) program, an eight-session trauma-focused psychoeducational intervention developed 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.

This past year, ARBEST partnered with Project LAUNCH (Linking Actions for Unmet Needs in Children’s Health), which is funded by the Substance Abuse and Mental Health Services Administration (SAMHSA) and operates out of the Arkansas Division of Behavioral Health Services (DBHS) and Mid-South Health Systems, to develop an adaptation of the MYTE program for foster and adoptive families. Focus groups were conducted with the parents and Arkansas Division of Children and Family Services (DCFS) staff involved with foster care to understand the ways these parents need continued support for helping the young, traumatized children for whom they care. Focus group participants also provided feedback on ways to make the curriculum more applicable to this audience. Future plans include continuing a partnership with Project LAUNCH to offer MYTE in Mississippi County.

Trauma-Informed Care Continuing its partnerships with DCFS and MidSOUTH Training Academy, ARBEST developed a video training series, “Crisis Points and Triggers,” for front-line staff. ARBEST continued to provide training in trauma-informed care for inpatient and outpatient settings to promote trauma awareness, increase trauma screenings among mental health and juvenile justice populations, and enhance the overall quality of care provided to children and adolescents who have experienced or witnessed violence and other traumatic events.

CACs In the fall of 2015, ARBEST organized a one-day retreat for all family advocates and MHPs affiliated with a CAC. Karen Hangartner, deputy project director of the National Children’s Advocacy Center, was the keynote speaker at the retreat and tackled the important subject of secondary trauma. Arkansas First Lady Susan Hutchinson spoke to attendees during lunch, thanking them for their efforts to aid victims of child abuse throughout the state. During this most recent fiscal year, 22 MHPs participated in regular peer review sessions in accordance with the National Children’s Alliance standards of mental health.



The ARBEST staff in blue for National Child Abuse Prevention Month

ARBEST Webinars The ARBEST Webinar Series was developed for clinicians who want to continue their TF-CBT training beyond initial consultation calls. Since the first webinar aired on June 22, 2012, the series has covered a variety of topics including, “Implementing TF-CBT with Adolescent Females with High Risk Behaviors,” “Secondary Traumatic Stress,” and “Witnessing Family Violence.” This fiscal year, 434 participants attended the “live” webinars, an increase of 76% from last year.

ARBEST FY16 Webinars

Date	Presenter(s)	Topic	Attendees
July 22	Tiffany West ^a	Posttraumatic Stress Disorder in Youth: An Overview of Assessment and Differential Diagnosis	23
August 26	Nicola Edge ^b	Creating Trauma-Informed Child Care: Partnering to Support Young Children Who Have Experienced Trauma	22
September 25	Reagan Stanford ^c , Lisette Yang ^d , Emily Robbins ^a	Human Trafficking in Arkansas	32
October 19	Karen Farst ^e	The Medical Exam in Child Sexual Abuse	21
November 13	Elizabeth Manso ^f	Testifying at Dependency-Neglect Hearings as a Therapist or Service Provider	26
December 4	Benjamin Sigel ^a	Reactive Attachment Disorder	48
January 28	Kendra Kohler ^a	Expanding Child and Adolescent Psychiatry in Arkansas: Psychiatric Telehealth, Liaison, and Consultation	15
February 24	Tess Lefmann ^g	The Bridge Between Nature and Nurture	53
March 23	Josh Cisler ^a	Neural Correlates of Symptom Reduction During TF-CBT	38
April 13	Will Jones ^h	Cyber Crimes: Protecting our Children through Online Investigations	48
May 18	Chad Sievers ^a	Is this Helping?: Using Assessment Tools to Monitor your Clients' Symptoms and Your Program Outcomes	53
June 16	Glenn Mesman ^a	Psychological Evaluations for Children and Adolescents	55

^a UAMS Department of Psychiatry; ^b UAMS Department of Family and Preventive Medicine;

^c Catholic Charities of Arkansas; ^d Children's Protection Center; ^e UAMS Department of Pediatrics;

^f Administrative Office of the Courts; ^g The University of Mississippi Department of Social Work;

^h Arkansas Attorney General's Office

Objective 2: Statewide Screening Protocol

Symptoms Screened ARBEST's secure and confidential web-based system to screen for trauma symptoms and track client and family needs continues to be very useful. During this fiscal year, advocates from CACs registered 5,018 children into the database and followed up with 2,830 families regarding additional services. During the past year, mental health professionals registered 2,252 children and assessed 1,477 of them for Posttraumatic Stress Disorder (PTSD) symptoms.

Demographics of Clients Served in FY16

Registered by CACs	5,018
Average Age	9.2
Gender: Male	33.6%
Female	66.4%
Race: Caucasian	75.2%
African American	11.7%
Other	6.0%
More Than One	6.9%
Hispanic/Latino	8.5%
Offender Is Under Age 18	26.6%
Offender Is a Family Member	52.1%
More Than One Type of Trauma Reported	7.9%
Referred For Counseling	39.1%
Has Previously Received Services	6.6%

Registered by MHPs	2,252
Average Age	10.3
Gender: Male	34.0%
Female	65.9%
Race: Caucasian	72.4%
African American	15.2%
Other	5.4%
More Than One	6.8%
Hispanic/Latino	8.3%
Offender Is Under Age 18	22.8%
Offender Is a Family Member	54.9%
More Than One Type of Trauma Reported	26.7%
Referred From a CAC	65.3%
MHP Plans to Use TF-CBT	72.6%

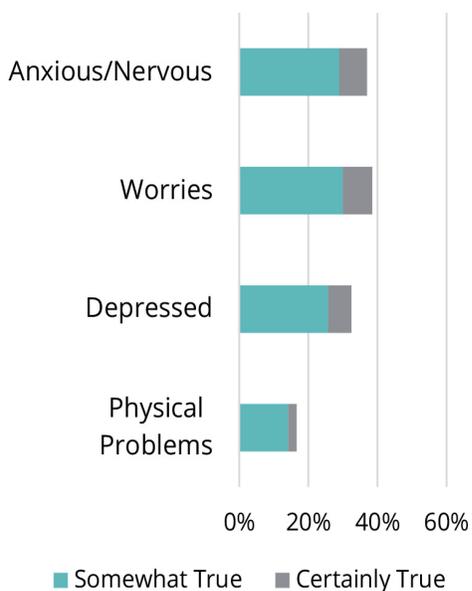


Families' Needs For the 2,830 families who were contacted by an advocate one month after their initial visit to a CAC, most wanted assistance with counseling services (86.6%), followed by case management (44.1%), and help with the child's investigation through the Arkansas Crimes Against Children Division (24.8%).

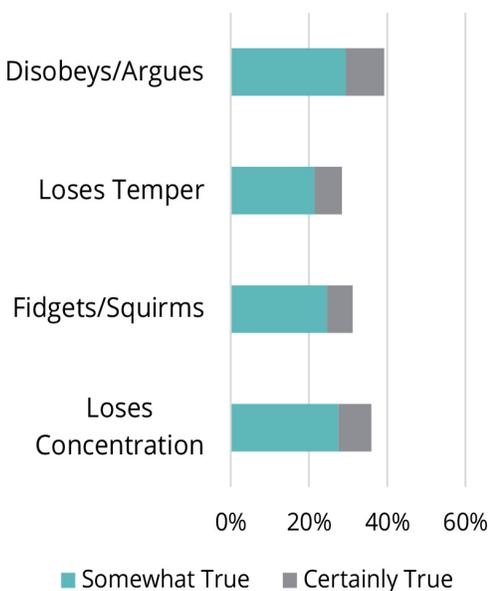
Behavior Follow-Up One month after a family visits a CAC, an advocate follows up with a caregiver to screen for issues related to the child's emotions and behaviors. For this time period, advocates screened 2,451 caregivers, and of those, 41% reported that the child was having difficulties with both internalizing and externalizing behaviors.

Behavior Concerns Screened for at One Month (n=2,451)

Internalizing Behaviors

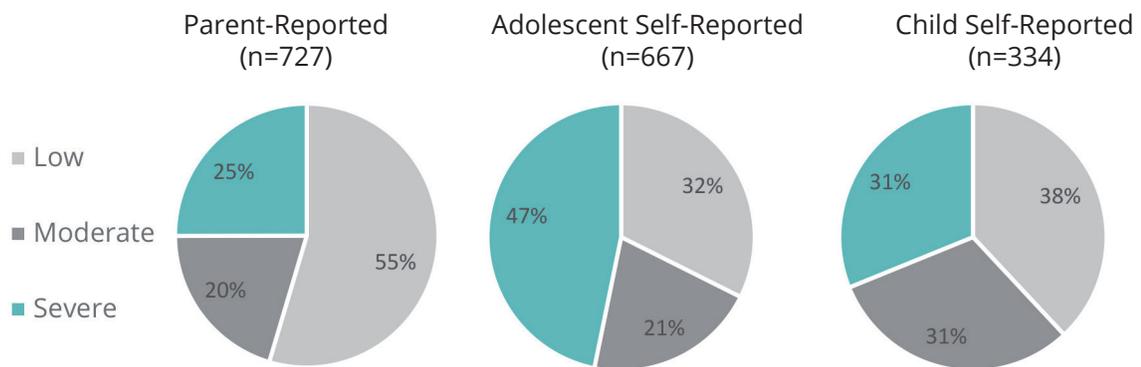


Externalizing Behaviors



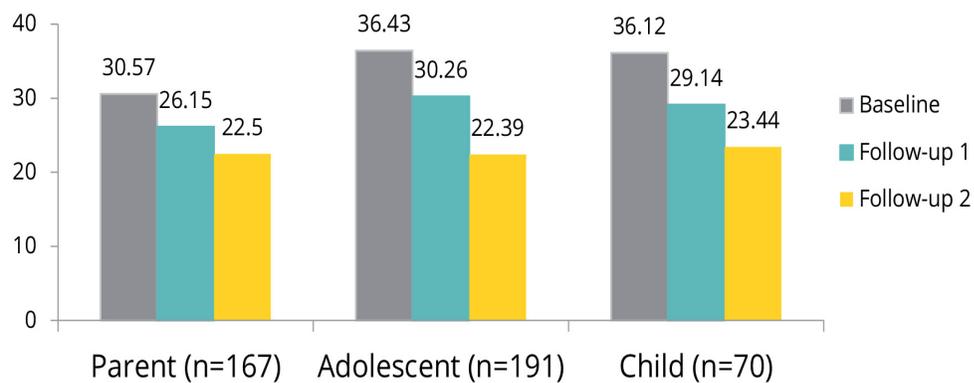
Reduce Trauma Symptoms The UCLA PTSD Reaction Index (UCLA) is a brief, self-reported screening tool to provide information regarding trauma exposure and PTSD symptoms. The UCLA is available in caregiver, adolescent, and child versions. The caregiver version asks questions pertaining to the child. In FY16, 1,477 children were assessed for trauma symptoms. In general, severity scores below 27 fall in the low range, those between 27-37 are considered moderate, and those above 38 are considered severe.

Severity of Child's PTSD Symptoms at Baseline



The chart below represents the overall UCLA PTSD reaction index scores of clients who have had a baseline and two follow-up assessments. The total distress score endorsed by clients or their caregivers should decrease across time in treatment.

UCLA PTSD Scores at Baseline and Follow-Ups



Objective 3: Specialized Services for Children

UAMS Clinical Services One of ARBEST's goals is to make UAMS experts available to treat the most severe cases of childhood trauma from across the state through the Psychiatric Research Institute's (PRI) outpatient clinics. This year, MHPs from UAMS have registered 260 children from 47 of Arkansas' 75 counties into the ARBEST system.



Five most common traumatic events for young children seen at PRI's Child Study Center:

1. Separation from a loved one (71%)
2. Seeing family fight physically (47%)
3. Incarceration of close family member (33%)
4. Neglect (28%)
5. Physical assault (26%)

*Percentages do not add up to 100% because most of these children have experienced more than one trauma.

Complex Trauma In July 2015, PRI's Child Study Center started the Complex Trauma Assessment program in partnership with DCFS. The goal of the program is to deliver comprehensive psychological evaluation services in order to provide diagnostic clarification and treatment recommendations to address the needs of high-risk youth within the child welfare system. Feedback from these evaluations is shared with foster families, DCFS personnel, attorneys ad litem, and youth to ensure that a team of trusted adults understands the results and recommendations provided by the UAMS team.

Serving Children Ages 0-5 Arkansas NEST continues to provide evidence-based treatments in two interventions designed for very young children and their parents (Parent-Child Interaction Therapy and Child-Parent Psychotherapy). Since 2012, MHPs have provided services to 286 children five years old and younger who have experienced traumatic events (including 89 children this fiscal year). On average, children experienced five types of traumatic events prior to treatment. For children and parents with a follow-up assessment, significant improvements were seen in children's internalizing behaviors (such as being withdrawn, anxious, or depressed) and externalizing behaviors (such as acting out, having tantrums, or showing aggression) and in parenting stress. Reductions in symptoms of PTSD were also found.

Objective 4:

Statewide Communication System

Website The ARBEST website (arbest.uams.edu) continues to be regularly updated, providing trainees and other visitors crucial information about the program's efforts and accomplishments. During the past year, the site had 11,835 visits. One of the more popular resources on the website is the TF-CBT Clinician Directory. More than 290 clinicians from 58 Arkansas counties are listed in the directory.

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. As of June 30, 2016, approximately 1,900 mental health professionals from 68 counties had registered in the database.



Search for a TF-CBT Clinician (arbest.uams.edu/clinicianslist):

The screenshot shows the UAMS website header with the text 'AR Building Effective Services for Trauma'. Below the header is a navigation menu with links for Home, About Us, Resources, CACs, MHPs, Parents, Youth and Children, and TF-CBT Clinicians. The main content area is titled 'TF-CBT Clinicians' and includes a search form with dropdown menus for 'Select County' and 'Select City', and a 'View County PDF Report' button.

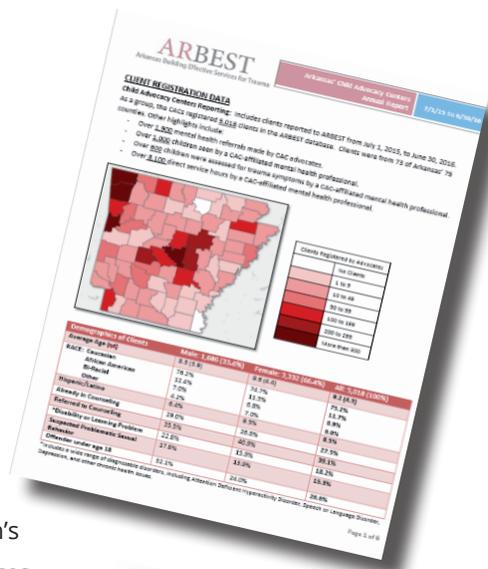
Reports Semi-annual reports are prepared for the state's 14 Child Advocacy Centers (CACs). For these reports, ARBEST analyzes their mental health program and provides statistics related to client characteristics and service utilization. ARBEST also creates quarterly reports for the state legislature to account for the mental health appropriation distribution.

Newsletter To expand reach, in 2013 ARBEST began publishing 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, 29 issues have been published with cover stories ranging from new National Children's Alliance standards of accreditation, renowned Adverse Childhood Experiences (ACEs) expert Dr. Vincent Felitti's presentation to UAMS, and mental health appropriation updates. Each month the newsletter averages 12 pages and 135 subscribers.

Social Media ARBEST's monthly webinars are recorded and uploaded to its YouTube channel. These videos have garnered more than 6,500 additional views this year, a 30% increase compared to last year.

In December, ARBEST broadened its audience through social media by adding a Facebook page as a means to disseminate information about issues pertaining to childhood trauma. The venture has been very successful. Posts with the most engagement (e.g. likes, comments, and shares) have been about TF-CBT training registration and ARBEST staff presentations. The ARBEST Facebook page audience continues to grow each month, achieving 475 "likes" in its first six months.

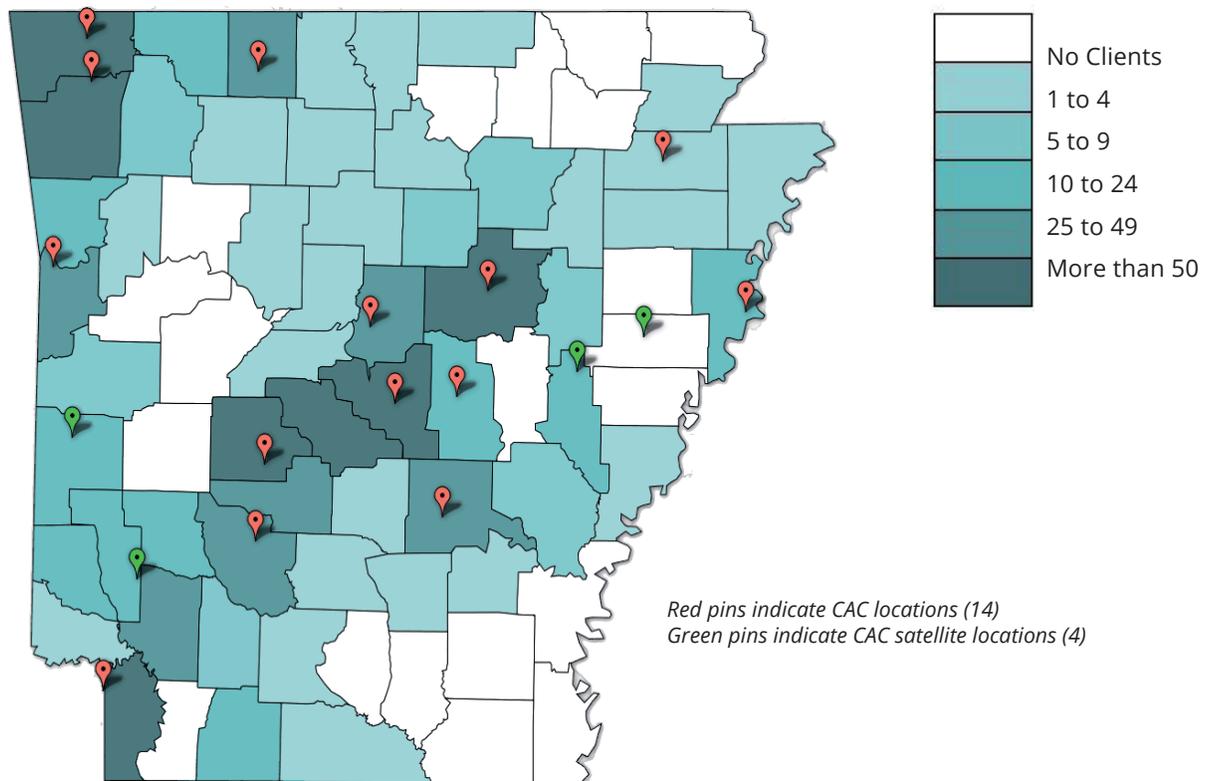
Go: www.youtube.com/c/UAMSARBEST
www.facebook.com/arbestuams



Objective 5: Fund MHP Services in CACs

Clients Served Through Act 287 of the Fiscal Session of the State of Arkansas 87th General Assembly in 2010, ARBEST is authorized to award and administer funds collected to provide mental health services in the state's 14 Child Advocacy Centers. This year CAC-affiliated MHPs registered 1,114 of 3,231 (35%) eligible clients* in the ARBEST database.

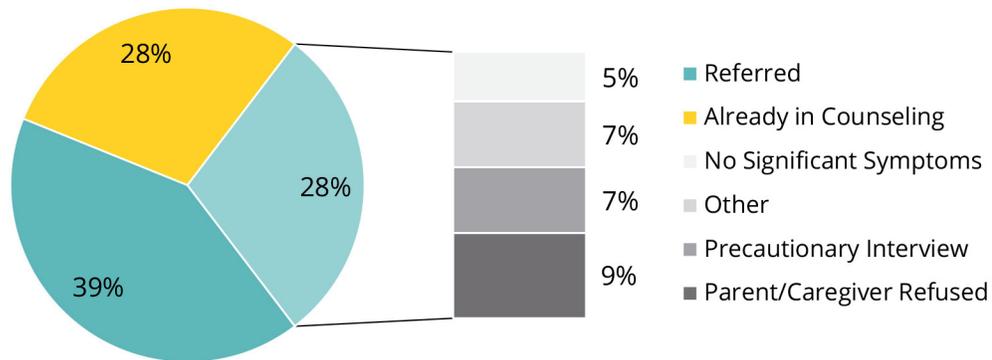
Clients Seen by CAC-Affiliated MHPs (n=1,114) in FY16



*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. Clients were from 56 of Arkansas' 75 counties.

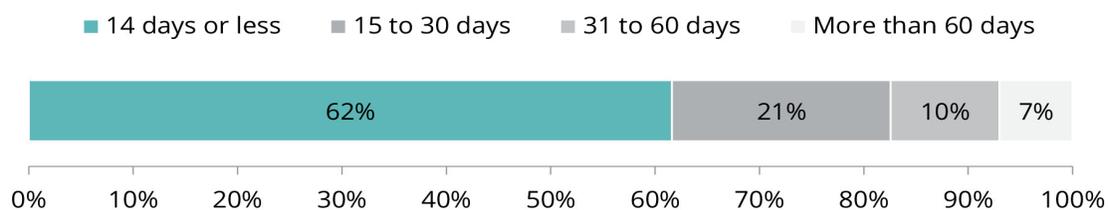
Referrals to Mental Health Services The majority of clients (67%) were either referred or already in counseling at their initial CAC visit. For clients who were not referred to counseling, the most common reason was the parent or caregiver refused services at that time.

Referral Status of CAC Clients (n=5,018)



Engaging Clients in Services One of the overarching goals of the CAC mental health appropriation is to connect children and their families to mental health professionals who are trained in an evidence-based intervention, such as TF-CBT. On average, the first mental health appointment takes 20 days from the time a child is first seen at a CAC.

Time from CAC Visit to MHP Appointment (n=1,114)



“We are so very thankful for our mental health component. The transformation we witness from the onset of the children’s cases and throughout their therapy process is extraordinary. To see their hope restored and childhood innocence renewed, and then, to hear their laughter as they skip through our garden, is glorious!”

**- Janice Faye Beaver, Executive Director,
Cooper-Anthony Mercy Child Advocacy Center**

Appropriation This year ARBEST distributed more than \$500,000 to CACs to promote evidence-based mental health services—a 14% increase from last fiscal year. In order to receive the full appropriation amount each quarter, CACs must demonstrate that the MHPs affiliated with their agency: 1) Provide a minimum of 94 direct service hours in the quarter or 2) Document contact with at least 30% of new eligible CAC clients seen in the quarter.



CAC Funding to Promote Evidence-Based Mental Health Services

Child Advocacy Center (Location)	Mental Health Services	Data Entry Services	Total
Central AR Children's Advocacy Center (Conway)	\$42,072.00	\$2,052.00	\$44,124.00
Children's Protection Center (Little Rock)	\$41,381.00	\$1,837.00	\$43,218.00
Children's Safety Center (Springdale)	\$42,045.00	\$2,106.00	\$44,151.00
Children's Advocacy Center of Benton County (Little Flock)	\$34,600.00	\$2,452.98	\$37,052.98
Children's Advocacy Center of Eastern AR (West Memphis)	\$24,411.02	\$579.00	\$24,990.02
Children's Advocacy Center of Pine Bluff (Pine Bluff)	\$36,229.09	\$1,215.00	\$37,444.09
Cooper-Anthony Mercy Child Advocacy Center (Hot Springs)	\$46,206.00	\$3,793.00	\$49,999.00
Grandma's House Children's Advocacy Center (Harrison)	\$48,106.00	\$1,893.00	\$49,999.00
Hamilton House Child Safety Center (Fort Smith)	\$34,600.00	\$3,459.00	\$38,059.00
Percy & Donna Malone Child Safety Center (Arkadelphia)	\$34,600.00	\$689.00	\$35,289.00
Texarkana Children's Advocacy Center (Texarkana)	\$42,849.49	\$2,094.00	\$44,943.49
Wade Knox Children's Advocacy Center (Lonoke)	\$20,277.32	\$1,820.00	\$22,097.32
White County Children's Safety Center (Searcy)	\$32,581.66	\$1,590.00	\$34,171.66
TOTALS	\$479,958.58	\$25,579.98	\$505,538.56

FY16 Presentations

- Sigel, B. (2015, July). Trauma-Informed Juvenile Justice. Juvenile Officer Certification Training, Little Rock, AR.
- Kramer, T. (2015, July). Evidence-Based Practices for Youth in Juvenile Justice Settings. Children's Behavioral Health Care Commission, North Little Rock, AR.
- John, S. (2015, July). Understanding Symptoms and Evidence-Based Interventions for Children Who Have Experienced Trauma. Court Appointed Special Advocates (CASA), Little Rock, AR.
- Pemberton, J., John, S., & West, T. (2015, August). Parent-Child Interaction Therapy (PCIT) Training. 43rd Annual Behavioral Health Institute, Hot Springs, AR.
- Kramer, T., Sigel, B., John, S., West, T., & Von Storch, J. (2015, August). Trauma-Focused Therapy. 43rd Annual Behavioral Health Institute, Hot Springs, AR.
- Edge, N. (2015, August). Child Care for Children Who Have Experienced Trauma. Headstart, Little Rock, AR.
- Kramer, T. (2015, August). Parent Trauma Training. Family Support Partner Training, Little Rock, AR.
- Sigel, B. (2015, August). Evidence-Based Trauma Treatments for Young Children. 2015 Arkansas Home Visiting Network Conference, Little Rock, AR.
- Pemberton, J., Sigel, B., & Vanderzee, K. (2015, August-September). PCIT Follow-Up Training. PCIT Introductory Training. PDI Phase, Jonesboro, AR.
- Edge, N. (2015, September). Partnering with Child Care Providers to Support Young Children Who Have Experienced Trauma. Arkansas CASA Conference, Little Rock, AR.
- Pemberton, J., Sigel, B., Funderburk, B., Girard, E., Messer, E., & Perry, N. (2015, September). Therapist Progress in PCIT Training: An "On the Ground" Perspective. 2015 PCIT International Convention, Pittsburgh, PA.
- Pemberton, J., Sigel, B., John, S., & Vanderzee, K. (2015, September). Keeping Them in Treatment: An Examination of Attrition Factors in a Community Sample. 2015 PCIT International Convention, Pittsburgh, PA.
- Vanderzee, K., & Pemberton, J. (2015, October). Brief Parenting Interventions: Expanding Your Toolbox. PsychTLC Teleconference, Little Rock, AR.
- Edge, N. (2015, October). Trauma in Very Young Children. Ad Litem Conference, Little Rock, AR.
- Kramer, T. (2015, October). Research in Traumatic Stress: Past, Current, and Future Directions. Psychiatric Research Institute Director's Club, Little Rock, AR.
- Sigel, B., & Church, J. (2015, October). Addressing Cognitive Distortions. Arkansas Children's Advocacy Center (CAC) Conference for Advocates and Mental Health Professionals, Little Rock, AR.
- Helpenstill, K., & Dickeson, K. (2015, October). Non-Believing & Supportive Caregivers. Arkansas CAC Conference for Advocates and Mental Health Professionals, Little Rock, AR.
- Kramer, T. (2015, November). State Policy Innovations in Child Trauma: Lessons from North Carolina and Arkansas. National Child Traumatic Stress Network webinar.
- Kramer, T., & Vanderzee, K. (2016, January). Who is Advocating for Children Under Six? Uncovering Unmet Needs in Advocacy Centers. International Conference on Child and Family Maltreatment, San Diego, CA.
- John, S., & Pemberton, J. (2016, March). Helping Traumatized Children Succeed in the Classroom. Baseline Elementary School Staff Meeting, Little Rock, AR.
- John, S., & Sievers, C. (2016, March). Recognizing and Responding to Childhood Traumatic Stress. National Association of Social Workers Annual Conference, Little Rock, AR.
- Kramer, T., & Sievers, C. (2016, April). Closing the Gap: Promoting Continuous, High Quality Care for Maltreated Children. International Symposium on Child Abuse, Huntsville, AL.
- Kramer, T. (2016, April). Trauma: Childhood Events into Adult Behaviors. Annual State Drug Court Conference, Little Rock, AR.
- Pemberton, J., & Sievers, C. (2016, April). Implementing & Sustaining TF-CBT in Practice Settings. Arkansas Mental Health Counselors Association Annual Conference, Little Rock, AR.
- Mesman, G. (2016, April). Psychological Evaluations for Children and Adolescents. Children in the Courts, Little Rock, AR.
- John, S. (2016, June). Panel Discussion: In This Together. Team Approach to Supporting Vulnerable Children, Building Strong Families. Arkansas Association for Infant Mental Health (AAIMH) Annual Conference, Little Rock, AR.
- Vanderzee, K. (2016, June). Supporting Young Children with Behavioral Change. AAIMH Annual Conference, Little Rock, AR.
- Kramer, T. (2016, June). Trauma-Informed Care. Presentation for Ouachita Children's Center Annual Staff Training, Hot Springs, AR.

FY16 Publications

- Vanderzee, K. L., Pemberton, J., Conners-Burrow, N. A., & Kramer, T. L. (2016). Who's advocating for children under six? Uncovering unmet needs in child advocacy centers. *Children and Youth Services Review*, 61, 303 – 310. doi: 10.1016/j.childyouth.2016.01.003.
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