

SUPPORTING THE MENTAL HEALTH NEEDS OF CHILDREN

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TRAUMA RESOURCE INITIATIVE FOR SCHOOLS (TRIS)



The Trauma Resource Initiative for Schools (TRIS) will support schools in their efforts to **prepare** for, **respond** to, and **recover** from traumatic events affecting members of the school community.



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CHILD EXPERIENCES

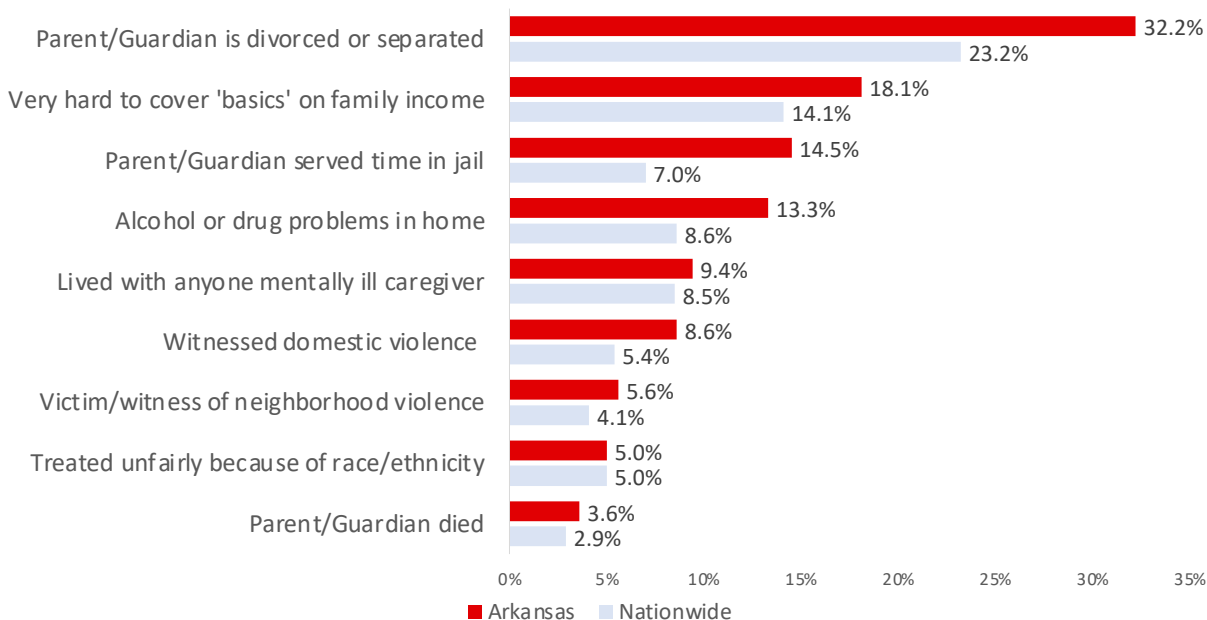


- **More than two thirds of children** report experiencing or witnessing at least one traumatic event including physical or sexual abuse, domestic violence, or accidents.
- **Often referred to as Adverse Childhood Experiences (ACEs)**, these traumatic experiences can lead to learning, behavioral, and health problems that last a lifetime.



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2019-2020 National Survey of Children's Health
Adverse Childhood Experiences Arkansas v. Nationwide



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CHILD TRAUMA IN ARKANSAS



30% of Arkansas
students have
2 or More
Adverse Childhood
Experiences

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SPOTLIGHT: POSTTRAUMATIC STRESS



- Approximately 1/3 of children will develop Posttraumatic Stress Disorder (PTSD) or another trauma-related disorders after experiencing a traumatic event. This could be a trauma that happens only once (e.g., a bad car accident) or trauma that happens repeatedly (e.g., witnessing domestic violence or experiencing abuse).
- Symptoms of PTSD:
 - **Re-experiencing:** nightmares, getting emotionally or physically worked up when reminded of the trauma, talking/thinking about trauma frequently.
 - **Avoidance:** trying to avoid thinking about/talking about trauma or avoiding situations/places/people that would remind you of the trauma.
 - **Negative Mood or Thoughts:** absence of positive emotions, lots of negative emotions, self-blame
 - **Alterations in Arousal/Reactivity:** impaired concentration, sleep disturbances, being hyper-aware of your surroundings or jumpy

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SPOTLIGHT: ANXIETY



- There are many different types of anxiety disorders, such as Generalized Anxiety Disorder, Social Anxiety Disorder, Specific Phobias, or Separation Anxiety Disorder.
- About 10% of children have a diagnosable anxiety disorder (this rate has increased since the COVID-19 pandemic started). Specific Phobias are most prevalence in younger children, and generalized anxiety is most common in adolescents.
- Apart from Separation Anxiety Disorder, significant anxiety symptoms most commonly emerge in late childhood (10-12 years of age).
- Young child anxiety is typically not predictive of stable anxiety into adulthood. However, anxiety symptoms in middle childhood (6-12 years) are much more predictive of adult difficulties.
- It is very common for a child to have more than one type of anxiety disorder.

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SPOTLIGHT: DEPRESSION



- There are a few different types of depression, including Persistent Depressive Disorder and Major Depressive Disorder.
- About 4% of children have a diagnosable depressive disorder (this rate has increased since the COVID-19 pandemic started).
- For many children, depression presents as irritability (as opposed to sadness or low mood) and a loss of pleasure in previously-enjoyed activities.
- Depression can include very risky symptoms, such as suicide or self-harm, so it's incredibly important for caregivers to get children the help they need.

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HOW DO I KNOW MY CHILD NEEDS HELP?



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KNOW WHEN TO GET ADDITIONAL HELP



- Are symptoms excessive and/or causing impairment (i.e., getting in the way of how a child is doing at home, in school, or with peers)?
- A referral to mental health can assess family needs. There are many free services available to start this process.



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RED FLAGS: SCHOOL-AGE CHILDREN



Persistent anxiety/
depression/loss of
interest/withdrawal

Aggression

Behavior changes,
particularly those
that seem out of
character

Sleep changes

Unhealthy eating
patterns

Academic changes

Bodily complaints
(e.g., headaches,
stomachaches, etc.)



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RED FLAGS: ADOLESCENTS



- Persistent anxiety/depression/loss of interest/withdrawal
- Suicidal ideation/self-harm
- Aggression
- Unhealthy eating patterns or sleep changes
- Academic problems (e.g., grade changes, truancy, etc.)
- Risky behaviors (e.g., drugs, alcohol, sex, unsafe driving, etc.) or behavior changes that are “out of character”
- Unwilling/able to communicate about their activities/feelings
- Changes in personal hygiene

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CONNECTING TO MENTAL HEALTH



- If you have worries, listen to your gut and get your child assessed.
- The rates of mental health difficulties have increased in children over the past five years. However, the rate of accessing mental health services has decreased.
- Many families who need mental health services for their children never end up seeing a mental health therapist.
- You can start with your Primary Care Physician (PCP), as many insurance providers (including Medicaid) will require a PCP referral in order to access mental health care.
- There are also free programs available that offer brief counseling services free of charge, and can connect you with longer term services if that is needed.

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AR ConnectNow provides FREE virtual mental health services in Arkansas.

Call 24 hours a day, 7 days a week: 800-482-9921 or 501-526-3563

Services:

- Short-term virtual therapy (6-8 sessions) for stress & other concerns
- Counselling/resources for alcohol and/or substance abuse
- Referrals to long-term treatment near you when needed
- Connect you to local resources such as food or shelter

Always FREE. No copays or bills.

- No insurance or referral required.
- Must be *within* the state of Arkansas at time services are provided

AR ConnectNow can provide care for most ages. Minors must have guardian's consent to call.







AR ConnectNow was made possible by Grant Numbers 1H79FG000240-01/678-01 from SAMHSA and DAABHS.

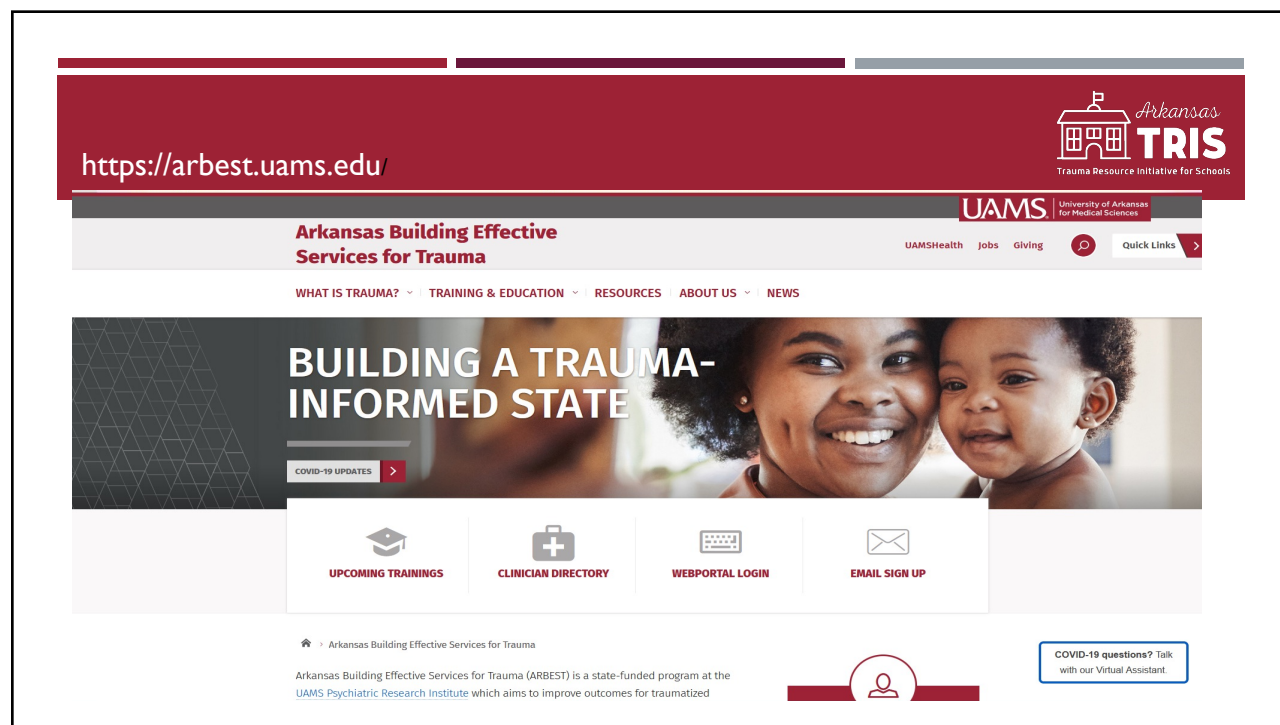


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 uams.health/arconnectnow
 arconnectnow@uams.edu

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Find a Clinician

<https://arbest.uams.edu/clinicianslist/>

Find a Clinician

Use this state directory to find clinicians trained in evidence-based treatments for trauma including:

- **Child Parent Psychotherapy (CPP)** – treatment for children (ages 0-5) that has been shown to reduce emotional and behavioral difficulties associated with trauma, enhance safe caregiving practices, and strengthen the parent-child relationship.
- **Parent-Child Interaction Therapy (PCIT)** – treatment for children (ages 2-7) with disruptive behavior, including those with trauma, that has been shown to reduce behavior problems, strengthen parent-child attachment, and improve trauma symptoms.
- **Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)** – treatment for children and adolescents (ages 3-18) that has been shown to successfully resolve emotional and behavioral difficulties associated with trauma.
- **Cognitive Processing Therapy (CPT)** – treatment for adolescents and adults that has been shown to successfully reduce posttraumatic stress disorder (PTSD) symptoms related to a variety of traumatic events including child abuse, combat, sexual assault, and natural disasters.

Instructions: Locate clinicians by selecting county and/or city in the drop-down menu. If the county or city desired is not listed, email arbest_info@uams.edu for a list of clinicians in training for that area. This list of clinicians is for those who are: "In-Training" or "Graduated" in evidence-based trauma therapies including CPP, PCIT, TF-CBT, and CPT.

Select County ▼ Select City ▼ All Therapies ▼

First Name	Last Name	Organization	Select Provider

ARBEST
Arkansas Building Effective Services for Trauma

UAMS
Psychiatric
Research Institute

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let's connect



Arkansas
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Trauma Resource Initiative for Schools

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FOR A HEALTHIER ARKANSAS



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