

CAM Newsletter

Professionals Empowering Children

Update from the Director

Season's Greetings!

It is such a fun and busy time of year. I hope you are all able to take some well-deserved time off to spend with family and friends. I want to thank all of the MDT and CAC professionals out there for the work that you do and the lives you impact every day. Your work is hard but admirable. Please take time to bask in the things that fulfill and drive you each day. Celebrate and reward yourselves with time to relax, play, eat and be merry!

I would like to thank the CAM Board of Directors for their leadership, guidance and willingness to expand our services and grow CAM as an organization. Thank you to all of you who supported CAM and attended the CAM/MCSART collaborative trainings this past year. Rest up, relax and enjoy the holidays because when 2019 get here, we will be off and running again.

Thank you for the opportunity to work with each of you. It has been an amazing year for Montana. Happy Holidays and Happy New Year!

Here's to hope for even better outcomes for kids and families in 2019 –

Cheers!
Brenda George, CAM Executive Director

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Your online shopping can help fund our organization - it's a win-win!

AmazonSmile is a website operated by

Amazon with the same products, prices, and shopping features as Amazon.com. When you shop on AmazonSmile, the AmazonSmile, 0.5% of the purchase price of eligible products will be donated to the charitable organization of your choice! It's simple and easy to use! Go to: smile.amazon.com, and use your regular Amazon login information to log into your account. At the top of the page, right under the search bar, you'll find a space to pick your charitable organization. Go ahead and search for Children's Alliance of Montana. AmazonSmile can be used year-round!



Butte Child Evaluation Center Celebrates 20 years!

The Butte Child Evaluation Center recently celebrated their 20th Anniversary with a party on December 14th at their facility, located within the Southwestern Montana Community Health Center. The celebration honored past and present MDT members whose work helped shape the direction of the Butte CEC and their ability to help children and their families.

The Butte CEC was the first-ever accredited Child Advocacy Center in the State of Montana. Founded in 1998, it was accredited by the National Children's Alliance in 2007.



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Join Us In Big Sky For the 2019 Montana Children's Justice Conference!

You won't want to miss the 2019 Montana Children's Justice Conference, coming up January 16-17 at Buck's T-4 Lodge in Big Sky! As always, we have some amazing presenters and topics lined up for this conference! This year's lineup of guest speakers includes:



Sasha Joseph Neulinger
"Rediscovering the Beauty Within"

Sasha Joseph Neulinger is the founder and President of Voice For The Kids, LLC, and the co-founder and Head of Production at Step 1 Films, LLC. In addition to his many film projects, Sasha also travels nationally as public speaker, advocating for reforms in child advocacy and child abuse prevention. Sasha's 2015 TEDxBozeman presentation "Trauma Is Irreversible. How It Shapes Us is Our Choice" has been viewed on YouTube nearly 200,000 times to date, reaching survivors internationally. Sasha was the Survivor Keynote Speaker at the 28th annual Crimes Against Children Conference, and in June, 2018, was the Plenary Speaker at the 2018 National Children's Alliance Leadership Conference in Washington DC.



Justin Fitzsimmons
"When a Child Takes it Back: Recantation in Cases of Child Abuse"
"The Impact of Technology on Adolescent Development & Compliant Victims; Using Social Media Open Source Resources to Corroborate Cases"

Justin Fitzsimmons is a Program Manager in the High-Tech Crime Training Services (HTCTS) department of SEARCH, The National Consortium for Justice Information and Statistics. Justin frequently presents at international, national, and regional conferences. He has published articles on digital evidence authentication, computer forensics for prosecutors, and child sexual exploitation.



Lawrence Jay Braunstein
"How to Make Friends with The Fox in the Hen House – When You are the Hen"
"How to Survive Cross Examination for Forensic Interviewers: It's Not What You Say, It's How You Say It."
"The Anatomy of a Sexual Assault Case From the Defense Point of View"

Lawrence Jay Braunstein is a partner in the law firm of Braunstein & Zuckerman, Esqs, in White Plains, New York. Since 1985, he has specifically focused his practice in the areas of child custody litigation and litigation involving allegations of child sexual abuse, physical abuse and abusive head trauma (shaken baby) in matrimonial, family and criminal cases. He regularly lectures as an invited speaker, both nationally and internationally. He is presently an Adjunct Professor of Law at Hofstra University School of Law, Hempstead, New York. He has been named as one of the "Top Attorneys in the New York Metro Area" as published in the New York Times Magazine's Super Lawyer Section, and one of the top Twenty-Five "Super Lawyers" in the Westchester County, NY, area.

Our original lodging blocks at Buck's T-4 and Rainbow Ranch Lodge have filled up! However, we have reserved another block of rooms at The Lodge at Big Sky! To book your room, give The Lodge at Big Sky a call at (406) 995-7858 and let them know you are with the Children's Justice Conference, and are requesting the government rate.

We are looking forward to seeing you in Big Sky next month!

Register Now For the 2019 Children's Justice Conference
January 16-17, 2019 in Big Sky !
Contact CAM Training Coordinator, Tammy Mehlhaff
training@childrensalliancemt.org or (406) 534-9945

NCA Accreditation -- Meeting the Standards:

Focus Standard for this Month: Medical



I want to take a moment to focus on the specialized medical evaluation and treatment services that are required to be available to all CAC clients and are coordinated as part of the multidisciplinary team response, per NCA's Standards for Accredited Members. I am certain that you are all familiar with the importance of and benefits to such exams, but that's not why I raise the issue. I want to focus on what is often considered the most onerous and stressful requirement of the Standard, which is the mandate that "[w]hether the exams occur on-site or offsite via a linkage agreement, the medical provider must meet the Training and Eligibility Standards for Training and Continuous Quality Improvement [CQI]." Standards, p. 31. It's one thing if the medical provider is on-site, but if the provider works in an entirely separate facility, how—and why—should CACs impose requirements for training and CQI? The answer, of course, is that we want to assure both quality and consistency for the clients we serve. And the need for that is borne out in a study recently published in the journal *Pediatrics*. The article, titled "Improving Emergency Department Care for Pediatric Victims of Sexual Abuse,"^[1] chronicles the implementation and use of an algorithm to improve adherence to testing and treatment guidelines for treating child victims of sexual abuse as set forth by the American Academy of Pediatrics (AAP) and the Centers for Disease Control and Prevention (CDC). In laymen's terms, the algorithm functions essentially as a flow chart or decision tree, helping the staff of a pediatric emergency department "improve the provision of recommended medical management for patients with reported sexual abuse." *Id.*, p. 2.

The importance of the algorithm, though, lies not only in its functionality, but also in the need for it in the first place. This study was conducted at a large pediatric tertiary care center that is a level I trauma center staffed by pediatric emergency medicine faculty, including clinical staff pediatricians, nurse practitioners, and resident physicians. The researchers note that "[a]ll providers can care for patients with reported sexual abuse.... Our PED [pediatric emergency department] is also staffed with social workers and pediatric sexual assault nurse examiners (P-SANes), available at all times." *Id.* Nevertheless, when the researchers conducted a needs assessment "to identify areas for improvement and understand PED provider confidence with evaluating and treating reported sexual abuse," they found that "the majority of providers did not feel 'very' or 'extremely confident' with the medical management of patients presenting with reported sexual abuse." *Id.* Additionally, the survey showed that only about 57 percent of the patients were receiving care that adhered to testing and treatment guidelines set forth by the AAP and CDC.

As a result, the researchers developed an algorithm that includes "care recommendations for male and female patients, prepubertal and adolescent patients, and for victims in which the reported abuse happened at various times before presentation to the PED. The algorithm provides recommendations for evidence collection, HIV postexposure prophylaxis, STI testing and treatment, and emergency contraception. The algorithm is divided on the basis of pubertal status as well as the time since the last known contact with the alleged perpetrator." *Id.*, pp. 2-3.

The researchers then tracked the use of the algorithm from July 2015 to January 2018 and found that adherence to guideline-recommended care improved from 57 percent to 87 percent, and that adherence at 87 percent was maintained consistently from January 2017 to January 2018. Additionally, one of the most common reasons for lack of adherence was the addition of hepatitis B testing. *Id.*, p. 4.

Many, if not most, of us would assume that referral to a large, established, level I trauma-care pediatric emergency department would ensure a high level of adherence to the guidelines of care set forth by the AAP and the CDC for child victims of sexual abuse. But, as this study showed, that assumption is not necessarily correct. Providers, even in these settings, need additional education and support for these types of cases. The beauty of this study is that it proves such support is not only possible, but also can be implemented in relatively low impact ways such as through the use of an algorithm. I strongly encourage you to download this article and read it in full, and to share it widely with your colleagues and team members, particularly those in the medical field.

Remember, too, that there are other resources at your disposal to help you fulfill the requirements of the Medical Evaluation Standard. For example, the Midwestern Regional CAC (MRCAC) offers an entire Medical Academy, the focus of which is "Improving Accessibility and Quality of Child Abuse Medical Evaluations." Additionally, MRCAC offers specialized training courses for pediatric sexual assault nurse examiners (P-SANes) as well as webinars on a range of topics, including medical examinations and colposcopic photodocumentation.

In 2017, only about 26 percent of all children seen at a CAC received specialized medical examinations. We know that the "collection and documentation of possible forensically significant findings are vital." NCA Standards, p. 30. However, we also know that medical providers play an important role in the healing and recovery even for children for whom we do not anticipate having forensically significant findings from a medical examination. Just as we have worked to improve and dramatically increase the number of children seen at CACs who then receive mental health services, so too must we work to improve the number of children receiving medical services. Our children deserve no less.

As always, I thank you for all your hard work and dedication and for all that you do on behalf of children and families.

Teresa Huizar is the Executive Director of the National Children's Alliance

Upcoming Trainings!

Medical Training Academy: Pediatric/Adolescent Sexual Assault Nurse Examiner Course (PSANE)

Registration for the Winter, 2019 Session is
Now Open! Session begins January 1, 2019!

Medical Training Academy: Pediatric/Adolescent Sexual Assault Nurse Examiner Course is for medical professionals who are seeking Pediatric/Adolescent SANE training/certification. This course is specifically targeted for nurses/advanced practice nurses who seek SANE training that meets International Association of Forensic Nurses (IAFN) criteria and will meet the didactic portion necessary to sit for the IAFN SANE certification exam. PSANE includes 46.35 hours of course content, and the cost is \$349 for the course. For more information, please visit mrcac.org/medical-academy/psane to find out more about this course and to register.



Conducting Child Abuse Investigations February 11-15, 2019, Chicago IL

Gather up-to-date information for the investigation and prosecution of all types of child abuse cases utilizing a multidisciplinary team(MDT) approach. Learn about medical evidence, interviewing child victims/witnesses and adult suspects/witnesses, along with legal issues involved in the investigation and prosecution of child physical and sexual abuse cases. This training takes place in Chicago, IL. There is NO FEE to attend this training. Tuition, student materials, and instructional costs are provided by the Missing and Exploited Children Training and Technical Assistance Program. Additionally, the cost of lodging for non-federal attendees will also be covered. Lodging arrangements will be made by MEC Training and TA. Attendees will be responsible for their own travel, food, parking and ancillary expenses associated with attending this training. To find out more, visit <https://ncjtc.fvtc.edu/training>

SHIFT: Supporting Heroes In mental health Foundational Training

Tuesday, February 26, 2019 Colorado
Springs, CO

This workshop is for individuals exposed to child sexual abuse images AND mental health professionals working with them. This course offers professionals who are exposed to child sexual abuse images at work and who may interact often with child sex offenders the opportunity to learn about the causes and symptoms of the negative effects that may occur as a result of their duties and ways to mitigate them. Mental health professionals learn about the challenges faced by professionals exposed to child pornography and other operations involving child sex offenders. The course also will provide mental health professionals with tools to help exposed individuals. This training takes place in Colorado Springs, CO. For more information, visit <http://shiftwellness.org>

Sexual Offenses: Mind and Motivation February 26-27, Bellingham, WA March 18-19, New Orleans, LA

Gain an introduction into the psychology, or mindset, of those that commit sexually motivated crimes. Learn about sex offender typologies and patterns of behavior. Explore the relationship between paraphilia such as exhibitionism, voyeurism, and fetishism and criminal acts. Review and dissect real case examples to gain insight into offender modus operandi. Knowledge obtained can be applied during interview and interrogation to help resolve sexually motivated cases. This training is ideal for community corrections officers, social workers, law enforcement and prosecutors. Topics covered will include: situational vs. preferential sex offenders and paraphilia, sexual addiction, child molesters, case studies, female sex offenders and typologies for female child molesters, and rapist typologies with case studies. The cost of this course is \$195. To register, visit the National Criminal Justice Training Center web site at: ncjtc.fvtc.edu

New Trainings from NCAC

There are a huge variety of virtual trainings that you can take - free of charge! - from the National Children's Advocacy Center's Virtual Training Center! Here are some of their newest trainings! The available online trainings cover a wide variety of topics that are relevant to law enforcement, social work, mental health and advocacy fields. Check out their website at ncacvtc.org

Law Enforcement's Initial Response to Child Maltreatment

This training is specifically designed for responding patrol officers who are not specialized child abuse investigators. The patrol officer may be responding to a scene where the initial contact is a report alleging abuse of a child, or the officer may encounter children while responding to crimes other than child abuse. Because of the sensitive nature of child abuse inquiries and the need to skillfully secure and document the child's initial forensic interview, patrol officers need to respond in a specific manner. It is essential for patrol officers to know how to gather crucial information from people at the scene, assure the child's safety, and refer the information appropriately and in a timely manner to the appropriate professionals or team members.

Child Sexual Abuse 101

Child sexual abuse involves any sexual activity perpetrated against a minor by threat, force, intimidation or manipulation and includes both contact and non-contact abuse. The array of sexual activities include fondling, touching a child sexually, making a child touch a person sexually, intercourse, sexual assault, rape, incest, sodomy, exhibitionism, or involving a child in sexual exploitation or trafficking. This presentation is designed for persons working with children in any capacity – whether as childcare staff, law enforcement or child protective workers new to the field, persons in the ministry, school personnel, youth-serving organization staff, etc. The presentation topics include an introductory examination of sexual abuse dynamics; the disclosure process and what prevents children from disclosing; how trauma affects brain development and results in life-long challenges for children; how offenders groom children, families, and the community; and how to listen to and assist a child who discloses maltreatment.

Registration Open for WRCAC Court Prep Training

Western Regional Children's Advocacy Center (WRCAC) is currently accepting applications for our upcoming Court Preparation for the Medical & Legal Professions Training to be held in Portland, Oregon on February 26-28, 2019 (3 days). The training is designed for two-member teams to attend as follows:

- One healthcare provider (e.g., physician, nurse practitioner, sexual assault nurse examiner or physician assistant) who provides medical evaluations for suspected victims of child abuse (please note, this training is not designed for nurses or other healthcare providers whose role is to assist the examiner);
- One prosecutor or child protection attorney handling criminal cases of child abuse.

This training is designed to build the knowledge and skills of medical providers and prosecutors who respond to, treat and investigate the physical and sexual abuse of children. The training addresses the respective roles of medical providers and prosecutors with regard to evidence collection and prepares each to elicit and provide unbiased, expert testimony in subsequent criminal court proceedings. To register for this training, please visit www.westernregionalcac.org/training-and-events/

Applications are being accepted through December 27, 2018!



Western Regional
CHILDREN'S ADVOCACY CENTER

What's New in CALiO?

The Child Abuse Library Online (CALiO) can help you by providing a comprehensive collection of research literature, databases, statistical references, how-tos and more, all in one location! Many of the available resources are only accessible to healthcare professionals, law enforcement personnel, prevention professionals, and educators. Use of the CALiO is an NCA Accredited Member benefit. Any MDT professional can gain access through their CAC Director if they have an accredited CAC. If not, please feel free to contact us here at CAM and we can access the library for you!

"A Pilot Study of Trauma-Focused Cognitive–Behavioral Therapy Delivered via Telehealth Technology"

Health care professionals are sometimes uncertain about how to respond to domestic violence, and what the best practices might be when working with children who have been exposed to it. This review takes a look at the response from the medical community to domestic abuse survivors and their children. Included are interventions aimed at improving professional responses to the disclosure of domestic violence with child involvement.

"Guidelines for establishing a telemental health program to provide evidence-based therapy for trauma-exposed children and families"

Although similar rates of traumatic experiences exist in both rural and urban settings, mental health resources available to those living in rural areas are often scarce. Limited resources pose a problem for children and families living in rural areas, and several barriers to service access and utilization exist including reduced anonymity, few "after hours" services, decreased availability of evidence-based treatments, few specialty clinics, and expenses associated with travel, taking time off work, and provision of childcare. As a solution, the authors discuss the utility, use, and set-up of a telemental health program within an existing community outreach program. Suggestions for establishing a telemental health clinic are presented along with guidelines for the delivery of trauma-focused, cognitive-behavioral therapy (TF-CBT) via telemental health videoconferencing technology.

"Provision of Evidence-Based Therapies to Rural Survivors of Domestic Violence and Sexual Assault via Telehealth: Treatment Outcomes and Clinical Training Benefits"

Rural survivors of sexual assault and domestic violence experience considerable difficulties accessing mental health services. Similarly, graduate psychology training programs located in rural locations have historically been limited in their ability to provide trainees with extensive exposure to specific client populations. With the advent of distal technologies—especially secure, encrypted videoconferencing capabilities—it is now possible to connect rural clients with specialized, mental health services provided by university-based training clinics. This article reviews mental health care needs and treatment barriers experienced by rural populations, and describes an innovative solution to begin to address these problems. Specifically, a partnership between a university-based mental health care clinic and 3 rural domestic violence/rape crisis centers is described, and preliminary treatment outcome data are presented. Training benefits reported by graduate student therapists and satisfaction ratings provided by crisis center staff and advocates are also presented and discussed.

"Exploring perceptions of a computerized cognitive behavior therapy program in a U.S. rural western state"

Computerized mental health interventions have the potential to address existing mental health care disparities in rural communities. The aim of this study was to conduct an exploratory examination on the acceptability of an interactive computerized cognitive behavior therapy program to reduce depressive symptoms for adults in a rural Western state. Partnering with the land-grant university Extension system and a state nonprofit organization, we identified and interviewed 18 key informants and conducted 19 focus groups in 15 rural communities to ascertain attitudes and perspectives about the program.