

A Look Inside:

MENTAL HEALTH



River Bridge
Regional Center Inc.

CHILD ABUSE

is a local and national tragedy, a horrifying epidemic that does not discriminate based on gender, age, race, socioeconomic status, or religion. Consequences to child abuse and neglect extend beyond the victims to impact their families, future relationships, communities, and society at large. When one experiences trauma, the action can affect their brain and bodies, developing post-traumatic stress disorder (PTSD) in some abuse cases. The Child Welfare Information Gateway, administered by the U.S. Department of Health and Human Services, describes the long-term impacts of child abuse: physical, psychological, behavioral, and societal consequences. These impacts include problems with **fear, anxiety, depression, anger and hostility, self-destructive behavior, feelings of isolation, poor self-esteem, and difficulty trusting others**. If these abuse symptoms are not addressed, the negative effects of abuse can lead to juvenile delinquency, substance abuse, and homelessness. Victims of abuse also more likely targeted and coerced into human trafficking situations. RBRC exists to ensure expedient services are provided for child abuse victims.

RIVER BRIDGE REGIONAL CENTER'S

MENTAL HEALTH SERVICES are critical in helping children heal by helping them **find their voice, strength, and hopes for their future**. Studies substantiate that victims of abuse are better able to handle crises and have fewer long-term negative effects when **immediate support** is provided. Therefore, we ensure that the licenced mental health clinicians at RBRC meet with the victim and families as soon as possible.

The effectiveness of the child advocacy model to address this crisis is well documented. Its success is attributed to the unique multi-disciplinary community response system. RBRC first earned accreditation by the National Children's Alliance (NCA) in 2010, again in 2015, and most recently in October of 2020. CAC's like River Bridge adopt the vigorous standards set by NCA to ensure that the child is protected, provided support and services that lead them on the path towards healing. We also work closely with investigators and prosecutors to help those agencies hold offenders accountable

The NCA Mental Health standard states "effective therapeutic intervention and evidence-based treatments will reduce the impact of trauma and the risk of future abuse" in sexually or



physically abused children. Evidence also shows that **supportive family members are key to a child's recovery**. The non-offending family members also benefit from counseling sessions to help work through the emotional trauma from the child's disclosure of abuse and help in providing protection from future abuse. For this reason, all children and non-offending family members are provided treatment regardless of financial ability.



NATIONAL
CHILDREN'S
ALLIANCE®

Every child victim and their non-offending family is referred to a mental health therapist that provides evidence-based treatments (EBT). EBT is backed up by objective, scientific evidence that proves its effectiveness. In compliance with the NCA Accreditation Standards, evidence based, trauma focused mental health services for the child and non-offending family are provided by all service providers, whether on-site or by referral.



Janet Earley, LCSW

RBRC has two mental health therapists on-site, Janet Earley, LCSW and Meghan Hurley, LCSW. Having onsite clinicians, our children and families do not have to worry about navigating insurance approval or worrying about the limited number of sessions crime victim compensation approves. RBRC provides mental health services for the duration of the child's needs. Our clinicians have been providing therapy at RBRC and in the Roaring Fork Valley for over 15 years.



Meghan Hurley, LCSW

Frasier, is our Facility Dog, certified trained by Canine Companions for Independence (CCI). Frasier's job is to comfort and befriend the children that RBRC assists. As a calm and neutral presence from initial disclosure, through therapy and even in the courtroom, Frasier works to help children feel safe and relaxed. In addition, his hobbies are sleeping in the sun and playing with friends.



Frasier, Facility Dog

Mental health therapy is essential to help the child work through their emotions after their traumatic experience. EBT is more than “talk therapy”, each patient is treated based on an individual assessment which informs the individual treatment plan that will bring more successful results. Children referred to RBRC and their non-offending family members will have access to a mental health therapist and a mental health assessment to determine the level of need for therapy. Our therapists, at the preference of NCA, utilize the Trauma Symptom Checklist for Children (TSCC) and Young Children (TSCYC) to assess their level of post-traumatic stress disorder, anxiety, depression, and determine potential problematic sexualized behaviors. If the score on the assessment is within the clinically significant range, our therapist will recommend one or more of the evidence-based interventions.

TYPES OF EVIDENCE BASED THERAPIES AT RBRC

Our mental health therapists use assessments to gain understanding about the level of trauma and the behaviors being exhibited by the child. Through their assessments, they are able to determine the proper course of evidence-based therapy for the child and/or family members.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT) is a structured, short-term treatment model that effectively improves a range of trauma-related outcomes with the child/adolescent and caregiver. TF-CBT effectively addresses many other trauma impacts, such as depression, anxiety, anger management, problem solving, and learning behaviors. In addition, this therapy practice can improve the participating parent's or caregiver's personal distress about the child's traumatic experience, effective parenting skills, and supportive interactions with the child. Typically, this the first considered treatment, 1) for its effectiveness, 2) short term duration, as it lasts for about 6 months, and 3) it's focus on parenting skills and the ability to connect the child and caregiver, by putting the caregiver in touch with the child's needs.



Parent Child Interaction Therapy (PCIT) is using the child and parent interactions through play to teach effective parenting skills. This evidence-based therapy is for young children (less than 8 years old) and their parents or caregivers. The adults learn and practice new skills and techniques for relating to children with emotional behavior problems, or mental health disorders that can develop from traumatic experiences such as physical and sexual abuse. PCIT helps with PTSD because it focuses on creating positive relationships between child and parents/caregivers in a supportive environment. RBRC therapist Janet Earley is the only PCIT provider from Aspen to Grand Junction.



Eye Movement Desensitization and Reprocessing (EMDR) is a non-invasive, evidence-based method of psychotherapy that helps victims recover from the effects of psychological trauma through adaptive information processing. EMDR therapy is an eight-phase trauma treatment that comprehensively identifies and addresses experiences that have overwhelmed the brain's natural resilience or coping capacity. Using attention simulation (such as side-to-side eye movements) to help change the way memories are stored. EMDR treatment is typically longer than TF-CBT because it's essential to first stabilize the client.



TF-CBT for Youth with Problematic Sexualized Behaviors (PSBs) is an additional component of TF-CBT for children who are displaying non-age appropriate sexual behaviors. It is not out of the ordinary for children who have been victims of abuse, neglect or witnessed traumatic events to develop maladaptive behaviors including sexualized behaviors. TF-CBT PSB is an effective therapeutic intervention for school aged children ages 5-12. The PSB components of TF-CBT include caregiver education, additional information on body safety, sexual development and specific skills to address impulsive behaviors.



OUTCOMES TO MENTAL HEALTH THERAPY

As a result of the services provided by RBRC, outcomes for child abuse victims and their families include:

- **Victims of sexual abuse will experience a decrease in traumatic symptoms because of immediate supportive services including access to a mental health therapist utilizing evidence-based treatments.**
- **Improve children's PTSD, depression, behavior problems, including those associated with challenging learning behaviors as a result of abuse.**
- **Reduce the child's feelings of shame and abuse-related emotions.**
- **Reduce parental distress associated with the child's abuse and improve positive parenting skills and practices.**



Resilience in children is difficult to measure and prove. What we do know is that a child's level of trauma is greatly affected by the number of adverse childhood experiences (ACEs) such as experiencing violence, sexual or physical abuse, substance misuse, a parent/caregiver attempting or dying by suicide, and a caregiver suffering from mental health problems.

Our mental health therapist work with the child and the non-offending family in order to build positive relationships within and outside the family.

THE MORE POSITIVE ROLE MODELS IN A CHILD'S LIFE. THE MORE STABILITY THEY ARE PROVIDED.

With positive role models for children to turn to, they will be able to process trauma sooner, less likely to act disruptively or experience PTSD, therefore leading the child to develop resilience.



To learn more about River Bridge's Mental Health program and other services, please visit our website:

WWW.RIVERBRIDGERC.ORG

