



# Children's Services Act Program Newsletter

## 18TH NORTHERN VIRGINIA CSA SYMPOSIUM & PROVIDER EXPO, MARCH 13, 2019

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More than 400 participants involved with CSA programs from Alexandria, Fairfax, Arlington, Loudoun, Prince William, and the City of Manassas visited providers, networked with colleagues, and attended workshops at this year's CSA Symposium and Provider Expo. Seventy-five organizations that provide services ranging from residential treatment, equine therapy, music therapy as well as home-based services to respite were on hand to answer questions and share information about their programs.

Visit the Symposium website at <https://www.fairfaxcounty.gov/healthymindsfairfax/csa-symposium> to download the presentations from the six workshop sessions.

The Symposium Planning Committee doesn't stop—they're already meeting to plan for the 2020 Symposium! Thank you to the presenters, providers and attendees who make this event a success each year!



## ADVERSE CHILDHOOD EXPERIENCES ARE DIFFERENT THAN CHILD TRAUMA, AND IT'S CRITICAL TO UNDERSTAND WHY

Legislators, caregivers, and the media increasingly recognize that childhood adversity poses risks to individual health and well-being. [The original Adverse Childhood Experiences \(ACEs\) Study](#) has helped raise public awareness about this critical public health issue. However, as the use of ACEs questionnaires for identifying potentially harmful childhood experiences has [gained popularity](#), it is important to understand how ACEs differ from other commonly used terms, including childhood adversity, trauma, and toxic stress.

**Childhood adversity** is a broad term that refers to a wide range of circumstances or events that pose a serious threat to a child's physical or psychological well-being. Common examples of childhood adversity include child abuse and neglect, domestic violence, bullying, serious accidents or injuries, discrimination, extreme poverty, and community violence. Research shows that such experiences can have serious consequences, especially when they occur early in life, are chronic and/or severe, or accumulate over time. For example, the effects of childhood adversity can become [biologically embedded](#) during sensitive periods of development and lead to [life-long physical and mental health problems](#). However, adversity does not predestine children to poor outcomes, and most children are able to recover when they have the right supports—particularly the consistent presence of a [warm, sensitive caregiver](#).

**Adverse childhood experiences (ACEs)**—a term coined by researchers Vincent Felitti, Robert Anda, and their colleagues—are a subset of childhood adversities. The researchers asked adults about childhood adversities in seven categories: physical, sexual, and emotional abuse; having a mother who was treated violently; living with someone who was mentally ill; living with someone who abused alcohol or drugs; and incarceration of a member of the household. Researchers found that the more ACEs adults reported from their childhoods, the worse their

physical and mental health outcomes. The term ACEs has since been adopted to describe varying lists of adversities. The [current ACEs study funded by the Centers for Disease Control and Prevention](#), for example, includes parental divorce or separation and emotional and physical neglect; other studies have added experiences of social disadvantage (e.g., economic hardship, homelessness, community violence, discrimination).

No ACEs lists or screening tools identify all childhood adversities, but those that do not include adversity related to social disadvantage are likely to overlook children in [specific racial or ethnic groups](#), who are disproportionately affected. It is equally important to assess each child's well-being to inform the type(s) of services that would most benefit that child. Gaining a full picture of a child can avoid overtreatment of children who have been exposed to ACEs but are functioning well.

**Trauma** is one possible outcome of exposure to adversity. Trauma occurs when a person perceives an event or set of circumstances as extremely frightening, harmful, or threatening—either emotionally, physically, or both. With trauma, a child's experience of strong negative emotions (e.g., terror or helplessness) and physiological symptoms (e.g., rapid heartbeat, bedwetting, stomach aches) may develop soon afterward and continue well beyond their initial exposure. Certain types of childhood adversity are [especially likely to cause trauma](#) reactions in children, such as the sudden loss of a family member, a natural disaster, a serious car accident, or a school shooting. Other childhood adversities (e.g., parental separation or divorce) tend to be associated with more variability in children's reactions and may or may not be experienced by a child as trauma. Childhood trauma is associated with [problems across multiple domains of development](#). However, trauma affects each child differently, depending on his or her individual, family, and environmental [risk and protective factors](#). For example, two children who experience the same type of adversity may respond in distinct ways: One may recover quickly without significant distress, whereas another may develop posttraumatic stress disorder (PTSD) and benefit from professional help.

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## FAIRFAX-FALLS CHURCH FY2019 CSA SERVICE GAP SURVEY



The Fairfax-Falls Church Community Policy and Management Team (CPMT) works to ensure that all children, youth, and families have fair and easy access to a network of quality services and supports that strengthen a family’s social, emotional, mental, and behavioral health. From time to time, the CPMT uses a Service Gap Survey to reach out to families and community and agency partners to gather information on what families need to thrive in their community.

Through the Service Gap Survey information is gathered on:

- Critical service gaps;
- The populations and age ranges affected by gaps in services; and
- The barriers and their level of impact on developing needed services.

The CPMT uses the survey results to coordinate long-range, community-wide planning that ensures the development of resources and services. We would greatly appreciate you taking the time to provide feedback by **Wednesday, April 24th** - the survey will take approximately 10 minutes to complete.

To complete the survey, please click on the link below:

<https://www.surveymonkey.com/r/2019-CSA-Gaps-Survey>

## CANS Certification

The Child Adolescent Needs and Strengths Assessment (CANS) is a mandatory uniform assessment required for children and youth served through the Children’s Services Act. New CANS users and those who need to recertify can do so at

<https://www.Schoox.com/login.php>.

Users must pass the CANS exam with a score of .70 or more. Please send a copy of your certificate to CSA via fax at 703.653.1369.

For info on how to create an account on the CANS training website, please download the “How To” Guide at <https://praedfoundation.org/wp-content/uploads/2018/08/Schoox-How-To-08072018.pdf>.

## Upcoming Trainings & Public Meetings

County employees can register through Employee U by searching for “CSASOC”. Non-county and FCPS staff can register at: <https://www.fairfaxcounty.gov/hocode/EReg/Registration.aspx?groupID=87>

### CANVaS Café

**Tuesday, April 23**

1:30 pm—3:30 pm

Government Center, Room 366.8

Have ideas about possible training topics? We’d love to hear from you! Please contact Patricia Arriaza at [patricia.arriaza@fairfaxcounty.gov](mailto:patricia.arriaza@fairfaxcounty.gov) with your thoughts.

### Public Meetings

**CPMT**

Friday, April 26th

1 pm - 3 pm

Government Center, Room 232





THURSDAY, MAY 9, 2019  
3:30 TO 6:30 P.M.

MERRIFIELD CENTER  
8221 WILLOW OAKS CORPORATE DR.  
FAIRFAX, VA, 22031

The [Fairfax-Falls Church Community Services Board](#), [Healthy Minds Fairfax](#) and the Children's Behavioral Health Collaborative are hosting an Open House recognizing **National Children's Mental Health Awareness Day** on Thursday, May 9, 2019. Join us to learn about new programs in our community being offered to address children's mental health challenges.

The event features speakers, events for children, professionals, and adults, and will be held at the [Merrifield Center](#) from 3:30 to 6:30 p.m. All are welcome to participate. National Children's Mental Health Awareness Day shines a national spotlight on the importance of caring for every child's mental health and reinforces that positive mental health is essential to a child's healthy development.

The May 9 event includes:

## HOURLY SPEAKERS...

- 3:30 p.m.: **Lisa Hamp**. A survivor of the 2007 Virginia Tech tragedy, Lisa will describe the skills and tools she used to overcome and thrive despite the trauma she experienced.
- 4:30 p.m.: **Dr. Adelaide Robb**. Dr. Robb, Chief of Psychiatry at Children's National, will share her current research and trends on youth PTSD, stress, and attention deficit disorder.
- 5:30 p.m.: **FCPS students**. A panel of FCPS students who are working on community projects to help eliminate mental health stigma and encourage help-seeking behaviors will share their experiences.

## ATTENDEES WILL HAVE OPPORTUNITIES TO...

- View and discuss a documentary "More than Sad," which addresses depression, de-mystifies treatment, and has an encouraging message to those seeking help.
- Hear from Jen Marr, founder of Inspiring Comfort, which teaches people how to provide comfort to others, effectively and safely.

Gain the tools necessary to help youth in our community by attending a resource fair featuring representatives from the CSB's [Turning Point program](#), [Healthy Minds Fairfax](#), [Fairfax County Public Schools Student Wellness](#), [Inova Health Systems](#), [Dominion Hospital](#), and many others.

- Ask questions and engage.
- Enjoy refreshments and camaraderie.

All are welcome to attend and learn ways to help the children you care about to live a healthy and substance-free life.  
**Registration is not required.**

## TIP OF THE MONTH

Juliana Swanson

**Is your CANS certification current?**

**Case carrying specialists are required to be CANS certified.**

**To recertify go to: <http://www.schoox.com/login.php>**



**Has new case been assigned to you lately? Have you transferred a case to another worker?**

**Did you submit the Case Status Change Form?**

**If not, please do so asap.**

**If you have already done so,**

**THANK YOU!!**



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**Toxic stress** can occur when a child experiences adversity that is extreme, long-lasting, and severe (e.g., chronic neglect, domestic violence, severe economic hardship) without adequate support from a caregiving adult. Specifically, childhood adversities, including ACEs, can over-activate the child’s stress response system, wearing down the body and brain over time. This overactivation is referred to as toxic stress and is the primary way in which adversity damages a child’s development and well-being. The extent to which a child’s stress response to adversity becomes toxic and leads to serious health and mental health problems in adulthood also depends on the child’s biological makeup (e.g., genetic vulnerabilities, prior experiences that have damaged the stress response system or limited healthy gene expression) and the characteristics of the adverse events or conditions (e.g., intensity, duration, whether a caregiver caused the child harm).

The increased public understanding that childhood adversity, including ACEs, can cause trauma and toxic stress—and, in turn, have a lasting impact on children’s physical and mental health—presents an important opportunity to turn this awareness into action. For example, caregivers and other practitioners can learn about and implement trauma-informed care in child and family service systems. However, we must also take caution to avoid an exclusive focus on ACEs at the expense of understanding the full range of childhood adversity and considerable variation in children’s responses to it. Otherwise, we risk allowing some of the most vulnerable children who are in need of support to fall through the cracks while pathologizing and overtreating other children who do not need services.

Article first appeared on the [Child Trends Blog](#) on April 10, 2019. Authors: Jessica Dym Bartlett and Vanessa Sacks



### Children’s Services Act Office

Question, Concerns or Compliments ...  
Please don’t hesitate to let us know!

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703.324.7938

