



# Project Making Medicine

Training in Treatment of Child Physical and Sexual Abuse

## Eligibility and Application Requirements

**Lessons Learned:** We have discovered that having at least two or more staff members from each site attend training is helpful. We provide training in the cultural adaptation of evidence based training which has been received very favorably by American Indian and Alaska Native providers. Since it is an evidenced based treatment protocol, we require completion of the web-based training at <http://tfcbt.musc.edu/> for more successful implementation of the training. We seek to build a network of providers that can support each other across Indian Country; therefore we have included weekly phone contact for case consultation following the 3 days of training.

**To be eligible for Project Making Medicine Training, you must meet the following two requirements:**

1. Be an employee of Indian Health Service, tribal youth program, an urban Indian center, a tribal/IHS Youth Residential Treatment Center, and/or a reservation based, tribal endorsed Native organization serving American Indian/Alaska Native children who are victims of child physical or sexual abuse.
2. Be a licensed clinician or a member of an IHS/tribally funded treatment team that includes a licensed clinician that primarily serves children.

**To be eligible for Project Making Medicine Training in Alaska, you must meet the following three requirements:**

1. Be an Alaska Native village provider or part of a Native Corporation treatment team providing behavioral health/clinical services to Alaska Native children who are victims of child physical or sexual abuse.
2. Be an employee of Indian Health Service, tribal youth program, an urban or a Youth Residential Treatment Center or a Native organization serving American Indian children who are victims of child physical or sexual abuse.
3. Be a licensed clinician or a member of the treatment team that includes a licensed clinician. Exceptions will be made for Alaska Native village providers serving children.

**To be eligible for a scholarship for Project Making Medicine training, which would provide funds to cover travel and/or lodging expenses, the following must apply:**

1. Be an employee of Indian Health Service, tribal youth program, an urban Indian center, a tribal/IHS Youth Residential Treatment Center, and/or a reservation based, tribal endorsed Native organization serving American Indian/Alaska Native children who are victims of child physical or sexual abuse.
2. Provide a statement of the need within your application for funds to assist your attending Project Making Medicine training.
3. A complete application packet.





*The application packet must include the following:*

**1. Letter from applicant:**

Submission of a letter from each training applicant that details what they have done to prepare themselves for the training and upon completion how they will provide trauma-focused treatment for children and their families who are victims of child physical and sexual abuse. Included in this letter should be information about your current limitations (i.e., not trained in TF-CBT, not child focused, etc). In addition, the applicant should state they are willing to participate in the evaluation of the training and remain connected to the project over the funding cycle; currently 23 months. Please DO NOT state that the lack of staff is the issue since we have no resources to increase staff. Please indicate if you are seeking a scholarship to cover your travel and lodging expenses and the need.

**2. Letter from applicant's immediate administrative supervisor:**

Submission of a letter from each applicant's supervisor is required to ensure that the supervisor is in support of the implementation of evidenced based training and will allow for the weekly phone consultation time. *The following items should be addressed in the letter:*

- The training applicant will be allowed to participate for the duration of the training and will be supported by the administrative/supervisory staff.
- Describe the degree of child physical and sexual abuse problem in the community and the number of cases presented in the past 12 months with an explanation of how cases were, or were not, resolved.
- Agree to reimburse Project Making Medicine for applicants travel expenses if we provided a scholarship and applicant did not attend training without notifying the Project Making Medicine staff in advance.
- Please indicate if the applicant is seeking a scholarship to cover travel and lodging expenses and explain the need.

**3. Letter from applicant's Chairman, CEO, FUD, etc or administrative leadership:**

Submission of a letter from each applicant's administrative leadership is required to ensure that the administration and programs are in support of the implementation of the training. *The following items should be addressed in the letter:*

- Recognition of the issues of child physical and sexual abuse in the local communities.
- Promote the implementation of culturally appropriate treatment protocol for children who are victims of child physical and sexual abuse.

**4. Completed Application Information Sheet – see next page**

**5. Current Vitae or Resume**

**6. Certificate of completion for the [TF-CBT web-based training](http://tfcbt.musc.edu). Can be found at <http://tfcbt.musc.edu>.**





Letters, vita, certificate of completion for web-based training, and licensure should be submitted to:

Dolores Subia BigFoot, PhD  
Project Making Medicine  
Center on Child Abuse and Neglect  
University of Oklahoma Health Sciences Center  
PO Box 26901, OUCP 3B-3406  
Oklahoma City, Oklahoma 73190  
(405) 271-8858  
(405) 271-2931 fax

Or email to [Dee-bigfoot@ouhsc.edu](mailto:Dee-bigfoot@ouhsc.edu), [Janie-braden@ouhsc.edu](mailto:Janie-braden@ouhsc.edu) or fax to attention Janie Braden at (405) 271-2931.

Training slots will be filled regionally from the applications. Application packets should be received at least 45 days prior to the date of the regional training. Applicants are limited to attending the training in their region and will be responsible for their own travel and lodging.

### Training locations and dates:

- Phoenix, AZ - February 17-19, 2009
  - [Radisson Ft. McDowell Resort and Casino](#)
- Portland, OR – March 10-12, 2009
  - [Monarch Hotel and Convention Center](#)
- Minneapolis, MN – April 14-16, 2009
  - [Mystic Lake Casino Hotel](#)  
1-800-262-7799
- Anchorage, AK – June 1-3, 2009
  - [Marriott Anchorage Downtown](#)  
(907) 279-8000





# Project Making Medicine

A Cultural Adaptation of Trauma Focused Cognitive Behavioral Therapy

Training Application Information Sheet

2009 Regional Training

Name:			
Title:			
Agency:			
Mailing Address:			
City:	State:	Zip:	
Phone Number:			
Fax:			
Email:			
Tribal Affiliation:			
List tribes served in your area:			

Vitae attached: YES \_\_\_\_\_ NO \_\_\_\_\_

Type of License you hold (LCSW, LPC, LMFT, CADAC, Psychologist, etc.): \_\_\_\_\_

Are you providing supervision to other professionals? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, what type of degree do these professionals hold? (LCSW, LPC, MS) \_\_\_\_\_

Are you approved to provide supervision to professionals seeking an LPC license? YES \_\_\_\_\_ NO \_\_\_\_\_

If you are not licensed, are you under supervision for licensure? YES \_\_\_\_\_ NO \_\_\_\_\_

If YES, when do you anticipate becoming licensed? \_\_\_\_\_

*This page must be sent in with application package.*





## Application Checklist

- \_\_\_\_\_ Letter from applicant
- \_\_\_\_\_ Letter from applicant's immediate administrative supervisor
- \_\_\_\_\_ Letter from applicant's Chairman, CEO, FUD, etc. or administrative leadership
- \_\_\_\_\_ Completed Application Information Sheet
- \_\_\_\_\_ Current Vitae or Resume
- \_\_\_\_\_ Certification of completion for web based TF-CBT Training

