



# Project Making Medicine

Training in Treatment of Child Physical and Sexual Abuse

## Honoring Children, Mending the Circle

A cultural adaptation of Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

June 1, 2, and 3, 2009

Marriott Anchorage Downtown



### Eligibility and Application Requirements

To be eligible for this training 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, a tribal youth program, an urban or a Youth Residential Treatment Center or a Native organization serving American Indian/Alaska Native 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.

**Lessons Learned:** We have discovered that having at least two or more staff members from each site to attend the training is helpful. We provide training in the cultural adaptation of evidence based treatment 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 located at <http://tfcbt.musc.edu/> for more successful implementation of the treatment protocol. We seek to build a network of providers that can support each other across Indian Country; therefore we have included weekly phone case consultation following the 3 days of training.

*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 participant 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 does not attend training and travel expenses were incurred by Project Making Medicine. (If cancelation is unavoidable, please promptly inform 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/SUD, 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>.**

Completed applicant packets should be received prior to the date of the training. Applicants will be responsible for their own travel and lodging.

If applying for a scholarship, you will be informed by email prior to the training date.

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

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

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



# Project Making Medicine

Training in Treatment of Child Physical and Sexual Abuse

Honoring Children, Mending the Circle

## Training Application Information Sheet

June 1, 2, and 3, 2009

Name:		
Title:		
Agency:		
Mailing Address:		
City:	State:	Zip:
Phone Numbers:	Work:	Cell Phone:
Fax:		
Email:		
Tribal Enrollment:		
List tribes served in your area:		
Name of Supervisor:		
Supervisor Address:		
Supervisor Phone:		
Supervisor Email:		
Scholarship:	Lodging:	Travel:

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? \_\_\_\_\_





## Application Checklist

- \_\_\_\_\_ Applying to Honoring Children, Mending the Circle (Trauma Focused Cognitive Behavioral Therapy) on June 1, 2, and 3, 2009
- \_\_\_\_\_ 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

