

# System-wide Collaboration in Trauma-informed Substance Abuse Treatments for Adolescents

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Tucson, AZ

Presented at the Summer Institute  
Sedona, Arizona July 16, 2008



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# National Child Traumatic Stress Network

A Nationwide network of researchers and clinicians dedicated to improving care for traumatized children, their families, and their communities

[www.NCTSN.org](http://www.NCTSN.org)



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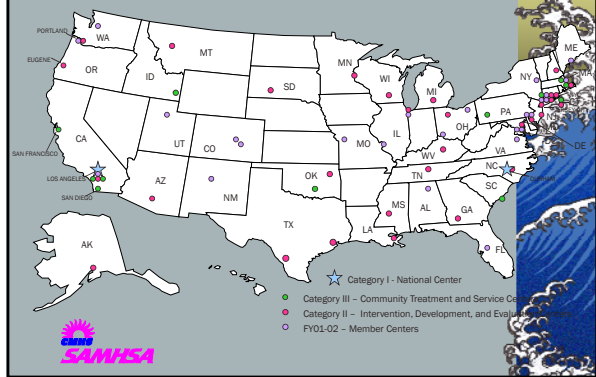
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# National Child Traumatic Stress Network Sites



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## Specific Evidenced-Based Interventions For:

- ▲ *Domestic Violence*
- ▲ *Trauma and Substance Abuse*
- ▲ *Sexual Abuse*
- ▲ *Community Violence*
- ▲ *War*
- ▲ *Disaster and Terrorism*
- ▲ *Traumatic Bereavement*
- ▲ *Life-threatening Medical Illness*
- ▲ *Immigrant Populations with Trauma Histories*



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## NCTSN Resources

*Extensive, free resources for many audiences:*

- ▲ *Books, pamphlets, videos, webcasts, workbooks, fact sheets*
- ▲ *For survivors, caregivers, schools, media, first responders, law enforcement, professionals,*
- ▲ *Covering all kinds traumatic events*
- ▲ [http://www.nctsn.org/nccts/nav.do?pid=hom\\_main](http://www.nctsn.org/nccts/nav.do?pid=hom_main)



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## CATSS

*Child and Adolescent  
Traumatic Stress Services*

*of Southern Arizona*



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## CATSS Stats

- ▲ SAMHSA Grant
- ▲ Children and Adolescents (ages 3-18)
- ▲ Partners
  - ▲ Jewish Family & Children's Service
  - ▲ Arizona's Children Association
  - ▲ La Frontera Center
  - ▲ Pima County Attorney's Office-Victim Witness Program



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## CATSS Projects Include:

- ▲ *Service for Families of Deployed Military*
- ▲ *Various Workshops*
- ▲ *Regional Trainings*
- ▲ *TF-CBT Training and Supervision*
- ▲ *Screening/Awareness Building Tools*
- ▲ *Web Resources*
- ▲ *La Canada Substance Abuse Treatment Center*



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## Co-Occurrence of Trauma and Substance Abuse in Youths

- ▲ *Experiencing trauma increases the risk of developing a substance abuse problem*
- ▲ *Adolescents who abuse substances are more likely to experience traumatic events*



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## Co-Occurrence

- ▶ *Youth who are abusing substances may be less able to cope with a traumatic event*



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## Myth

- ▶ *Almost every adolescent who uses drugs and/or alcohol has experienced trauma, therefore, the effects of the traumatic experience do not need to be addressed*



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## Myth

- ▶ *By assuming adolescents use substances to cope with emotional distress, we relieve the adolescents from taking responsibility for their actions*



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## Myth

- ▶ *With co-occurring trauma and substance abuse, it is imperative to*
  - ▶ A. *Treat the substance abuse first*
  - ▶ B. *Treat the trauma-related symptoms first*



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## Myth

- ▶ *Most evidence-based assessment tools are too long and complicated to be used in my setting*



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## Myth

- ▶ *Manualized interventions are too rigid and simplistic to handle the complicated needs of my clients*



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## Challenges to Care

▲ *I'm trained in substance abuse; I don't know what post traumatic stress symptoms look like*



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## Challenges to Care

▲ *My agency doesn't have a clear understanding of substance abuse and trauma*



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## Challenges to Care

▲ *Adolescents with severe co-occurring disorders require multiple services, we don't provide all that*



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**Challenges to Care**

▶ *Adolescents with substance abuse and trauma are difficult to engage in treatment*



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**Challenges to Care**

▶ *Lack of substance abuse and trauma training*



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**What is a Traumatic Event?**

*Don't we all have trauma in our lives?*



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## According to DSM-IV....

- ▲ A sudden or unexpected event
- ▲ The shocking nature of that event
- ▲ Death, threat to life or bodily integrity
- ▲ And/or the subjective feeling of intense terror, horror, or helplessness



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## Traumatic Events can be...

*Acute or Chronic*



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## Categories of Traumatic Events

- ▲ Child sexual/physical abuse
- ▲ Traumatic loss
- ▲ Domestic, school, community violence
- ▲ Exposure to disasters, terror attacks, war
- ▲ Accidents, medical trauma



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## Normal Reactions To Trauma

- ▲ Physical
- ▲ Cognitive
- ▲ Emotional
- ▲ Behavioral
- ▲ Spiritual



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## Physical

- ▲ Fatigue
- ▲ Chest pain
- ▲ Difficulty breathing
- ▲ Profuse sweating
- ▲ Elevated blood pressure
- ▲ Rapid heart beat
- ▲ Teeth grinding
- ▲ Visual difficulties
- ▲ Sleep disturbances
- ▲ Headaches
- ▲ Dizziness
- ▲ Fainting
- ▲ Chills
- ▲ Nausea
- ▲ Twitches
- ▲ Muscle tremors
- ▲ Thirst



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## Cognitive

- ▲ Poor attention
- ▲ Hyper-vigilance
- ▲ Intrusive images
- ▲ Poor problem solving
- ▲ Suspiciousness
- ▲ Change in alertness
- ▲ Confusion
- ▲ Nightmares
- ▲ Uncertainty
- ▲ Blaming someone
- ▲ Disorientation
- ▲ Memory problems



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## Emotional

- ▲ Denial
- ▲ Fear
- ▲ Irritability
- ▲ Feeling overwhelmed
- ▲ Depression
- ▲ Inappropriate emotions
- ▲ Guilt
- ▲ Panic
- ▲ Agitation
- ▲ Apprehension
- ▲ Anxiety
- ▲ Intense anger
- ▲ Grief
- ▲ Severe pain



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## Behavioral

- ▲ Withdrawal
- ▲ Substance use/abuse
- ▲ Emotional outbursts
- ▲ Change in social activity
- ▲ Change in sexual activity
- ▲ Somatic complaints
- ▲ Changes in speech
- ▲ Pacing
- ▲ Antisocial acts
- ▲ Appetite changes
- ▲ Inability to rest
- ▲ Hyper-alert
- ▲ Easily startled
- ▲ Erratic movements



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## Spiritual

- ▲ *Loss of belief*
- ▲ *Guilt*
- ▲ *Shame*
- ▲ *Loneliness*
- ▲ *Fear*



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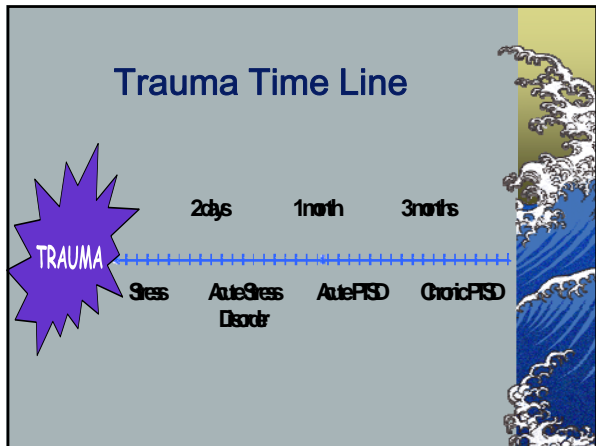
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### Acute Stress Disorder

- ▲ Symptoms occur during or immediately after trauma and last at least 2 days
- ▲ Symptoms resolve within 4 weeks

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### Diagnosing PTSD

- ▲ Re-experiencing
- ▲ Avoidance and numbing
- ▲ Hyperarousal and mood

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## Symptoms of Trauma

- ▲ Intrusive thoughts of the traumatic event(s)
- ▲ Avoidance of reminders of the trauma
- ▲ Emotional numbing
- ▲ Excessive physical arousal/activity
- ▲ Irritability
- ▲ Trouble sleeping or concentrating



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## PTSD Screening In the past month, have you...

- ▲ Had nightmares or thought about the event(s) when you did not want to?
- ▲ Tried hard not to think about it or went out of your way to avoid anything that reminded you of the event(s)?
- ▲ Felt numb or detached from others, activities, or your surroundings?
- ▲ Been constantly on guard, watchful, or easily startled?

See handout



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## Trauma Assessment

- ▲ Many assessment tools; see [www.nctsn.org](http://www.nctsn.org), Measures Review Database



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## Essential

- ▲ Traumatic event
- ▲ Exposure history
- ▲ PTSD Symptoms: re-experiencing, avoidance, arousal
- ▲ Psychosocial functioning
- ▲ Co-occurring conditions



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## Components of NCTSN Core

- ▲ Clinical Characteristics
  - ▲ Client demographics
  - ▲ Current living situation
  - ▲ Severity of problems (e.g., 'real world' functioning)
  - ▲ Current service use
  - ▲ Trauma history
  - ▲ Primary presenting problem/focus of treatment
- ▲ Outcomes
  - ▲ Child Behavior Checklist (CBCL)
  - ▲ Trauma Symptom Checklist for Children (TSCC-A)
  - ▲ UCLA PTSD Index/PTSD Reaction Index



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## UCLA PTSD Index

- ▲ Pynoos et al., 1998
- ▲ Parent and Child Report
- ▲ Ages 7+ years
- ▲ Trauma screening & most distressing event
  - ▲ 14 items
- ▲ PTSD symptoms (DSM-IV)
  - ▲ Criterion A1: Nature of traumatic event (6 items)
  - ▲ Criterion A2: Subjective experience of trauma (6 items)
  - ▲ Criterion B: Re-experiencing (5 items)
  - ▲ Criterion C: Avoidance (9 items)
  - ▲ Criterion D: Arousal (6 items)
  - ▲ Associated Features: Dissociation, Repetitive Play (parent), Fear of Recurrence, Foreshortened Future



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## UCLA PTSD Index Items

- ▲ When something reminds my child of what happened he/she gets very upset, scared or sad (B)
- ▲ My child has dreams about what happened or other bad dreams (B)
- ▲ My child feels alone inside and not close to other people (C)
- ▲ My child tries not to talk about, think about or have feelings about what happened (C)
- ▲ My child feels jumpy or startles easily, for example, when he/she hears a loud noise or when something surprises him/her (D)
- ▲ My child has trouble concentrating or paying attention (D)
- ▲ My child feels that some part of what happened is his/her fault (AF)
- ▲ My child is afraid that the bad things will happen again (AF)



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## PTSD and the Human Body

- ▲ Changes in neurotransmitters and hormonal activity
- ▲ Higher resting pulse and blood pressure
- ▲ Smaller brain size and smaller corpus collosi
- ▲ Diversion of blood flow to skeletal muscles
- ▲ Lower IQ and achievement
- ▲ Shorter attention span



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## Potential Long-term Impacts of PTSD

- ▲ Difficulty establishing healthy relationships
- ▲ Difficulty keeping a job
- ▲ Difficulty parenting
- ▲ Medical visits
- ▲ Suicide
- ▲ Addiction



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## Risk and Protective Factors

*Associated with Trauma Exposure*



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## Family Characteristics

- ▲ *Relationship problems*
- ▲ *Parental psychopathology*
- ▲ *Girls are at greater risk if a parent has a criminal record*
- ▲ *Family history of mental illness doubles the risk of trauma exposure (Costello, et al, 2002)*



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## Stressful Events

- ▲ *Parental separation/divorce*
- ▲ *Community violence*
- ▲ *Disorganized family life*
- ▲ *Traumatic loss(es)*



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## Homelessness

- ▶ *Often these children have been victims in their own homes and runaway to escape victimization*
- ▶ *Ongoing victimization on the streets*
- ▶ *Increased risk for sexual harassment/abuse*
- ▶ *Vulnerable on the streets and in shelters*



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## Parental Supervision

- ▶ *Spending time in risky contexts is a risk factor*



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## Sibling Influence

- ▶ *Deviant behavior by an older sibling is a risk factor*



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## Developmental Considerations

Trauma will have different effects depending upon child's developmental stage



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Stress and trauma disrupt normal development... including brain development



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## Serotonin System

▲ Trauma may cause dysregulation of the serotonin system, which increases the risk for

- ▲ Depression
- ▲ Suicidality
- ▲ Aggression



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## Limbic-Hypothalamic-Pituitary-Adrenal (LHPA) Systems

- ▲ *Increased sensitivity in these systems is associated with psychiatric problems*
  - ▲ *Depression*
  - ▲ *Anxiety*
  - ▲ *Sleep disturbances*



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## Immune System

- ▲ *The decreased inability of the immune system to respond to dysregulation in the LHPA systems can increase the risk of developing diseases*



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## Development: Ages 6-8

- ▲ Transition from home into relationships.
- ▲ Develop a sense of mastery.
- ▲ Build confidence and self-esteem.
- ▲ Learn life's lessons--sticking up for beliefs.
- ▲ Choose to be a follower or a leader.



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## Development: Ages 9-12

- ▲ Establish proficiency in peer relationships, athletic, academic, and artistic pursuits.
- ▲ Internalize moral code.
- ▲ Strive for independence.



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## Common Child Reactions

- ▲ Irrational fears
- ▲ School refusal
- ▲ Regressive behaviors
- ▲ Social withdrawal
- ▲ Inability to enjoy activities
- ▲ Disobedience
- ▲ Headaches
- ▲ Nausea
- ▲ Vision/hearing problems
- ▲ Distractibility



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## Development: Age 13

- ▲ Focus on "Who am I?"
- ▲ Assert independence from parents with emphasis on peer-group relationships.
- ▲ Negotiate limits
- ▲ Ability to assess danger
- ▲ Sensitivity to failure of school, family, and community to protect



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## Common Adolescent Reactions

- ▲ More vulnerable: dating, driving
- ▲ Reckless behaviors
- ▲ Decreased academic focus
- ▲ Friendships dropped
- ▲ Guilt, shame
- ▲ Revenge and retribution fantasies
- ▲ Grossest-out or fascinated by grotesque injury or death
- ▲ Anger
- ▲ Depression



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## Overburdened Children

- ▲ Grow up too fast
- ▲ Too much power
- ▲ Don't trust adults
- ▲ Lack social skills
- ▲ Seek attention in negative ways



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## Impact on Family

- ▲ *Families create roles around the trauma*
- ▲ *Child's development becomes immobilized*
- ▲ *Entire system reacts*



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## Historic Trauma and the Family

- ▲ *Compromised family coping skills*
- ▲ *Spoken and unspoken legacy of trauma*
- ▲ *Families repeat familial patterns*



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## Impact on Systems

- ▲ *Parallel process in treatment venues*
- ▲ *Often our systems "react"*
- ▲ *Someone else's crisis does not have to become the provider's crisis*



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## Resilient Children & Teenagers

- ▲ Adaptable
- ▲ Insightful
- ▲ Active problem-solver
- ▲ Capable of positive attention from others
- ▲ Optimistic
- ▲ Alert and energetic
- ▲ Sense of humor
- ▲ Positive vision of self and the world
- ▲ New experiences
- ▲ Independent
- ▲ High but attainable goals
- ▲ Friendly
- ▲ Affectionate
- ▲ Good self-control

Shapiro, 2000



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## Long Term Risks

- ▲ Substance Abuse
- ▲ Self-harm
- ▲ Suicide Attempts
- ▲ Relationship Difficulties
- ▲ Smaller Brain Size
- ▲ Lower I.Q.



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## Implementing a Treatment

*Using Evidence-based Treatments*



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## What is Evidence Based Practice?

- ▲ Evidence-based practice is the integration of best available research evidence with clinical expertise in the context of patient characteristics, culture and preferences.

American Psychological Association



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## Why use evidence-based practices?

- ▲ Empirical approaches that have been tested in multiple settings
- ▲ Systematic clinical assessment
- ▲ Reassessment at periodic intervals
- ▲ Interventions are selected to match the disorders, symptoms and conditions
- ▲ Accountability



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## Trauma Focused – Cognitive Behavior Therapy (TF-CBT)

Judith A. Cohen, M.D.  
Anthony P. Mannarino, Ph.D.  
Esther Deblinger, Ph.D.



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## Trauma Focused - CBT

- ▲ Evidence-based
- ▲ Ages 3-18
- ▲ 12-18 sessions
- ▲ Non-gender specific
- ▲ Adapted for specific populations
- ▲ Culturally sensitive
- ▲ Family involvement



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## Research on TF-CBT

- ▲ At least 9 RCTs + many other studies with other designs
- ▲ Most compelling:
  - ▲ Deblinger, et al. (1996): treating parents resulted in decreased behavioral and depressive symptoms in the child
  - ▲ Cohen and Mannarino (1996): Parent's emotional reaction to trauma was the strongest predictor of treatment outcome (other than treatment type)
  - ▲ Cohen and Mannarino (1997): At 12-month follow up, parental support was significantly related to decreased symptoms in the child.



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## Conclusions

TF-CBT works and  
Active parental involvement is  
critical to positive outcome.



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## TF-CBT Components

- ▲ **A Practice**
  - ▲ Assessment
  - ▲ Psycho-education & Parenting Skills
  - ▲ Relaxation
  - ▲ Affect Modulation
  - ▲ Cognitive Processing
  - ▲ Trauma Narrative
  - ▲ In Vivo Desensitization
  - ▲ Conjoint Parent-Child Sessions
  - ▲ Enhanced Safety & Social Skills



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## Assessment

- ▲ Assessment informs services
- ▲ Assessment
  - ▲ Brief Trauma Assessment
  - ▲ UCLA PTSD Inventory
  - ▲ Trauma Symptom Checklist for Children
  - ▲ Child Behavior Checklist



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## Psychoeducation

- ▲ General education about abuse/trauma
  - ▲ Domestic violence
  - ▲ Physical abuse
  - ▲ Sexual abuse
  - ▲ Other events



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## Parenting Skills

- ▲ General Information on Parenting
  - ▲ Family Rules
  - ▲ Logical and Natural Consequences
  - ▲ Time Out
  - ▲ Structure and Routine
  - ▲ Appropriate Communication



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## Relaxation

- ▲ Breathing Techniques
- ▲ Guided Imagery
- ▲ Muscle Relaxation



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## Affect Expression/Modulation

- ▲ Rationale for feelings identification
- ▲ Feelings identification
- ▲ Rating intensity of emotion
- ▲ Role plays/games



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## Cognitive Coping

- ▲ Difference between thoughts and feelings
- ▲ Cognitive triangle
- ▲ Examples/role plays
- ▲ Identifying accurate/helpful thoughts
- ▲ Using this skill in real life



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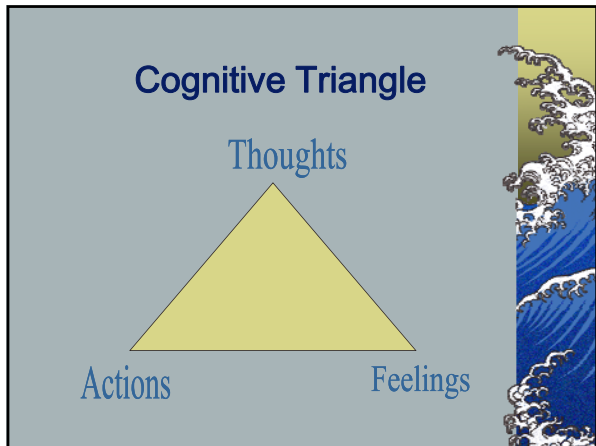
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- ### Trauma Narrative
- ▲ Child chooses format
  - ▲ Description of traumatic event
  - ▲ Child's perception of event
  - ▲ Child reads the narrative
  - ▲ Child adds thoughts and feelings
  - ▲ Child identifies worst part of the trauma
  - ▲ Employ cognitive coping skills as needed
  - ▲ Encourage

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- ### In Vivo Exposure
- ▲ Includes the writing and processing of narrative
  - ▲ Individually with therapist
  - ▲ In conjoint session with parent/guardian

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## Conjoint Sessions

- ▲ Parent and child are seen together
- ▲ Child shares the narrative with parent
- ▲ Parent listens to the child's story
- ▲ Therapist takes a back seat at this point of therapy
- ▲ Promote healthy communication
- ▲ Work continues at home




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## Enhancing Future Safety

- ▲ Safety planning for future
  - ▲ Communication
  - ▲ Pay attention to gut feelings
  - ▲ Identify safe people and places
  - ▲ Learn body ownership
  - ▲ Learn difference between secrets and surprises
  - ▲ Asking for help




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## TF-CBT SESSION FLOW

Entire process is gradual exposure

1/3	1/3	1/3
<b>Sessions 1 – 4</b> ✓ Psychoeducation/ Parenting Skills ✓ Relaxation ✓ Affective Expression and Regulation ✓ Cognitive Coping	<b>Sessions 5 – 8</b> ✓ Trauma Narrative Development and Processing ✓ In vivo Gradual Exposure	<b>Sessions 9 – 12</b> ✓ Conjoint Parent Child Sessions ✓ Enhancing Safety and Future Development




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## SPARCS

- ▶ *Structured Psychotherapy for Adolescents Responding to Chronic Stress*
- ▶ *North Shore University Hospital Manhasset, New York*
- ▶ *Designed for adolescents who have been traumatized, and who live with high levels of stress.*



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## SPARCS Stats

- ▶ *16 One-hour sessions*
- ▶ *Based on Dialectical Behavior Therapy for Adolescents (Miller, Rathus & Linehan)*
- ▶ *Trauma Adaptive Recovery – Group Education & Therapy (TARGET) (Ford, Mahoney & Russo, 2004)*
- ▶ *School-based Trauma/Grief Group Psychotherapy Program (Saltzman, et. Al. 2001)*



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## SPARCS The Four “C’s”:

- ▶ *Cultivate awareness*
- ▶ *Cope more effectively in the moment*
- ▶ *Connect with others (communicate)*
- ▶ *Create meaning*



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## SPARCS Components

- ▲ *Mindfulness as the Way to Wise Mind*
- ▲ *SOS*
- ▲ *MUPs*
- ▲ *Distress Tolerance*
- ▲ *The Let M GO Steps*
- ▲ *Make a Link*



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## Mindfulness as the Way to Wise Mind

- ▲ *Be in the Present*
- ▲ *Without Judgment*
- ▲ *Reasonable Mind*
- ▲ *Emotional Mind*
- ▲ *Wise Mind*



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## SOS

- ▲ *S -Slow down*
  - ▲ *Sit back, breathe, take one thought at a time*
- ▲ *O -Orient Yourself*
  - ▲ *Where are you? Who are you with?*
- ▲ *S -Self-Check*
  - ▲ *Rate how upset and how in control you are*



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## MUPs Things that “Mess U Up”

- ▲ *Examples of MUPs*
  - ▲ *Alcohol use/abuse*
  - ▲ *Self-harm*
  - ▲ *Drug use*
  - ▲ *Binge eating*
  - ▲ *Sex*



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## Distress Tolerance

- ▲ *Problem Solve*
- ▲ *Tools for Coping*
- ▲ *Distract and Soothe*



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## Let ‘M Go

- ▲ *Why am I losing it? Losing It*
- ▲ *What am I feeling? Emotions*
- ▲ *What am I thinking? Thoughts*
  
- ▲ *What's important? Meaning*
  
- ▲ *What do I want? Goals*
- ▲ *What can I do? Options*



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### Make a Link

- ▲ *M – Mindfully connect*
- ▲ *A – Act confidently*
- ▲ *K – Keep a calm and gentle manner*
- ▲ *E – Express Interest*
- ▲ *A – Ask for what you want*
- ▲ *L – Let them hear your viewpoint*
- ▲ *I – Include feelings*
- ▲ *N – Negotiate – Give to get*
- ▲ *K – Keep your self-respect*



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### La Canada

- ▲ *Adolescent Substance Abuse Treatment Program*
- ▲ *Implementation of best practice tenets*



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### Choosing Collaborative Partners

- ▲ *Mutual understanding of strengths and challenges*
- ▲ *Recognize agency cultures are different*
- ▲ *Develop a system of consensus*
- ▲ *Agencies need to share like vision and mission*



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## Project Collaboration

- ▲ *Each agency needs to have a defined role*
- ▲ *Respect and build off of strengths*
- ▲ *Understand and respect differences*



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## Collaborating within Systems

- ▲ *Trauma Training is universal within the systems*
- ▲ *Understand the link between trauma and substance abuse*
- ▲ *Work collaboratively with other systems*



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## Current Collaborations

- ▲ *CATSS works with other National Child Traumatic Stress Network providers*
- ▲ *Our local Collaboration across agencies*
- ▲ *Collaboration with Child Protective Service*
- ▲ *Collaboration with the Military*
- ▲ *Spreading the word through training*



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Collaboration Helps Our Clients  
Collaboration Creates Increased Access to Services



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## Training

- ▲ Web-based training in TF-CBT
  - ▲ [www.musc.edu/tfcbt](http://www.musc.edu/tfcbt)
- ▲ NCTSN Trainings
  - ▲ [www.NCTSN.org](http://www.NCTSN.org)
- ▲ Training in your Community



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## Contact:

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- ▲ *Child & Adolescent Traumatic Stress Services (CATSS)*
- ▲ 520 886-5111 x429
- ▲ [Barbraq@jfcstucson.org](mailto:Barbraq@jfcstucson.org)



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Our vision is to improve access to, and quality of, traumatic stress services for children and adolescents in Pima County



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