



# Clearinghouse on Supervised Visitation E-Press



June 2019



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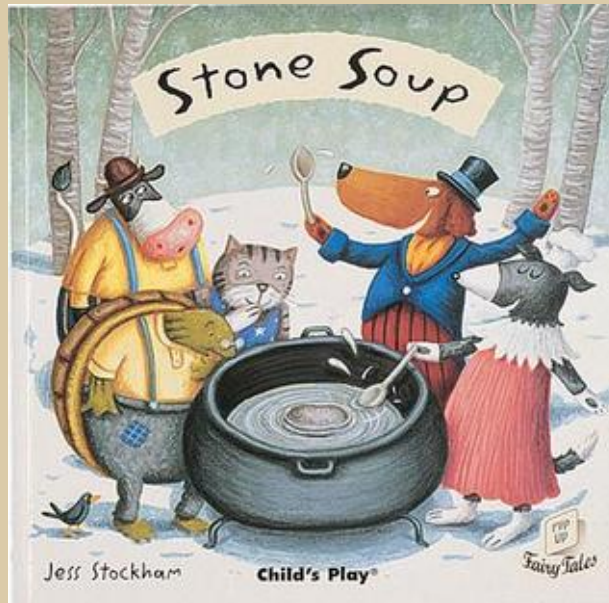
**June 19, 2019 @ 12pm/11CT**

**July 17, 2019 @ 12pm/11CT**

**August 21, 2019 @ 12pm/11CT**

# GIVEAWAY

RSVP for the next Phone Conference (June 19<sup>th</sup>) and enter a chance to win the book **Stone Soup** with audio CD included.



## QUESTIONS FROM DIRECTORS

**We have a few different types of alarms at our program, and during visits one Saturday, our carbon monoxide alarm went off. What should we do when this happens?**

Programs can experience disruption in a wide variety of ways: weather, smoke alarms, emergencies, and unanticipated problems. It's very important for programs to have a plan for such events. Each program director should consider: what would we do to evacuate our program? There are many issues to consider. Here are a few. First, remember that the visiting parent and the child must be supervised, so consider how your staff will clear out the program in an orderly way that ensures that clients will be accompanied by a monitor. Second, know where the clients will go: a room, or a place specifically identified for this purpose. Third, how will the residential/custodial parent be notified, and what process will they follow to pick up their children after an evacuation? Other issues include who will contact emergency responders, how you will keep the parents separate if both are on the property at the same time, and that you will document the event in every case file. Depending on how much time the visiting parent has to visit with his/her child, a request to "make up" for the missed time may also have to be considered.

**During a visit, a father became very angry and started stomping on the toys at the program. He cleared out a cabinet in anger, and broke a number of toys. Then he just walked out of the program. We managed the disruption, but now we have toys to replace. Who is responsible for those?**

Excellent issue that no one has raised before. I think you should consider adding a provision to your

Program Agreement that a parent will be responsible for any toys or item that he or she breaks intentionally. Even without such a provision, though, I think it's reasonable to bill a parent after you replace your items. I can't promise that the parent will actually pay the bill, but I agree it's worth a try.

**A mother came to intake very excited and active and upbeat about starting visits, and then at her first visit, she seemed withdrawn and irritable. When the monitor mentioned this to the foster parent, the foster parent offered that maybe before the visit, the mother had not "done a line" of drugs yet. Now we are wondering what the mother's usual demeanor is, because you've told us that it's important to try to establish a "baseline" of client behavior.**

Great point. The Clearinghouse has often suggested that monitors learn to watch client behavior so they have some idea when the parent or child is acting differently. Such different behavior might be a sign of distress or emotions. But your point is well taken: it may be difficult to figure out – especially early on in the visitation process – what the "typical" behavior of the parent or child is. And you're correct: drug usage may affect how a parents acts. But so might strong emotions. The mother in your case may have been experiencing great sadness or frustration, or some other strong emotion. Or, as the foster parent noted, the parent's withdrawn behavior may be more typical than their prior behavior at intake because they were under the influence of drugs at intake. Still, it's often helpful to notice when a parent might be acting differently than their "usual" demeanor, although it may not work with every parent. Knowing when a parent is upset, or angry, or erratic can be helpful in managing the safety issues of your program.

Regardless of how a parent acts, though, remember to notate their demeanor as best you can describe it in your visit notes. The notation may be helpful to staff at a future visit. It can also help the court.

## Research Corner: Toxic Stress & Children's Outcomes



### **Toxic Stress and Children's Outcomes: African American Children Growing up Poor are at Greater Risk of Disrupted Physiological Functioning and Depressed Academic Achievement.**

This article explains why African American children are at greater risks, due to their race, for poor health and slowed academic achievement. The report places a heavy emphasis on toxic stress, so it is important to understand the difference between normal or tolerable stress and toxic stress.

- **Tolerable stress:** is a natural response to frightening or threatening events or conditions, that is normally infrequent and of lesser severity. Stress can also be made tolerable with the presence of protective factors.
- **Toxic stress:** is when the events or conditions surrounding the stressor are severely frightening or threatening. Stress becomes toxic especially when threats are maintained or repeated. Toxic stress leads to a decrease in performance levels.

Threatening experiences stimulate the production of hormones from the brain, like adrenaline, cortisol, and others, which when released, can affect almost every tissue and organ in the body. These hormones produce what is commonly known as the, 'fight or flight response', our body's natural survival mechanism when we are frightened or threatened (Morsy & Rothstein, 2019).

To protect ourselves from toxic stress, the report has identified protective factors can help children develop a better ability to handle emotions and stress, and help them learn how to better manage their behavior. Some of these protective factors include:

- The neighborhood and community in which a child lives,
- Family, and
- The child's school.

Without these protective factors and with toxic stress present, children can be severely hurt, in both their health and their academics/ability to perform in school.

This report tells us that African American children are more likely to have stressful childhoods because African Americans disproportionately make up a large amount of the lower social class, and children in lower social class are more likely to have strong and frequent amounts of exposure to major traumatic events, ones that often times produce a stress response. In academics, African American children were in comparison to their white counterparts:

- 50% less likely to be able to read a simple book independently,
- 50% less likely to be able to understand a story when it was read to them, and
- 70% more likely to have below average reading and math skills.

**Academically, the same group of children behaviorally in school were:**

- 200% more likely to display attention problems in the classroom,
- 150% more likely to have social problems (like the inability to act in an age-appropriate manner, clinginess, having difficulty getting along with peers, and preferring to play with younger children), and
- 140% more likely to be aggressive and break rules.

**In terms of physical wellbeing, the same group of children were:**

- 20-30% more likely to suffer from ear infections and acute respiratory infections,
- 45% more likely to suffer from obesity,
- 50% more likely to have a teenage pregnancy,
- 67% more likely to suffer from eczema, and
- 73% more likely to suffer from viral infections.

These causes are attributed to two issues, discrimination and segregation. To help reduce these disparities, policy recommendations were made to promote protective parenting, prepare trauma-informed school staff, and create supportive and inclusive health policies.



Morsy, L., & Rothstein, R. (2019). Toxic stress and children’s outcomes: African American children growing up poor are at a greater risk of disrupted physiological functioning and depressed academic achievement. *Economic Policy Institute*. Retrieved from: <https://www.epi.org/publication/toxic-stress-and-childrens-outcomes-african-american-children-growing-up-poor-are-at-greater-risk-of-disrupted-physiological-functioning-and-depressed-academic-achievement/>

# Financial Literacy for Children

By: Jenna Michelson



## Introduction

Financial literacy is an important topic for both children and adults. However, most people do not openly talk about managing their finances so it is difficult to know what is considered “normal” when it comes to spending and saving money. The truth is that there is no normal way to budget your money. Budgeting looks different for each person, but financial literacy can help everyone learn more about their financial situation.

## Objectives

In this e-press, caregivers and social service providers will learn:

- The importance of financial literacy
- Methods for becoming financially literate
- Tips for teaching your child financial literacy
- Resources to learn more about budgeting

## What is financial literacy?

Financial literacy is the education and knowledge of personal finances, including budgeting, saving, spending, and other financial concepts. Budgeting is designating certain portions of your income to different expenses and savings. Savings are amounts of money that go toward substantial, long-term, or emergency costs.

Some common examples of what savings goes towards include college expenses, buying a car, and retirement. Spending can be separated into “fixed expenses” and “lifestyle expenses.” Fixed expenses are expenses that meet your **needs**, including things like rent, childcare, insurance, and other necessary costs. Lifestyle expenses are costs that go towards **wants**, like clothing, entertainment, and travel.



## Why is financial literacy important?

Financial literacy is essential for helping people understand how to manage their finances and plan for their future expenses. Money set aside in savings, like retirement or emergency funds, can help avoid financial hardships later. Also, people who are financially literate become more



aware of how they spend their money and are more likely to save larger portions of their money.

## **How can you become financially literate?**

There are several ways to practice financial literacy. Here are some tips on how to budget your income and become more intentional about what you do with your money:

- The 50/30/20 rule is a budgeting technique that suggests people spend 50% of their income on fixed expenses, 30% on lifestyle expenses, and 20% on savings and debt repayment. This rule can be a helpful outline of how to budget, but do not get discouraged if you are not able to follow it exactly. The idea of the 50/30/20 rule is that you are spending the majority of your money on bills, clothes, food, and so on, but you are still designating part of your income to savings and debt reduction, if at all possible.
- Search the internet for monthly budget templates. These templates should include income, expenses, and savings.

## **How can you teach your child to become financially literate?**

Financial literacy is not taught in most schools, so you may be the only one teaching your child about money. But don't worry! Teaching your child to be financially literate does not have to be complicated! There are many ways you can introduce budgeting, saving, and spending at an early age. Below are some ways to teach your child about managing money:

- Allow your child to see some of the ways you budget your money. This helps children understand what it looks like to budget and what expenses they may have in the future.
- Encourage your child to ask questions about money and be open to answering them as honestly as possible. If your child asks a question you do not know the answer to, that is a great opportunity for both of you to do a little research and become more knowledgeable about finances.
- After using your credit, debit, EBT, or other electronic payment card, explain to your child that the plastic card does not mean there is an unlimited source of money that can be tapped into when the card is swiped.
- If you are financially able, you may want to consider giving your child a few dollar bills and helping them create their own budget. Teach them about spending and saving and give examples of why it is important to do each. Have them separate their money into two piles, what they plan to spend and what they plan to save. To extend the activity further, you could take them to the store and allow them to spend the money
- 



they designated for spending, while you hold onto the money they set aside for savings.

## **Additional Resources**

There are many resources available online, free of cost, to help people develop financial literacy. Check out the links below to get more information:

- Websites:
  - Set your financial goals for yourself and learn tips for how to accomplish them
    - <https://www.360financialliteracy.org/Get-Started/What-do-YOU-want-to-do>
  - Financial literacy lessons for children
    - <https://www.incharge.org/financial-literacy/resources-for-teachers/>
    - <https://www.mymoney.gov/Pages/for-youth.aspx>
- Phone Applications:
  - Personal finance apps
    - [Mint](#)
    - [PocketGuard](#)

## **Conclusion**

Financial literacy is a necessary skill for managing money and planning for the future. Although the concept of financial literacy may seem difficult to grasp, the most important idea is that you become more knowledgeable about your spending and saving habits. You can start teaching your child how to become financial literate as you learn for yourself by creating budgets and having open conversations about finances.

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# Make it about Health, not Weight

By: Rose Antoine



## Introduction

It can be a difficult conversation for a parent to have a conversation with their child about weight. However, it is an important conversation to have, because children are experiencing negative self-image and bullying about size and weight at younger ages now. Speaking to a child can help shape their perception so they have a healthier understanding of their size, health and weight, outside of societies standards.

## Objectives

Parents will be able to:

- Address the topic of weight and health with their children
- Understand the importance of establishing a healthy family life style

## Self-Esteem and Image

Parents should understand that putting an emphasis on weight and appearance can have a negative impact on their child's self-esteem and their self-image. Their children are constantly surrounded by the assumption that thinner is better and that they have to look a certain way to be accepted. Parents can play an essential role at disrupting the conditioning their children hear everywhere else, and make them recognize the worth and value in their own appearance and beyond the way they look.



## Weight vs Health

Parents should first understand the need to change the narrative from weight to health. While it can seem productive to encourage a child to be thinner, because it is associated with being healthier, it can be very detrimental to do so. Many people use weight as an indicator for health, so a goal for parents should be to change how health can be measured and take the focus off of weight and size. Kids at any weight can be healthy or unhealthy, so associating health with a specific weight can limit a child's view of health. When the focus is placed on

health instead, children can be free to accept themselves and how they look without shame or concern.



## Modeling

Being healthy should be a family lifestyle. It's important that parents understand not to single their child out when speaking about being healthy, because it might make them feel ashamed and alone. Making the decision to be a healthier family will provide them with support and make being healthy a normalized behavior. Parents can decide to introduce their families to

more diverse and healthy food options and include exercise in their daily routine. Parents should also be mindful of the labels they place on food, such as "good" or "bad" because it can lead children to being unnecessarily strict on themselves and feel negatively about themselves when eating certain foods. For example, if chips are labeled as a "bad food" then a child might feel guilty or ashamed for eating a bag of chips. When living a healthier lifestyle is made a fun and collective experience it can have a positive lasting impact on how children perceive exercise and food.

Parents should also be mindful of how they speak about their own body image and others bodies, because it will impact how their child perceives their own body. Even if the comment can be perceived as positive, it might emphasize to the child that a specific appearance or behaviors warrants more attention and support than others. For example, "Wow, you look so good! It looks like you lost some weight!" This places an emphasis on the person's weight and appearance and can lead the child to believe that the way to look good or receive a complement is to lose weight. It can be helpful for parents to teach their child how to relate to how their body feels and what it can do, instead of how it looks. "Wow! Your hands are so strong, you held yourself up on the monkey bars for so long."

It's normal for children to be interested in their appearance and seeking approvals from their friends, but it's important to remind them that their appearance isn't the only indicator of their health and worth. Remind them of all the things they can do with their body, their mind, and skills.

It's impossible for parents to dictate what everyone else says to their child, but how a parent responds to someone's statement about their child's body or bullying is important. Parents can direct the comment or question with



their response, and make it clear that they are not interested in speaking about their child's appearance. For example "Thank you for your nice compliment. Did you know that Jasmine did great on her math test?" or "We can talk about something more interesting than our looks, like how Derek is learning how to play the drums." This is a kind and thoughtful way of acknowledging the comment, not giving it much power, and changing the topic. When dealing with bullying, parents should make it clear that they will not tolerate bullying, and that the issue needs to be addressed immediately.

### **"The Talk"**

Unfortunately, kids are experiencing body shaming and low self-esteem as young as 6 years old. They could be experiencing bullying at school, comparing themselves to standards of beauty, or simply curious about their body. Here are a few tips to help parents talk to their children about weight, healthy, and body image.



- Don't panic or make it a "big deal." Kids will most likely have questions in multiple stages, so they need to feel comfortable and safe bringing those questions up.
  - Be patient with your child, they might have 1 question or they might have 30 questions. It's part of them trying to understand their body and how they fit in the world.
  - Listen to and acknowledge their feelings as being real and legitimate.
- Remind your child that bodies come in all different shapes and sizes, and you love them regardless of how they look.
  - Remind your child of all the amazing things their bodies can do, just as it is.
  - Be positive and complement your child on healthy lifestyle choices (i.e. playing outside instead of watching TV)
  - Address body image and weight stigma. If you don't talk to your child about it, they will hear about it elsewhere, so control the conversation. Remind them that bodies come in different shapes and sizes, which is a good thing. Sometimes people just place more value on being thinner, which can hurt people's feelings.

### **How to Address "Fat"**

When discussing weight and image the word "fat" often comes up. It's important for parents to understand how to react to their child saying this, because scolding them shows them that "fat" is bad. Understand that most children might not be using "fat" in a negative context, but simply to describe someone's size. Parents should start a conversation with their child about why they used that word to describe that person, and what they think. Parents should remind their children that people come in all different shapes and sizes, and that's ok.

## **Conclusion**

Children will bring up their weight and size often as they grow and develop, so parents should be prepared for those conversations. A parent's reaction to their child's questions or the way they speak about size and appearances can impact their child's self-image and esteem. Parents can take the opportunity to establish a healthy lifestyle for their family, comfort their child, and shape their child's view of themselves.

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# Rising Teen Suicide Rates

By: Jenna Michelson



## Introduction

Death by suicide is now the second leading cause of death for teenagers 15- to 19-year-olds. Many parents feel helpless hearing this information, but there are several ways adults can open the discussion with teens to reduce the stigma of suicide and help teens get the help they need.

## Objectives

- Identify warning signs and risk factors that increase the likelihood a teen is struggling with thoughts of suicide.
- Understand the importance of speaking openly with teens about suicide and how to approach these conversations.
- Learn about resources for teens, parents, and other adults to become aware of how to help a teen that may be experiencing suicidal thoughts, depression, or other mental illnesses.

## Why is teen suicide becoming more common?

Because of the development of the brain during adolescents, teens have a more difficult time regulating their emotions and are more likely to act impulsively. However, the cause of the rise of suicide rates among teens specifically is still unclear. Some research suggests more screen time makes it harder for teens to express themselves and connect with people in real life. Another concern related to technology is the rise of cyberbullying and how pervasive the issue is. Unlike bullying in schools, cyberbullying can reach teens anytime and anywhere, so many teens feel like they never have relief from the attacks and some believe that suicide is the best option to end their pain.



## What are warning signs of suicide?

- Previous suicide attempts
- Anger and irritability



- Depression and other mental illness
- Suicide threats (verbal and non-verbal)  
- "I hate my life." "I'd be better off dead."
- Lack of interest in things they once enjoyed
- Sudden change in appetite and appearance
- Declining academic performance
- Consumed with thoughts about death a
- Making final arrangement

## What are risk factors of suicide?

Some additional factors to consider when looking at the risk of suicide are:

- Identifying as lesbian, gay, bisexual, questioning sexual orientation, or transgender
- Aggression, fighting, bullying, and cyberbullying
- Difficult home life
- High rates of community violence
- Alcohol and drug use
- Challenges in school with classes, peers, and teachers
- Cultural factors that may discourage teens from seeking help
- Family history of mental illness and suicide completion and attempts
- Self-harming behaviors
- History of trauma, physical and sexual abuse
- Stressful life events

## What can caregivers do?

Even if you think your child is not having suicidal thoughts, it is important to have a discussion about suicide and mental health anyway. Research shows that only half of parents are aware that their teen is having suicidal thoughts, and that percent is even lower for younger teens. Below are some ways to begin the discussion with your teen on this topic:

- Working to improve your relationship with your teen. Build and maintain a healthy relationship so they will be more likely to come to you when they are feeling overwhelmed or depressed. Ask your teen how they are doing, listen to what they have to say and validate their experiences and feelings.
- Your teen's challenges may sound exaggerated, but for them the issue is very real and young people have intense emotions and reactions, with little perspective. If your teen chooses to trust you and tell you about their concern, you do not want to blow it off, because the issue is not trivial to them.



- Be open to hearing unpleasant, unsettling information about your teen. Keep an open mind and remember that your priority should be to help your teen get the resources they need.
  - Having a defensive or accusatory approach could prevent you from getting necessary information- low moods, concerns from peers and teachers, changes in student's academic performance, behavior, and social interactions.
  - "Be proactive and alert the school when your child needs more support, whether they're grieving a death, adjusting to a change in family structure or coping with depression."
- Ask your teen how they can take care of themselves and look out for others. Ask them to think of an adult they trust and could talk to if they are in a crisis, they can chose to tell you or keep it to themselves. Play and relaxation time is important for kids- set aside time for your teen to do something they love- reading, skateboarding, drawing, etc.
- Emotional regulation- Ask your teen: "What can you control and what do you need to let go of? How are you going to do that? Encourage your teen to support other teens who they may think are feeling depressed, sit with them at lunch, ask if they want to do homework together, play in gym, etc. teach your teen when and that it's OK to tell a trusted adult if they are concerned about a peer
- Parents need to spend time taking care of themselves too. If your teen is struggling with their mental health, that can take a toll on you as well, whether you realize it or not. Do not be afraid to seek counseling and support resources for yourself. Your teen is depending on you and other adults, but you can only do so much if you are feeling overwhelmed and stressed. You are not singlehandedly responsible for all of your teen's actions and you are doing your best to protect and help them.



## Language Matters

For those struggling with thoughts of suicide, the words that others chose to talk about the issue are important. Phrases like "commit suicide," are problematic because it sounds similar to "committing" a crime or a sin. Instead, say "death by suicide."

## Conclusion

The rise in teen suicide calls for immediate action from caregivers and teens alike. Opening the conversation about mental health and suicide destigmatizes the issue and encourages

teens to seek help. Below are some additional resources for teens, parents, and other community members about how to help someone who may be struggling with suicidal thoughts or other mental health challenges.

## Resources

- **Dial 911 if there is an emergency**
- **National Suicide Prevention Lifeline**
  - 24/7 lifeline that is free and confidential for people in distress and services to prevent crises.
  - 1-800-273-8255(TALK)
  - <https://suicidepreventionlifeline.org/>
- **Mental Health First Aid**
  - Provide 8-hour training for assisting individuals who are experiencing mental illness and provide a list of mental health services.
  - <https://www.mentalhealthfirstaid.org/mental-health-resources/>
- **Psychology Today**
  - Search engine for therapists, psychiatrists, treatment centers, and support groups.
  - <https://www.psychologytoday.com/us/therapists>
- **The Jason Foundation**
  - Resources for students, parents, and other adults who work with youth (teachers, coaches, child welfare workers)
  - "A Friend Asks" App for iPhones and Androids- tools and information to help a friend, or the user, who may be having thoughts of suicide.
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# Synthetic Fentanyl on the Street, Opioids, and Narcan

By: Sarah Miller



## Introduction

The Opioid Crisis is a national crisis that affects public health, social, and economic welfare. Every day more than 130 people in the US die from overdosing on opioids. This started in the late 1990s when there was an increase in physicians and healthcare providers prescribing opioids. Since then, opioid overdose rates have steadily increased, with over 47,000 people dying of overdoses in 2017.

## Objectives

- Educate about the most common opioids
- Learn about the opioid crisis
- Understand risk factors associated with fentanyl
- Learn about Narcan

## The Most Common Opioids

Drug	What is It?	Effect on Mind	Effect on body	Overdose Effects
<b>Heroin</b>	An opioid that is highly addictive both psychologically and physically	A surge of euphoria or 'rush', followed by a twilight state of sleep and wakefulness	Tolerance to the drug develops, causing a person to continually increase heroin use to achieve the same intensity	Most users do not know the actual strength of the drug or its true contents leading to high risk of: <ul style="list-style-type: none"><li>• Slow and shallow breathing</li><li>• Blue lips and fingernails</li><li>• Clammy skin</li><li>• Convulsions</li><li>• Coma</li><li>• Death</li></ul>
<b>Oxycodone</b>	Semi-synthetic narcotic analgesic	Relaxation, and euphoria	Pain relief, sedation, constipation, changes in pupil size,	<ul style="list-style-type: none"><li>• Extreme drowsiness</li><li>• Muscle weakness</li><li>• Confusion</li><li>• Cold or clammy skin</li><li>• Contraction of pupils</li></ul>

			and cough suppression	<ul style="list-style-type: none"> <li>• Shallow breathing</li> <li>• Slow heart rate</li> <li>• Fainting</li> <li>• Coma</li> <li>• Death</li> </ul>
<b>Fentanyl</b>	Opioid drug approved by the FDA for pain relief	Relaxation, euphoria, and confusion	Pain relief, sedation, drowsiness, dizziness, nausea, vomiting, and difficulty urinating	<ul style="list-style-type: none"> <li>• Stupor (lack of consciousness)</li> <li>• Changes in pupil size</li> <li>• Cold or clammy skin</li> <li>• Coma</li> <li>• Blue or gray color of skin, nails, lips or around the eyes</li> <li>• Respiratory depression</li> </ul>

### Statistics about the Opioid Crisis

# THE OPIOID EPIDEMIC BY THE NUMBERS



**130+**

People died every day from opioid-related drug overdoses<sup>3</sup> (estimated)



**11.4 m**

People misused prescription opioids<sup>1</sup>



**47,600**

People died from overdosing on opioids<sup>2</sup>



**2.1 million**

People had an opioid use disorder<sup>1</sup>



**886,000**

People used heroin<sup>1</sup>



**81,000**

People used heroin for the first time<sup>1</sup>



**2 million**

People misused prescription opioids for the first time<sup>1</sup>



**15,482**

Deaths attributed to overdosing on heroin<sup>2</sup>



**28,466**

Deaths attributed to overdosing on synthetic opioids other than methadone<sup>2</sup>

**SOURCES**

1. 2017 National Survey on Drug Use and Health, Mortality in the United States, 2016
2. NCHS Data Brief No. 293, December 2017
3. NCHS, National Vital Statistics System, Estimates for 2017 and 2018 are based on provisional data.

## Toxicity of Fentanyl and Why it is Important



Fentanyl, while similar to morphine, is 50-100 times more potent, and is 30-50 times more potent than heroin, even though its chemical structure is slightly different from heroin. It can be found in different formats including injections,

sniffing, smoking, pills, tablets, and patches. Fentanyl usage began as a something that was intended to be a powerful pain reliever, and is still used today to treat severe pain from surgery or for people ongoing and long-lasting pain who are opioid-tolerant.

Fentanyl is *highly dangerous*. It can be absorbed through the skin, or even passed through small amounts of residue. For example, fentanyl can be passed by shaking hands with someone who has just used fentanyl, or even through the exchange of money. There is also a difference than medical/hospitalized fentanyl and street fentanyl. Medical fentanyl is heavily monitored and used to treat pain. Contrastingly, street fentanyl is often produced in China or Mexico, and people often buy it on the street without even realizing what it is. Dealers today are even cutting/mixing fentanyl and heroin for increased feelings of euphoria.

### What if I encounter Someone who has just Overdosed?

When someone overdoses on fentanyl they may experience stupor, changes in pupil size, cold or clammy skin, coma, blue or gray color of skin, nails, lips, or around the eyes, respiratory depression, or even death.

Accidental skin exposure is unlikely to immediately harm you, but you should still contact 911 immediately.

#### DO:

- Wash the affected area with soap and water as soon as possible.
- Wear gloves or other protective equipment.

#### DO NOT:

- Use hand sanitizers, wipes, or similar products. They can actually increase your body's absorption of fentanyl.
- Wear powdered gloves because the powder particles may absorb and spread contaminants.

Narcan, also known as Naloxone or Evzio, is a medication that is designed to rapidly reverse opioid overdose. It can, very quickly, restore someone to a normal state, reversing their high.

Narcan can be administered in many ways, however, the easiest method is through a nasal spray. Evzio, an

automated injection can also be administered without a physician or EMS.

**NARCAN<sup>®</sup>** (naloxone HCl)  
**NASAL SPRAY**

When administering either Narcan or Evzio, make sure the person is lying on their back. The Narcan spray can then be misted up a person's nostril, or the Evzio may be injected into a person's thigh. **This is not a replacement to calling 911.** Even though naloxone prevents the uptake of opioids, they are still floating around in the brain. Naloxone works for 30-90 minutes before opioids return to their receptors, so make sure **you call 911 directly** before administering Narcan that way EMS can arrive before the opioids return to receptors in the brain. Additionally, even if you think an adult has just overdosed, but you are not sure, it is not likely to harm someone to administer Narcan. For more information on Narcan, feel free to click on this link and watch the video: <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>.

Be cautious. If you have just administered Narcan, the person may wake up and feel a myriad of emotions with varying intensity. They may feel:

- Angry, because you ruined their high
- Dazed or confused, because they don't remember passing out
- Thankful, that you helped them
- Sad or upset (with you or themselves), for overdosing in the first place
- Panicked, from feelings of withdrawal

### **Where to find Narcan in FL**

Should you have Narcan available at your program for an emergency? Consult with your court or child welfare agency to make this decision. Be sure to have a protocol for using Narcan if you keep it available at your program.

Narcan can be obtained from a pharmacist without a prescription according to a recent Florida law passed in 2016. Places in Florida where Narcan can be found:

- Fire Departments
- Police Stations, or
- <https://www.isavefl.com/locator.shtml> to find a distributor site near you.

### **Resources**

- Nalaxone, Narcan, and Evzio information
  - <https://www.drugabuse.gov/related-topics/opioid-overdose-reversal-naloxone-narcan-evzio>.
  - <https://www.isavefl.com/locator.shtml>
- Different drugs, their classifications, and how they affect a person
  - [https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA\\_2017Ed\\_Updated\\_6.16.17.pdf#page=40](https://www.dea.gov/sites/default/files/sites/getsmartaboutdrugs.com/files/publications/DoA_2017Ed_Updated_6.16.17.pdf#page=40)
- Steps to take if someone overdoses
  - <https://drugabuse.com/taking-action-how-to-intervene-during-an-overdose/>

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# Parenting Skills by Child's Developmental Age

By: Sarah Miller



## Introduction

Parenting is the most important public health issue today. Parenting can be challenging, stressful, and overwhelming, and all at the same time it can also be happy, exciting, and fun. Knowing what to tell your kids and when can be helpful and make parenting feel easier.

## Objectives

- Learn about the importance of parenting and how to be a better parent.
- Become aware of basic milestones important to a child's development.
- Understand and feel enough to be able to implement the suggestions into your parenting style.

## The Importance of Parenting

Parenting is the largest variable that impacts childhood illnesses, accidents, teenage pregnancy, substance misuse, truancy, school disruption, underachievement, child abuse, unemployment, juvenile crime, and mental illness. If you are currently a parent, you are raising the next generation of while adults, and how you raise your child directly affects the world's future. However scary that may be, it is an incredible thing! You have an amazing opportunity to shape your child's view of the world, themselves, and the impact they can make on the people around them. Children learn how to become responsible and caring, right from wrong, and how to be good citizens from you, and the other people around them.



## Basic Milestones for Children

Below is a table of basic milestones for children to be able to reach, accomplish, perform, etc. by the time they reach a certain age.

Age	Milestones
2	<ul style="list-style-type: none"><li>• able to feed self</li><li>• able to say first and last name</li><li>• masters walking</li><li>• able to walk up and down stairs</li><li>• recognizes colors</li><li>• imitates speech of others</li></ul>
4	<ul style="list-style-type: none"><li>• able to draw a circle</li><li>• able to hop on one foot</li><li>• starts school</li><li>• begins to recognize written words</li><li>• understands time/size concepts</li></ul>
6	<ul style="list-style-type: none"><li>• able to draw a stick figure</li><li>• begins to lose baby teeth</li><li>• speaks in sentences of five or more</li><li>• can count to ten</li><li>• knows their family's phone number</li><li>• can form and answer 'why' questions</li><li>• plays creatively</li></ul>
8	<ul style="list-style-type: none"><li>• routines are increasingly important</li><li>• reading skills further develop</li><li>• begins gaining skills for team sports</li><li>• able to read aloud</li><li>• able to understand different points of view</li><li>• identify and describe emotions</li></ul>
10	<ul style="list-style-type: none"><li>• able to stay focused for more than an hour at a time</li><li>• understands and can follow several directions in a row</li><li>• peer recognition begins to become important</li><li>• able to relate to peers</li><li>• engages in new kinds of problem solving when prompted</li></ul>
12	<ul style="list-style-type: none"><li>• begins to understand abstract concepts</li><li>• peer acceptance and recognition becomes important</li><li>• girls show growth of hair, menstrual periods start</li><li>• boys show growth of hair, voice changes</li></ul>

## Examples of Parenting Skills

### Age 2: Limit the Use of the Word 'No'

You should save the word 'no' only for dangerous or serious situations. This teaches children from an early age how to use better words. It also is able to give authority back to the parent, so that when a parent uses the word 'no' the child truly understands the severity of the situation.

Instead of using the word 'no', try redirecting,

- 'Those are mommy's pens, let's find some markers for you to use.'

You can also turn the statement into a 'yes with a condition'

- 'Yes, you can go outside after we change your diaper!'

### Age 4: Don't Underestimate the Importance of Play

The greatest thing you can do for your child at this age is to encourage them to play and explore. Free play, or unstructured, voluntary, child-initiated activity that allows children to develop their imaginations, helps children's brains develop. This is because children naturally give themselves the right amount of challenge.

To help facilitate this,

- Be present and have spaces for your children to engage in free play.

Let them explore your house, and especially new places outside of the house, of course, with your supervision and detailed attention.

If your child decides to,

- 'Play pretend' and become a dragon, be a dragon with her, or another mystical creature.

### Age 6: Using 'Please' and 'Thank You'

Words like 'please' and 'thank you' are used a lot in society today. The earlier you teach your kids when to use them and how to use them, the easier it will be for them later in life. The best way to teach this is not just by reminding your child, but also by modeling this behavior yourself.

This also goes just past saying 'yes' and 'no'. For example, when using the word 'yes', you could say something like,

- 'Yes please, I would like some more pasta'.

Or when using the word 'no',

- 'No thank you, I don't want more pasta, I'm already full'.



### **Age 8: The Ability to Put Oneself in Someone Else's shoes**

The ability for your child to put themselves in someone else's shoes, also known as empathy and understanding, can be challenging. There are even many adults that still today cannot do this, making teaching it to children also hard. One way to do this is to prompt children by asking them questions.

For example, try asking your child

- 'How would you feel if you were in Sarah's shoes?'
- 'What would it feel like to be in the same place as Trey?'

Or if your child is already showing signs of this,

- 'Yeah, Jasmine, you are right, Sarah is really going through a tough time. Good job for noticing that.'
- 'Jasmine, I'm proud of you for noticing what Trey is experiencing. How could you be there for him?'

### **Age 10: Balancing Family Time with Personal Time**



At this age, kids desperately want independence and privacy, and for both of those desires to be respected. To be able to reach a happy compromise between you and your children, it is important to establish boundaries and expectations as soon as you notice these behaviors.

One way to accomplish this is by making family dinners mandatory, with a set time every night of the week.

Another way to balance independence and privacy, you may begin a conversation like,

- 'Jake, I recognize that you want your own space and time, but I also want to spend time with you. Can we set aside one time a week to spend together? Even if its us doing your homework together or going to a movie...'

Setting aside this time not only lets your child experiment with smaller levels of independence, it also sets up a time and place for them to be able to sit down and talk with you. The increase in quality time spent together could also lead to increased levels of trust.

You are not only spending quality time with your child, you are also improving their interpersonal skills.

### **Age 12: Conversations About Sex, Drugs, and other Risk-Taking Behaviors**

Kids today are starting to experiment with drugs, alcohol, sexual behaviors, and other risk-taking behaviors as early as nine or ten. Sexual



development is happening rapidly right now for your tween as they are most likely going through early stages of puberty.

You must always talk to your tween in an age and developmentally appropriate way. Try using phrases like,

- 'Hey Michelle, has anything at school ever come up that you're curious about?'
- 'Michelle, I just wanted to talk to you about alcohol and drugs. I was told at parent orientation that you would be learning about it this year in health class. Learned anything interesting yet?'
- 'Hey Michelle, I know we've kind already talked about sex and how babies are made, but I just wanted to touch base with you about your knowledge of safe-sex habits.'

Lastly, always answer questions.

## Conclusion

Parents are always learning and can continually work on teaching themselves about being better parents. Just by understanding the impact parents have on shaping their children's lives it is so important to make sure that parents are always working to learn new and stronger parenting techniques. Below are some additional resources for parents with not only developmental milestones, but also expected.

## Resources

- Child Mind Institute
  - Topics from A-Z on parenting skills, conversations, and advice
  - <https://childmind.org/>
- Child Welfare Information Gateway
  - General resources and tips for parents
  - Understanding developmental stages
  - <https://www.childwelfare.gov/topics/preventing/promoting/parenting/>
- Local parenting classes in your city
- The Whole-Brain Child: 12 Revolutionary Strategies to Nurture Your Child's Developing Mind

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## Different Types of Therapy



Type of Therapy	Definition	Goal	Other Pertinent Information
<b>Cognitive Behavioral Therapy (CBT)</b>	A form of psychotherapy that takes a hands-on approach to problem-solving (Mayo Clinic, 2017).	Change patterns of thinking or behavior that are behind people's difficulties in order to ultimately change the way they feel.	<u>Reframing thoughts:</u> client becomes aware of negative or maladaptive coping thoughts, stops the negative thought from intruding, and changes the thought to become positive.
<b>Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)</b>	A form of talk-therapy where the client recognizes negative thoughts and works to reframe them into positive thoughts (Good Therapy, 2018b).	Reframing, specifically in regard to events or memories from the trauma the client experienced.	A good option for clients who have been abused, exposed to domestic violence, or suffered neglect.  Established for children and adolescents to address trauma before they experience long-term negative effects (Trauma-Focused Cognitive Behavioral Therapy National Therapist Certification Program, n.d.).

<p><b>Cognitive Therapy (CT)</b></p>	<p>A form of psychotherapy that helps clients overcome intrusive thoughts about their trauma (American Psychological Association [APA], 2017b).</p>	<p>Helps clients recognize their intrusive thoughts and form less stressful perceptions of them.</p>	<p>Commonly used with clients experiencing PTSD to help them stop viewing their trauma as an ongoing, severe threat.</p>
<p><b>Cognitive Processing Therapy (CPT)</b></p>	<p>A type of CBT, but focuses <i>specifically</i> on changing thoughts alone, not feelings or behaviors (APA, 2017a). .</p>	<p>Allows clients to reframe their unhelpful thoughts about something and helps them create a new understanding of the issue.</p>	<p>Most often used for clients who have experienced sexual and physical violence, combat, and natural disasters.</p> <p>Clients will become more aware of “automatic” thoughts that may be prolonging the trauma-related symptoms.</p> <p>Often addresses safety, power, control, and trust issues.</p>
<p><b>Dialectical Behavioral Therapy (DBT)</b></p>	<p>A therapy technique targeted towards helping clients that are experiencing overwhelming, often contradictory, emotions and maladaptive behavior (Behavioral Tech, n.d.).</p>	<p>Focuses on changing thoughts, feelings, and actions, with a specific focus on helping clients synthesize opposite thoughts and accept that different ideas can coexist.</p>	<p>Incorporates practicing mindfulness, developing interpersonal skills, and regulating emotions.</p> <p>May be most beneficial in addressing trauma from physical and sexual violence,</p>



			mental health, substance misuse, and suicidal ideations (Trauma Center at Justice Resource Institute, n.d.).
<b>Eye Movement Desensitization and Reprocessing (EMDR)</b>	A therapy approach that aims to assist clients overcoming trauma by using lights, hand movements, or other visual stimuli to remove the association between images, noises, and feelings that the client paired with the trauma.	To prevent an individual from reliving their traumatic experience when they reflect or think about it (EMDR International Association, n.d.a).	Commonly used to treat clients with PTSD, panic attacks, complicated grief, dissociation, phobias, and other disturbances in mental health (EMDR International Association, n.d.b).
<b>Prolonged Exposure Therapy (PE)</b>	<p>A modality that helps clients confront their fears by gradually exposing the client to the stimuli they associate with their fear (APA, 2017c).</p> <p>It occurs through two mediums:</p> <ol style="list-style-type: none"> <li>1. Imaginal exposure, where clients imagine the painful event, describe it in the present tense, and then reflects on the emotions they experienced when they told their narrative.</li> <li>2. In vivo, is when client are exposed to environmental stimuli</li> </ol>	The goal is to remove the anxious response clients experience when they encounter certain stimuli, or triggers.	Helps survivors of trauma improve their ability to cope with trauma-related places, memories, people, and emotions.

	related to the traumatic event.		
<b>Interpersonal Psychotherapy (IPT)</b>	A therapy modality during which individuals focus on how their social relationships impact them.	Help clients reflect on how their relationships have changed as a result of the trauma they experienced.	IPT can be used to treat depression, and helping clients by improving their relationships when they are facing life stressors and transitions, grief, and attachment issues (Good therapy, 2018a).
<b>Solution-Focused Brief Therapy (SFBT)</b>	A short-term therapy modality that focuses on a client's strengths, rather than their problems, to generate solutions.	Clients collaborate with the therapist to come up with their own solutions to problems based on identified strengths and past successes (Kraus, Green, Koury, & Hales, 2017).	Research suggests that SFBT can be as effective in addressing trauma as other more commonly used, problem-centered modalities, such as CBT or DBT (Kim, Brook, & Akin, 2016).
<b>Motivational Interviewing (MI)</b>	A client-centered counseling modality aimed at helping individuals overcome ambivalence and commit to positive change (SAMHSA, 2014).	MI can be used to remain focused on the client's desired changes and discuss the benefits and drawbacks of various treatment options. It also emphasizes the principles of client autonomy and choice during the treatment process.	Can be used to help clients change maladaptive coping responses to trauma such as substance use, self-harm, and avoidant and aggressive behavior.

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