

June 2005



## Principles of the Arizona Practice Model

1. Collaboration with child and family
2. Functional outcomes
3. Collaboration with others
4. Accessible services
5. Best practices
6. Most appropriate setting
7. Timeliness
8. Services tailored to child and family (strength-based)
9. Stability
10. Respect for child and family's unique cultural heritage
11. Independence
12. Connection to natural supports

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## BRIEF STRATEGIC FAMILY THERAPY NEWEST 'EVIDENCE-BASED PRACTICE' AVAILABLE AT TOUCHSTONE

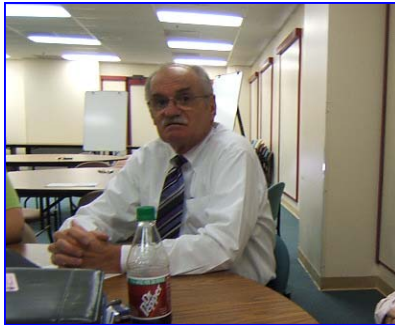
Brief Strategic Family Therapy (BSFT) is the latest 'evidence-based practice' to be offered by Touchstone Behavioral Health. In August, approximately thirty (30) therapists will receive extensive training in *Brief Strategic Family Therapy*. In keeping with the agency's commitment to provide only those interventions that have been proven effective, BSFT will be the newest modality we offer our clients. At the conclusion of this training, every therapist working at Touchstone will have been trained in a nationally recognized evidence-based practice.

According to the Center for Family Studies at the University of Miami, *Brief Strategic Family Therapy* "provides families with the tools to overcome individual and family risk factors through: 1) focused intervention to improve maladaptive patterns of family interactions, and 2) skills building strategies to strengthen families." Research reflects that BSFT works especially well with the Hispanic population. BSFT focuses on the problem behaviors of the child, as well as the way the entire family functions and interacts.

BSFT benefits children and adolescents, ages 6-17, which are beginning to show signs of conduct problems such as delinquency and early drug use, as well as maladaptive family functioning.

With the inclusion of *Brief Strategic Family Therapy* to our menu of evidence-based programs (*Functional Family Therapy, Multisystemic Therapy and Multidimensional Treatment Foster Care*), we now have the ability to reach an even broader spectrum of the population we serve. With BSFT's research and success with the Hispanic population, as well as with those children and adolescents experiencing early drug use, Touchstone Behavioral Health envisions this as a perfect compliment to the Arizona Treatment Model and Child and Family Teams.

Third Annual "*Family Fun Day*"  
October 15, 2005



### From the President, Timothy Dunst

Last summer Touchstone Behavioral Health was chosen by the ASU Center for Non-profit Leadership and Management to participate in a Self-Assessment. We were

one of the five agencies in the county to be selected for this study.

This Self-Assessment is a six month project by which an agency can complete a study designed by Peter Drucker to accurately determine both internal and external market environments. This was fortunate for us as we were proceeding into a planning mode with a Board Strategic Planning retreat planned for this fall.

The plan called for us to assess the strengths and needs of the corporation from two perspectives. We looked at both our internal environment, things that we can directly control and external environments, which are those things we cannot control. The information was gathered from our primary customers—the children and families who are our partners, and the secondary customers who are our funders, our referral agencies, our employees and our Board of Directors.

After gathering a great amount of data it was compiled and a narrative was written by our consultant, Edward James. The finished product was then distributed to primary and supportive customers that we had invited to attend a one and one-half day Touchstone Self-Assessment retreat.

At the retreat with over forty customers in attendance we asked the following questions:

- Do you believe the mission should be revisited? Why or why not?
- What are the agencies most significant challenges and opportunities in the next 3-5 years?
- Who is Touchstone's Primary Customer?
- If Touchstone Behavioral Health continues to grow as it has been what concerns if any, do you have?
- What additional needs do you see in the community that may be met by new services?
- Are you aware of Touchstone Behavioral Health's 3 to 5 year plans for its leadership/leadership succession?
- As you may know Touchstone Behavioral Health's funding comes from 2 or 3 major sources. What concerns if any do you have about being so concentrated in a few funding sources?
- Is the organization successful? Why or why not?
- What should the organization's results be in regards to changed lives? Examples from other organization:
  - \* Are there internal systems that should be assessed for potential?
  - \* Are there true innovations the agency should consider?
  - \* If it were up to you to set the organization's overarching

goals for the future, what would they be?

- \* Is there any other aspect of the self-assessment process you would like to comment on?

All of this information was gathered by our Self-Assessment coordinator, Diane Vandrush, and compiled by Arizona State University.

Our next step is to distribute the final documents to those who participated, staff and members of the Board of Directors. All of these customers will be asked or re-asked to answer the same questions we processed at the retreat. All of the data we collected will then be used at the fall Board Strategic Planning retreat to establish our five year plan.



Customer responses to these questions or any input that you may have will be appreciated. Please e-mail me at [Timothy.Dunst@touchstonebh.org](mailto:Timothy.Dunst@touchstonebh.org).

It is only with your help  
we can more closely reach our vision.



Touchstone Behavioral Health  
2004-2005 Participant  
Nonprofit Organizational Self-Assessment Program  
THE ASU CENTER FOR NONPROFIT LEADERSHIP & MANAGEMENT

#### E-Newsletter

The newsletter is posted on our website at [www.touchstonebh.org](http://www.touchstonebh.org). To receive a copy of the newsletter by e-mail, please sign up on our website.

## Learning Disabilities and Teenage Suicide

Two (2) major issues facing today's children and adolescents are related to teen suicide and bullying. While attending a recent conference, these two (2) areas were both addressed. The information seemed interesting and worth sharing. While we do not want to read too much into things, additional knowledge can always be helpful.

- Researchers in Canada studied the correlation between learning disabilities and adolescent suicide.
- Analyzed the suicide notes left by teenagers who committed suicide.
- Among 267 consecutive suicides in Ontario, Canada, 27 suicide notes were left. Researchers analyzed these 27 notes for the presence of specific spelling and handwriting errors, common to those found among learning disabled students.
- Researchers then dictated the notes to two groups of teenagers, one group with learning disabilities and one group without learning disabilities.
- Researchers could now compare the errors made by the teenagers who committed suicide with the errors made by the group of teenagers with LD and the group without LD.
- According to the authors of the study, 89% of teenage suicide notes showed deficits in spelling and handwriting that were comparable to those made by the group of teenagers with learning disabilities.
- The majority of notes written from dictation by the non learning disabled teenage comparison group showed no similar deficits.

McBride Hazel et al, Lethal Learning Process: New Finds in Adolescent Suicide. University of Toronto, Ontario Institute of Studies, 101 Queensway W. #136, Mississauga, Ontario L5B 2P7, Canada. Originally seen in the Brown University Child and Adolescent Behavior Letter, vol 10, no 8, August 1994.

<b>Rough Play</b>	<b>Real Fighting</b>	<b>Bullying</b>
Usually friends; often repeated (same players)	Usually not friends; typically not repeated	Typically not friends; generally repeated
Balance of power	Power relatively equal	Unequal power
No intent to harm	Intentional harm doing	Intentional harm doing
Affect is friendly; positive, mutual	Affect negative; aggressive, tense, hostile affect	Affect negative; aggressive & differs for victim and aggressor



## Employee of the Quarter

Congratulations to Heidi Barrett, School-Based Services therapist and Employee of the Quarter! “It’s nice to be appreciated and it’s nice to be recognized for hard work.” Heidi has been with Touchstone Behavioral Health for almost two and half years and enjoys working with the schools and her clients.

When asked what working for Touchstone Behavioral Health has taught her, Heidi states, “I get to work in various roles as a family, group, and individual therapist”. I’ve learned I can be versatile. Not all jobs allow for so much flexibility, which also prevents burnout. I’ve

also learned the importance of staffing cases with other professionals to gain insight into

my cases.”

Heidi’s favorite thing about her job is spending time with the kids and the families. “kids are interesting to watch. I like watching families interact. My favorite part is seeing progress over time.”

To prevent “burnout”, Heidi tries to take a day off once in a while and likes running. She believes exercise is helpful in preventing stress. Other ways she prevents “burn out” is to keep healthy boundaries with her families. She also makes the paperwork a priority. Being efficient with paperwork is one of Heidi’s strong points. She

creates an organized system to complete it so it doesn’t pile up.

Thank you, Heidi, for your dedication and hard work!



**Heidi Barrett,**  
School-Based Services, Therapist

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**Address Correction Requested**

**TO:**

### Editor’s note

We welcome your feedback.  
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