

Conference Summary

New Developments in Secondary Trauma: Supporting Professionals who Work with Traumatized Children

Date:	June 16, 2016, 9:00 am to 4:00 pm
Location:	The Children's Center, 492 First Avenue, at 28 th Street, NYC
Sponsored by:	The New York Center for Children in association with Prevent Child Abuse America and NYC Administration for Children's Services
Conference Chairs:	Katherine Teets Grimm , MD, Medical Director, New York Center for Children; and Anne Reiniger , JD, MSW, Past Chair, Prevent Child Abuse America
Audience:	200+ professionals, including clinical therapists, foster care caseworkers and staff, child protection workers, judges, lawyers, social workers, guidance counselors, teachers, doctors, nurses, child advocates, and childcare professionals.

“New Developments in Secondary Trauma: Supporting Professionals who work with Traumatized Children” focused on the recognition that professionals listening to the trauma stories of their clients can feel their emotional duress. In other words, professionals may experience *Secondary Trauma*. The conference offered professionals approaches to prevent these effects such as, self-care, reflective supervision, and case load balancing. The conference also promoted resilience skills, social support, and wellness activities. Each speaker or presenter emphasized the importance of these skills and support throughout their presentations.

Keynote Speaker

Esther Deblinger, Ph.D., Professor of Psychiatry and Co- Director, Child Abuse Research Education Service (CARES) Institute. Rowan University-School of Osteopathic Medicine.

“The Development of an Evidence Based Mental Health Practice: A Professional and Personal Narrative Highlighting Self Care.”

Dr. Deblinger discussed her personal journey in working with children who have experienced trauma. Because of her extensive work in the field of child trauma she has deep insight on positive coping strategies for compassion fatigue or secondary trauma. Her strategies come from interventions used when working with traumatized children. For example she introduced the idea of a sharing narrative as being therapeutic for both the clients and the professionals. She shared her personal narrative in which she helped develop Trauma-Focused Cognitive Behavioral Therapy, which is the standard of care for children and families who have experienced trauma. She also has co-authored

many children's books specifically intended for children who have experienced trauma. Along with coping strategies, she validated that secondary trauma is normal and something that professionals should address, "We never truly leave our work at work" she noted several times. She added that "We must put the oxygen mask on ourselves before we can help others."

Trauma Practitioners' Panel

Melba J. Nicholson Sullivan, Ph.D., Clinical Assistant Professor of Psychiatry NYU School of Medicine and Senior Psychologist Bellevue/NYU Program for Survivors of Torture Bellevue Hospital Center.

Doctor Nicholson Sullivan's presentation "Cultivating an Organization Culture of Care" articulated a rationale for organizational responsibility, identifying organizational assessment areas, and describing ways to promote organizational wellness. In an organizational assessment she discussed asking questions regarding safety such as when, where, and how services are delivered. She also spoke about trust regarding how clear and transparent job tasks are. She discussed choice, meaning the extent that staff have choice and diversity in their work. She spoke about collaboration and how roles and responsibilities may be modified to promote collaboration and power-sharing. She also discussed empowerment and methods for maximizing professional growth and development. In regards to Safety she stressed the importance of physical space. With trustworthiness, she stated that there needs to be timely, relevant, accurate, consistent communication. She discussed the importance of choice when it comes to a staff shaped workload and responsibilities. Lastly she discussed the need for formal, structured opportunities for feedback and empowerment. After assessment and intervention comes practice in which formal processes and policies such as salary and benefits, crisis intervention, and evaluation help maintain professional's wellbeing. She also discussed Trauma-Informed Program Planning where intensive training in trauma is offered, as well as professional growth opportunities, that may include fun activities like group movement and creative expression through different artistic approaches.

Paige Hamilton-O'Connor, LMHC, Manager of Trauma Recovery Services New York Society for the Prevention of Cruelty to Children.

In the presentation, "Restoring Resilience Response (RRR) the New York Society for the Prevention of Cruelty to Children's Crisis Debriefing Model" Paige Hamilton-O'Connor discussed addressing critical incidents in the field of child welfare through support groups. These groups address issues including child fatalities, suicides, death of a client, severe physical abuse, sexual abuse and all cases involving homicide due to DV, violence against staff member in the field and bereavement due to death of a staff member. She also stressed that the group is not just for disasters and emergency personnel. She then talked about the impact of critical incidents as triggers of secondary traumatic stress. She stated that trauma response ensues from a CPS staff member hearing about the firsthand trauma experiences of the clients they serve and mimicking

the trauma symptoms of clients such as, hyper-arousal, avoidance, and intrusion. In response to these reactions, there is a need for restoring resiliency. She noted that agencies should create a holding environment to identify, assess, and normalize current impact of the acute stressor. They must identify and assess existing coping skills and modify and identify new adaptive skills to match the acute stressor. Lastly the model includes a closing ritual that connects to meaning making.

In her presentation she gave an example of Restoring Resiliency Response to a critical incident where a Child Protective Services unit was charged with investigating two child fatalities within one month. She discussed cognitive impacts such as difficulty concentrating, intrusive thoughts, and intrusive imagery. The behavioral impact for staff was hyper-vigilance, sleep disturbance, increased use of caffeine, nicotine and alcohol, and increased spending. The physical impact included increased blood pressure, light sensitivity, muffled hearing, upset stomach, and appetite changes. The emotional impacts were feelings of profound sadness, rage, numbing, and helplessness. The social impact could be withdrawing or isolating from people and it could have an impact on parenting. Lastly, the spiritual impact sometimes entails questioning the meaning of life and doubting one's own religious beliefs. She also highlighted contextual factors that exacerbate the stress response such as an open and active CPS case, media attention, and not wanting to burden family members.

She stressed that organizations can help address professionals' secondary traumatic stress. She continued that organizations should identify and assess existing coping skills, modify and increase adaptive coping skills, thought stopping, soothing imagery, and cognitive reframing. She ended her presentation by discussing The New York Society for the Prevention of Cruelty to Children's wellness model. In this model group sessions address the cumulative impact of bearing witness to stories of abuse and neglect. These sessions typically last 90 minutes and are held once a month for a year.

Jennifer Grubman, LMSW, Therapist the New York Center for Children

Marissa Stranieri, MSW, Social Worker the New York Center for Children

In their presentation Jennifer Grubman and Marissa Stranieri discussed The New York Center for Children's innovative solution for addressing issues like secondary trauma and compassion fatigue. The NYCC has initiated the practice of peer support groups where professionals in the organization have the opportunity to get together with other peers on a weekly basis. The groups allow for free flowing discussion, wherein individuals can share ideas and offer potential solutions to problems. It is also a safe space to talk about traumas that the therapist may be experiencing as a result of working with clients who have experienced trauma. Marissa Stranieri who interned at The New York Center for children emphasized how important peer support groups were for her during her time as an intern as she spoke about how much she was able to learn from her fellow coworkers. She strongly emphasized the value of support groups, and working in teams to thrive in her occupation. She also stated that having a space to speak about issues affecting her in the field was rejuvenating as she could find solidarity

and advice from other peers, allowing her to continue the work. Throughout the presentation both speakers emphasized the need for self-care along with peer support.

Afternoon Workshops:

Michele Cortese, Esq. Executive Director Center for Family Representation, Inc.

Mark Evces, Ph.D., Assistant Director of Mental Health WTC Health Program Clinical Center of Excellence NYU School of Medicine

“Building Resiliency and Managing the Stress of our Work”

In their presentation both Michele Cortese and Mark Evces acknowledged that working with traumatized populations impacts professional helpers in a variety of ways and levels of intensity. They discussed that there can be many consequences ranging from temporary feelings of physical exhaustion to more severe and persistent symptoms of secondary traumatic stress. They highlighted the need for methods to combat these symptoms like self-care, self-awareness, and knowledge of the effects of working with traumatized populations can foster resilience in service providers. They discussed Voluntary Resilience Building Drop-In Groups which have been implemented in the Center for Family Representation. They highlighted the importance of these groups by stating that they can foster resilience and general well-being in staff. The groups promote wellbeing and resilience by educating staff on the effects of working with traumatized clients, such as identifying signs of burnout, compassion fatigue, and vicarious trauma. They teach and encourage self-care skills and facilitate self-reflection. They also try to de-stigmatize emotional reactions to working with traumatized clients. Lastly, they assist staff with referrals to self-care resources, including psychotherapy. Michele Cortese, has observed the positive impact for her staff after these groups were implemented.

Rev. Sam Rudra Swartz, Integral Yoga Institute

Nancy Chapman, Ms Ed., CRC, CASAC, Senior Mental Health Advisor Office of Clinical Practice, Policy and Support NYC Administration for Children’s Services.

“Individual Tools for Self-Care and Mindfulness from the Yoga Tradition”

Nancy Chapman introduced the workshop by encouraging participants to address stress and wellness. She stated that yoga and other interventions have beneficial effects on individuals within a workplace as a means to alleviate secondary trauma. Rev Sam Rudra Swartz spoke about the spiritual history of yoga as well as his profession as a yoga teacher. He led the group through yoga and meditation practices that could be utilized in the work place. He emphasized that individuals could implement short restorative

exercises during the course of the day at work to reduce the effects of stress and secondary trauma.