

## CONFERENCE SUMMARY

### **SECONDARY TRAUMA: SUPPORTING PROFESSIONALS WHO WORK WITH TRAUMATIZED CHILDREN**

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<b>Date:</b>	Wednesday, June 20, 2012, 9:00 am to 4:00 pm
<b>Location:</b>	The Children's Center, 492 First Avenue, at 29 <sup>th</sup> Street, NYC
<b>Sponsored by:</b>	The New York Center for Children in association with Prevent Child Abuse America and NYC Children's Services
<b>Conference Chairs:</b>	Katherine Teets Grimm, MD, Medical Director, New York Center for Children and Anne Reiniger, JD, LMSW, Past Chair, Prevent Child Abuse America
<b>Audience:</b>	200+ child protection professionals, including: foster care staff and caseworkers; child protection and prevention workers; doctors; nurses; social workers; psychologists; teachers; guidance counselors; lawyers; child advocates; and child care workers.

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The New York Center for Children, in association with NYC Administration for Children's Services and Prevent Child Abuse America, presented a conference on June 20, 2012, on Secondary Trauma.

Every year, more than 5 million children in the United States suffer from the traumatic effects of child abuse and family violence. These traumatic experiences can cause emotional and behavioral problems that have lasting impact on the children's lives and well-being. Therapists, child welfare workers, and other professionals working with these children are at risk of being affected by Secondary Traumatic Stress as a result of listening to children speak about their traumatic experiences, and working with them to help them recover.

Secondary Traumatic Stress is the emotional duress that results when an individual hears about the first hand traumatic experiences of another. The symptoms of Secondary Traumatic Stress are similar to those of post-traumatic stress disorder (PTSD) and may negatively impact practitioners' ability to function as well as their quality of life.

The conference highlighted assessment, prevention, and interventions to decrease secondary trauma. It provided an overview of Secondary Traumatic Stress and its potential impact on professionals working with traumatized children and their families. Through the conference, professionals, agencies, and the community gained a greater understanding of secondary trauma, and strategies to promote resilience and self care. Recognizing the impact of Secondary Trauma is an important component of trauma informed practice.

**Ronald E. Richter**, Commissioner, NYC Children's Services.

According to Commissioner Richter, ACS recognizes the importance of addressing secondary trauma for staff at all levels. Several years ago, ACS began developing strategies to address secondary trauma in cooperation with the ACS-NYU Children's Trauma Institute. This program, called the Resilience Alliance, focuses on optimism, mastery and collaboration among ACS staff. The program is currently training staff and developing a blog, an online training, and a training manual.

#### **KEY NOTE SPEECH:**

**Ginny Sprang, Ph.D.**, Buckhorn Professor of Child Welfare and Children's Mental Health at the University of Kentucky & Executive Director of The Center on Trauma and Children.

#### ***"When Winter Comes: Understanding Secondary Trauma in the Workplace"***

Dr. Sprang spoke about her research on the impact of trauma on the human body. Secondary Traumatic Stress can disrupt a professional's lives, feelings and relationships and can prevent them from being good stewards. Some of the symptoms of Secondary Trauma are hopelessness, hypervigilance, avoidance, fear, minimizing and guilt. Using a trauma-informed approach to professional well-being has been shown to be effective at decreasing the effects of secondary trauma. As part of this approach, professionals should understand their trauma profile (previous history, types of exposure, dose and frequency), assess their work environment (supervision, peer support, leave policies and work flow) and evaluate their current resiliency and well-being practices (self-care strategies, boundary setting, use of supervision/peer support, etc.) Training of staff has been shown to be helpful in mitigating Secondary Trauma and produces good case work practice. She concluded that the Mindfulness Based Stress Reduction Protocol (MBSR) has shown good results in addressing secondary trauma. The MBSR was found effective in reducing emotional distress, relieving physical pain and treating sleep disorders.

**Erika Tullberg, MPA, MPH**, Administrative Director, ACS-NYU Children's Trauma Institute, NYU Langone Medical Center

#### ***"The Resilience Alliance: A Review of a Secondary Trauma Intervention"***

Ms. Tullberg noted that many professionals choose to work with children with ideals of helping people. She stated that working with traumatized children includes a high exposure to occupational stressors. She noted that several years ago, there were surges of hiring at ACS, but after six months many of the new child welfare workers had resigned. In response to this trend, the Children's Trauma Institute introduced an intervention for staff at all levels. The Resilience Alliance held weekly groups and focused on three themes: Optimism (anticipating the best possible outcome and reframing challenging situations in positive ways), Mastery (the skills to perform one's job effectively and the ability to regulate negative emotion and engage in self care) and Collaboration (workers, supervisors and clients working together toward a

common goal). Each session followed a similar format: a didactic piece on the day's concepts/skills, a group exercise related to the skill and a take away activity to help staff apply the new skills to their work. This intervention was incorporated as part of the child welfare worker's work and was used with clients and co-workers. As a result of this training, the culture of the office changed positively to a more supportive environment. The positive impacts include improved unit cohesion, increase in use of resilience language with colleagues and clients, more communication about successes across units, and improved case practice. Because of the success of the pilot program, the Resilience Alliance is expanding to the other boroughs and to other departments.

### **PRACTITIONER'S PANEL:**

**Debra Fernandez, Ph.D., LCSW,** Sanctuary Implementation Coordinator, Good Shepherd Services-Family Foster Care

Dr. Fernandez described the Sanctuary Model used by Good Shepherd Services to mitigate the effects of secondary trauma and to create a supportive culture within the department. Sanctuary promotes safety and non-violence as the basis for everything staff does to help others heal. The Sanctuary Toolbox includes team meetings, red flag reviews, treatment planning conferences, psycho-educational groups, community meetings, safety plans, self-care plans, supervision and training.

**Sarah Janoff, MSW,** Therapist, The New York Center for Children

Ms. Janoff talked about the benefits of having peer supervision while a student intern at NYCC. She met weekly with the other student interns, without any supervisors present, to discuss cases and other topics. Peer supervision was very flexible and there was no specific agenda. This arrangement made it easier for the students to talk freely and openly with each other. The key component was her ability to bond and gain support from her co-workers.

**George James Ramos, Jr., MA,** Child Protective Specialist, NY C Children's Services

Mr. Ramos provided a heartfelt account of his work as a Child Protective Specialist at ACS. At the time when he began working there, ACS was experiencing very high turnover rates among Child Protective Workers. He stated that he was surprised on his first day when his supervisor told him, "Don't quit." He continued that during the initial training another employee never returned after their lunch break. He explained that he almost resigned after six months, but is now in his sixth year at the agency and recently received a Masters Degree. He credits the Resilience Alliance and its themes of Optimism, Mastery and Collaboration with enabling him to succeed. He learned how to "thrive not just survive" and to recognize that one person cannot save the world, but can do a lot of good.

**Trisha Maling, LCSW,** Team Leader, Casey Family Services Maine Division, Direct Service Agency of the Annie E. Casey Foundation

Ms. Maling emphasized the importance of supervisors in supporting their staff, to reduce the impact of secondary trauma and to provide a safety zone for their staff. Supervisors should determine details of a case and consider how it will impact the worker. They should be alert to

their staff's behavior for signs of secondary trauma and talk with them about their experiences without "shaming or blaming." She highlighted the importance of trauma-informed practice, employee assistance programs and supportive supervision.

## **WORKSHOPS:**

**Ani Buk, MA, LP, LCAT**, Trauma Specialist in Private Practice, Faculty, NYU Graduate Art Therapy Program

### ***"Finding Shelter in the Storm: A Multi-Sensory approach to Managing Secondary Traumatic Stress"***

Ani Buk led a guided visualization to help participants find a safe place on deeply felt, multi-sensory levels. With the right tools this "internal shelter" can be accessed at will in times of stress and when symptoms of Secondary Trauma arise. She also spoke about some of the neurological and biological effects of trauma and of compassion and empathy.

**Mary Sormanti, Ph.D., MSW**, Professor, Columbia University School of Social Work

### ***"Let Me Read to You: Reflection and Restoration Through Literature"***

Stories are central to the work of professional caregivers. Therapists and professionals working with children are keen listeners, encouraging clients to remember, share and expand on their stories. When these stories are laden with trauma, both the telling and the listening are especially demanding. In this workshop, caregivers were invited to focus on their own well-being. Dr. Sormanti read from an array of carefully chosen texts and invited participants to expand on the selected topics, sharing their own experiences and feelings. She encouraged participants to use existing bodies of writing to create their own narrative and to use writing as a tool for healing and self-reflection.

## **CONFERENCE EVALUATIONS:**

Eighty-three attendees completed the Conference evaluation. They were extremely positive. 96% of respondents gave the conference an overall rating of a 4-5 (5 being the highest ranking.) The average rating was 4.6. Attendee comments include:

- Love the conference, I come every year and it is always well run, informative, applicable...and practice oriented...I can't wait for next year.
- Very validating and healing experience as well as good learning tools.
- Excellent information, effective presentations-very useful and practical strategies were shared. Thank you!
- Using personal case studies were particularly effective.
- It's going to be helpful to use the conference materials in my work.
- Highly recommend!! Very insightful, empowering.
- I now have the tools/education needed to make some positive changes.

- Excellent conference.
- I was engaged and focused throughout!
- Everything was very relevant and interesting. It should be mandatory.
- Such an important topic.
- I plan to take this back to my workplace to share with colleagues.

The conference is the **Seventh Annual Conference** on Prevention, Intervention and Treatment of Child Abuse, presented by the New York Center for Children (NYCC), NYC Administration for Children's Services (ACS), and Prevent Child Abuse America (PCA).

*The New York Center for Children is a privately-funded non-profit organization that provides treatment to victims of child abuse, training for professionals who work with children, and child protection policy development.*

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