

The Behavioral Health Training and Education Network with support from
The Philadelphia Department of Behavioral Health/Intellectual Disability Services

Presents **The Cycles of Violence Series**

NO COMMERCIAL SUPPORT RECEIVED FOR THIS PROGRAM

Impact of Trauma on Staff: Addressing Vicarious Traumatization

Presenters:

Kalma Kartell White, MEd, Counseling, CPRP

Behavioral Health Training Specialist—Behavioral Health Training & Education Network

Veronica O. Bowlan, MSW, LSW

Faculty Member, Drexel University School of Medicine, Dept. of Psychiatry, Behavioral Healthcare Education Division

Ms. White and Ms. Bowlan, for many years, have each provided direct service, supervision, consultation, as well as training presentations to service providers, related to the impact of trauma and child abuse.

Neither presenter has real nor apparent conflicts to disclose.

Date/Time: **Friday, November 18, 2011, 9:00 AM to 3:30 PM** (REGISTRATION BEGINS AT 8:30 AM)

Fee: **\$20.00 Per Person:** (REGISTERED PERSONS MUST NOTIFY BHTEN OF ANY CANCELLATION PRIOR TO THE PROGRAM TO RECEIVE CREDIT TOWARD ANOTHER COURSE; (REFUND WITH 72 HOUR NOTICE)

Description: This introductory, interactive course addresses behavioral health and other human services staff being exposed to traumatic material shared by persons coming in for service. A theoretical framework for examining the impact of vicarious traumatization (VT) on staff is presented as well as methods for assessing its impact. Strategies for preventing and addressing VT are discussed and a peer consultation model is presented that can be used formally or informally in the work environment to support staff exposed to traumatic material. The course is a revised & updated version of a Cycles of Violence session previously presented in 2005 to 2010 and contains some of the same material.

Target Audience: The course is designed for staff at all levels in behavioral health & other human services programs/agencies.

Audience: **THOUGH NOT MANDATORY, KNOWLEDGE OF TRAUMA THEORY AND GROUP FACILITATION IS HELPFUL**

Location: 520 North Delaware Avenue, 7th Floor, Suite C, Philadelphia

- **BHTEN IS LOCATED IN THE RIVERVIEW PLACE BUILDING, ON THE SOUTHEAST CORNER OF DELAWARE & SPRING GARDEN: ENTRANCE ON SPRING GARDEN STREET**

Program Learning Objectives: By the end of this basic overview training, participants will be able to:

1. describe the nature of vicarious traumatization;
2. discuss the professional and personal impact of vicarious traumatization;
3. discuss signs of vicarious traumatization;
4. discuss strategies for addressing vicarious traumatization;
5. examine a model of peer consultation that helps address vicarious traumatization.

Credits: .5 CEUs will be awarded (.5 CEUs = 5 TRAINING HOURS) through IACET

5 PCB credits awarded through the Pennsylvania Certification Board

5 SW credit hours awarded. This conference is co-sponsored by Bryn Mawr College Graduate School of Social Work and Social Research for a maximum of 5 credit hours. Bryn Mawr College GSSWSR, as a CSWE accredited School of Social Work, is a pre-approved provider of continuing education for Social Workers in PA and many other states.

5 CE credit hours for Psychologists awarded. BHTEN is approved by the American Psychological Association to sponsor continuing education for psychologists. BHTEN maintains responsibility for this program & its content

5 CPRP CEUs—BHTEN is approved by the United States Psychiatric Rehabilitation Association (Provider #011190) to sponsor continuing education for Certified Psychiatric Rehabilitation Practitioners. BHTEN maintains responsibility for the program and its content

Participants Must Attend Entire Presentation to Receive Continuing Education Credits & Must Submit a Completed Course Evaluation

Special Needs: Please call Sheyel Rorie, Registrar (215 923-2116, ext. 270) and indicate special needs on the registration form

BAD WEATHER? >>> CALL 215-923-2116, EXT. 401 TO CHECK ON ANY DELAYS OR CANCELLATIONS

QUESTIONS? >>> CALL TIFFANY LIVINGSTON, AT 215-923-2116, EXT. 293

PARKING: >>> PARKING IS NOT PROVIDED AND METERED STREET PARKING IS EXTREMELY LIMITED

- > BHTEN IS UNABLE TO PROVIDE NOR MAKE CHANGE FOR THE METERS.
- > PUBLIC TRANSPORTATION IS STRONGLY RECOMMENDED
- > PLEASE PLAN ACCORDINGLY

CLOTHING SUGGESTION

Maintaining room temperature that is comfortable for everyone is very difficult; you may want to wear layered clothing and/or bring a light sweater or jacket for when the room becomes too cool.

Impact of Trauma on Staff: Addressing Vicarious Traumatization

Training Date: Friday, November 18, 2011

Registration Form

PRE-REGISTRATION and PRE-PAYMENT OF FEE are required.

- **FEE PER PERSON: \$20.00** - Make checks or money orders payable to **THE CONSUMER SATISFACTION TEAM.**
 - **NO** cash payments; **\$35.00 CHARGE FOR RETURNED CHECKS**
 - Payment & registration form must be submitted together; registration will not be done by fax nor phone.
 - **MAIL** check or money order and registration form to:
The Behavioral Health Training and Education Network
c/o Clerical Assistant
520 North Delaware Avenue, Suite 7C
Philadelphia, PA 19123
 - **Registration Form and Payment Deadline: November 11, 2011**
 - **SPACES ARE EXPECTED TO FILL QUICKLY.**
 - Registration is done on a first come, first served basis.
 - Registration will be closed once seating capacity is reached
 - Sign-in begins at 8:30 AM on the day of the training

Confirmation:

- **THE IDENTIFIED CONTACT PERSON WILL RECEIVE CONFIRMATION FOR ALL REGISTERED PARTICIPANTS BY FAX PRIOR TO THE TRAINING DATE;**
 - **CONTACT PERSON IS TO DISTRIBUTE AS NEEDED TO TRAINING PARTICIPANTS.**
 - **PARTICIPANTS ARE EACH REQUIRED TO BRING THEIR CONFIRMATION LETTER ON THE DAY OF THE TRAINING.**

PLEASE TYPE THE INFORMATION OR PRINT CLEARLY.

AGENCY NAME

CONTACT PERSON AND POSITION

AGENCY STREET ADDRESS

PHONE #

FAX #

CITY, STATE, ZIP CODE

E-MAIL ADDRESS

Participant Names and Programs

(PLEASE INDICATE ANY SPECIAL NEEDS OF PARTICIPANTS & CALL SHEYEL RORIE, 215 923-2116, EXT. 270)

1. _____
NAME **PROGRAM**

LAST 4 DIGITS OF SOCIAL SECURITY # PHONE NUMBER E-MAIL ADDRESS

2. _____
NAME **PROGRAM**

LAST 4 DIGITS OF SOCIAL SECURITY # PHONE NUMBER E-MAIL ADDRESS

3. _____
NAME **PROGRAM**

LAST 4 DIGITS OF SOCIAL SECURITY # PHONE NUMBER E-MAIL ADDRESS

The Behavioral Health Training and Education Network has been approved as an Authorized Provider by the International Association for Continuing Education and Training (IACET), 1760 Old Meadow Road, Suite 500, McLean, VA 22102; (703) 506-3275.

