

NORTHERN RIVERS

NORTHEAST PARENT & CHILD SOCIETY
PARSONS CHILD & FAMILY CENTER

SATRI Training & Research

TRAINING NEWS LINK

December 2017– January 2018

Internal Trainings



First Aid/CPR

December 11 , 2017 -First Aid/CPR 9:00am-3:00pm at SATRI

January 8, 2017 -First Aid/CPR 9:00am-3:00pm at SATRI

TCI Training (Therapeutic Crisis Intervention)

Full TCI:

December 7, 8, 14, & 15 - TCI Full Training 8:30am-4:30pm at SATRI

January 18, 19, 25 & 26, 2018- TCI Full Training 9:00am –5:00pm Children's' Home, Schenectady

Update TCI:

December 13, 2017 -TCI Update Training 8:30am-4:30pm at SATRI

January 17, 2018– TCI Update Training 8:30am-4:30pm at SATRI

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Internal Trainings

Med Admin

January 4, 2018 - Med Admin 9:30am-11:00am at SATRI

Clinical

December 8, 2017 –Building family Cohesion/Resilience - 9:00am-12:00pm at SATRI
(3 CEU's)

December 15, 2017 –Developing Creative Way to Tell Stories - 9:00am-12:00pm at SATRI (3 CEU's)

January 4 & 12, 2018 –Foundations of Care 9:00am - 4:30pm at SATRI (14 CEU's)
(*must attend both days*)

January 16, 2018 –Understanding & Supporting LGBT Youth 8:30am-12:30pm
(4 CEU's)

January 17, 2018– Baseline Coding of CANS NY 8:30am-12:30pm at SATRI (4 CEU's)

January 19, 2018 – Essentials of Assessment: Attachment - 9:00am-12:00pm at SATRI
(3 CEU's)

SafeTALK

December 19, 2017 -SafeTALK 9:00am-12:00pm at SATRI (3 CEU)

DASA

January 22, 2018 - DASA 9:00am-4:00pm at SATRI

ARC

January 22, 2018 - Attachment, Self-Regulation & Competency 10:00am-4:00pm at SATRI (6 CEU's)

Motivational Interviewing

January 29, 2018 - Motivational Interviewing -8:30am - 4:30pm at SATRI (6 CEU's)

Internal Trainings

Compliance Training

Every member of our Workforce, full- or part-time, is required to complete several mandated compliance trainings during the month of January in order to remain on active duty. Our Learning Management System (LMS) software, available at <https://northernrivers.csod.com/>, was designed to facilitate this process. **All Workforce members with regular computer access are expected to complete these trainings online.** We will offer a limited number of in-person trainings **only** for those without regular computer access. Below are some guidelines on accessing these trainings:

Please sign in to your LMS account prior to **Thursday, December 14**, to ensure that your account is active. Please do not attempt to complete the trainings at this time; simply verify your ability to access your account. If you have issues accessing your account, email stafftraining@northernrivers.org.

1. The online versions of the trainings will automatically be available to all users on their LMS training portal home page **beginning January 1**. Please do not request access to them, or they will appear multiple times in your account.
2. Log in and complete the trainings **between January 1 and 31**—if you attempt to complete the trainings before January 1, they will not count.
3. The traditional classroom trainings (listed below) require pre-registration. These are listed in the LMS as “January Compliance Month Trainings”.

If you experience any difficulties with the LMS, please e-mail stafftraining@northernrivers.org.

Compliance Classroom Training Schedule only for those **without regular computer access:**

Thursday, January 4, 2-3:30 p.m. at SATRI

Wednesday, January 10, 9-10:30 a.m. at SATRI

Wednesday, January 10, 12:30-2 p.m. at the Children’s Home

Thursday, January 11, 9-10:30 a.m. at the Children’s Home

School @ Northeast Staff ONLY: Friday, January 12, 9-10:30 a.m.

Neil Hellman School Staff ONLY: (three-part training, must complete all trainings) Friday, January 5, 8-8:40 a.m. (BBP/HazCom); Friday, January 12, 8-8:40 a.m. (Corporate Compliance); Friday, January 19, 8-8:40 a.m. (HIPAA)

Again, every full and part-time member of our Workforce must complete these trainings **by January 31, 2017**. To ensure compliance, **we ask that directors, coordinators and supervisors make it a point to share this information with Workforce who do not have computer access.** Thank you for your cooperation, and please don’t hesitate to contact your supervisor or the QM staff with any questions.

Self Care

TRAUMA INFORMED CARE FOCUS

Self- Care

YOU are your most important tool. Sometimes we as the helpers, particularly during the holiday season, need to *recharge, regroup, and recover*. Self- care is not an act of selfishness; it is an act that takes care of you and others. Because **YOU** impact the people around you.

What do you need to do to take care of yourself in this moment?

What do you need to do to take care of yourself tonight, tomorrow, or on your day off?

Activities

Practice a Self- Care Plan

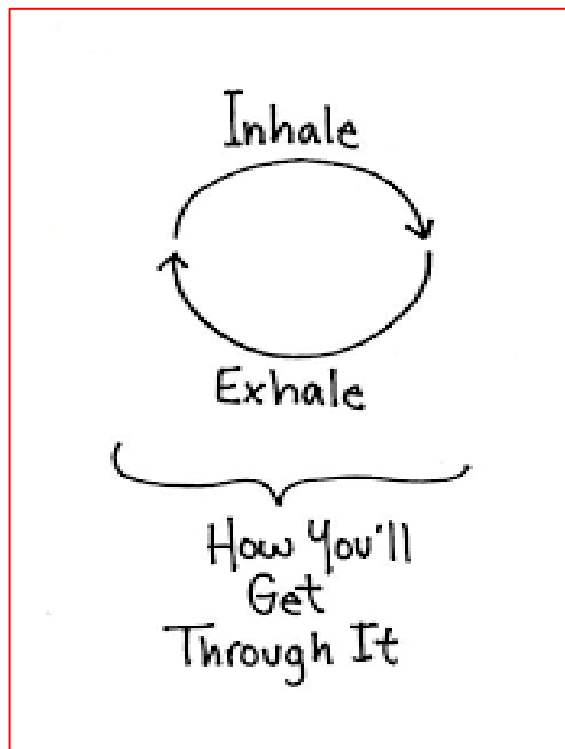
What are two in- the- moment self- care strategies that you can do right now?

What are two long- term self- care strategies that you can do later?

Review with a co- worker and *PRACTICE*.

Try this 4, 7, 8 Breathing Exercise from Dr. Weil:

<https://www.drweil.com/videos-features/videos/breathing-exercises-4-7-8-breath/>



"An empty lantern
provides no light.
Self-care is the fuel
that allows your light
to shine brightly."

-Unknown

www.paintedteacup.com

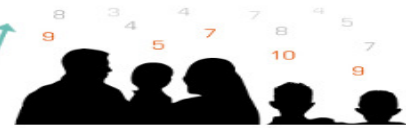
Search



ACES Too High!

NEWS

ACES = Adverse Childhood Experiences



HOME ACES SCIENCE 104 GOT YOUR ACE SCORE? ACES IN ACTION ACES CONNECTION RESEARCH RESOURCES ABOUT

Dozens of Kaiser Permanente pediatricians in Northern California screening three-year-olds for ACEs



Since August 2016, more than 300 three-year-olds who visit Kaiser Permanente's pediatric clinics in Hayward and San Leandro have been screened for **adverse childhood experiences** (ACEs), such as living with a family member who is an alcoholic or losing a parent to separation or divorce. But when the idea to screen toddlers and their families for ACEs was first broached at the Kaiser Permanente Hayward Medical Center, the staff were, in a word, "angsty," says Dr. Paul Espinas, who led the effort.

The staff was worried that if they screened for ACEs, their interactions with patients would be negative. However, an off-site weekend training for pediatricians in October 2015 changed all that.



Dr. Paul Espinas

One of the most significant takeaways from the training — which included an Alameda County public health expert and area experts in domestic violence, toxic stress, resilience and community health from the Kaiser system — was learning about the important connections between high ACEs scores and health outcomes, Espinas explained.

"ACEs are the new cholesterol," he said. "If you don't screen for it, and you don't look for it, you'll never find it, but it has more health impacts than you imagine."

ACEs comes from the **CDC-Kaiser Permanente Adverse Childhood Experiences Study** (ACE Study), groundbreaking research that looked at how 10 types of childhood traumas affect long-term health. They include: physical, emotional and sexual abuse; physical and emotional neglect; living with a family member who's addicted to alcohol or other substances, or who's depressed or has other mental illnesses; experiencing parental divorce or separation; having a family member who's incarcerated, and witnessing a mother being abused.

Subsequent ACE surveys include racism, witnessing violence outside the home, bullying, spanking, losing a parent to deportation, living in an unsafe neighborhood, and involvement with the foster care system. Other types of childhood adversity can also include being homeless, living in a war zone, being an immigrant, moving many times, witnessing a sibling being abused, witnessing a father or other caregiver or extended family member being abused, involvement with the criminal justice system, attending a school that enforces a zero-tolerance discipline policy, etc.

Thirty-eight percent of children in every state have at least one ACE, according to an analysis of the 2016 National Children's Health Survey by the Child & Adolescent Health Measurement Initiative (CAHMI) at the Johns Hopkins Bloomberg School of Public Health.

The epidemiology of ACEs — i.e., the ACE Study and other surveys — is one of five parts of ACEs science, which also includes how toxic stress from ACEs damage children's developing brains; how toxic stress from ACEs affects health; and how it affects our genes and be passed from one generation to another (epigenetics); and resilience research, which shows the brain is plastic and the body wants to heal. Resilience research focuses on what happens when individuals, organizations and systems integrate trauma-informed and resilience-building practices, for example in **education** and in the **family court system**.

The ACE Study found that the higher someone's ACE score — the more types of childhood adversity a person experienced — the higher their risk of chronic disease, mental illness, violence, being a victim of violence and several other consequences. The study found that most people (64%) have at least one ACE, 12% of the population has an ACE score of 4. Having an ACE score of 4 nearly doubles the risk of heart disease and cancer. It increases the likelihood of becoming an alcoholic by 700 percent and the risk of attempted suicide by 1200 percent. (For more information, go to **ACES Science 104**. To calculate your ACE and resilience scores, go to: **Got Your ACE Score?**)

Equally important was that the pediatricians attending the training had the opportunity to talk about ACEs and look inward: "It gave physicians time to process their own feelings about how they regard their own lives and their families' lives," said Espinas.

He said that although Kaiser Hayward and San Leandro's pediatric clinics have not done confidential ACEs surveys of their own staff, giving staff time to reflect on the adversity that they may have experienced and the resources to deal with it — as had been provided at the off-site training — is essential.

"From my perspective, to become more trauma-informed, you have to give your staff physicians space to deal with whatever trauma they may have experienced in their lives," said Espinas. "I think it makes them more empowered to help treat this if they've processed all that stuff first."

Espinas said that the offsite training also won over the clinics' leadership in supporting the effort to introduce ACEs screening into practice. The chief physician, who attended the offsite training, was excited about it, he explained. Without buy-in in an organization as large as Kaiser, said Espinas, such an effort could easily get "lost in the shuffle" among numerous other competing interests.

With support from decision-makers, Espinas said the clinic decided to introduce the screening during the three-year-old wellness visit. They chose that time because there are few forms to fill out and shots to be injected, and "a lot of developmental issues have calmed down." However, **unlike The Children's Clinic in Portland, OR, they are not** asking parents to complete ACE or resilience surveys about their own childhoods.

Parents complete an ACEs survey for their children in the exam room while waiting for the doctor. The survey asks them to tally up their children's ACE score without indicating the specific adverse childhood experience, said Espinas, who said it was adapted from the 10-question ACEs survey developed by the San Francisco-based **Center for Youth Wellness**.

When 32 pediatricians began screening in 2016, they were surprised by their patients' reactions. "We actually found that families found the screening to be beneficial," Espinas said, who explained they were all given information about resilience. "So many said, 'I'm so glad you're asking about this.'"

For those with scores of 4 or higher, the pediatricians took a slightly different approach. "We wanted them to express concern, thank them for filling out the survey, link them up with resources about ACEs and then arrange for a follow up call — I think our patient population wants us to ask these questions. They want resources," he added. Because pediatricians see about 25 patients a day, said Espinas, there's not really enough time to have a detailed conversation about ACEs with patients, said Espinas. But he said if his colleagues get the sense that patients want to talk about specific ACEs, we gave them the go ahead to engage parents in these conversations."

Of the hundreds of children screened, only about 10 children had ACE scores over 4, explained Espinas. Those families were referred to psychiatric services at Kaiser and also to **Help Me Grow**, Oakland's First Five organization, which has helped to link them up with services in the community. Those patients also receive follow up calls to make sure they're engaging in the services they have been referred to, said Espinas. The two agencies share information and Espinas said that six out of the 10 referrals to Help Me Grow are continuing with community-based services they have been provided.

Help Me Grow talks to patients who have been referred by Kaiser about their children's ACE scores, according to Deb Turner, the program administrator. Some of those families, she said, are in the midst of high-conflict divorces. "Sometimes parents will come in a little panicked wondering what it means to have a high ACE score," said Turner. "They'll ask, 'is my child damaged?'" Turner says that the staff reassures them that they're being proactive by seeking assistance, gives them information about child development and links them up with supportive services such as parenting resources, legal help, or help with basic necessities.

Espinas said that while they didn't have the staffing to do an exact count of how many children were screened in the first year, they now have a grant that will afford them that opportunity. Over the next two years, he explained, they'll also look at how patients, staff, and doctors are responding to the ACE screening, the demographics of those screened, and how the screening affects workflow.

"We've achieved the goal of making it [ACEs screening] mundane, part of muscle memory," said Espinas, adding that Kaiser San Jose has also followed their lead and began screening three-year-olds. The next step, he said, will be expanding screening to all ages from birth to 5.

"Just as families are messaged around nutrition every visit," he said, "they will be messaged around ACEs for the first five years so that questions about ACEs will be as routine as talking to parents each time about nutrition."

Miscellaneous

NEARI Press

The NEARI Press Training Center

NEARI Press also offers in-person training by some of our leading authors. Please visit the NEARI Press website at www.nearipress.org/certificate-program to learn more about our programs. Below is an example of just one of the scheduled training programs:

Assessment of Juvenile Sexual Risk: Three-Day Certification

Date: October 17-19, 2016

Location: Albany, NY

Cost: \$450. (\$395 if registering before September 2, 2016)



This course will provide instruction and practice experience in administration of sexual risk assessment for juveniles who have previously engaged in sexually abusive behavior. Participants will gain a thorough understanding of juvenile sexual risk assessment, understand the use of risk assessment instruments and gain feedback-driven practice experience.

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CE Credits for many of our
online courses and webinars.

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website to learn more!

FREE Online Courses

Understanding Children's Sexual Behaviors – From Natural and Healthy to Disturbed

Instructor: Toni Cavanagh Johnson, Ph.D.

Dr. Johnson is a licensed clinical psychologist, author, and internationally recognized researcher and trainer in the field of child sexual abuse. Her essential course helps people working with children understand how to distinguish the expected behaviors related to sex and sexuality in young children from behaviors that are of concern and require intervention.

Current Practice for Treating Adolescents Who Have Sexually Abused

Instructor: David Prescott, MSW

The course provides an overview of what we know and don't know about adolescents who have sexually abused, places these youth in the context of their development, and describes the key elements of effective treatment. If you ever plan to refer an adolescent to specialized treatment or want to get current on the most recent research regarding their treatment, this course is an essential building block to your work.

Stopping Sexual Abuse Through Intervention with Sexually Abusive Youth

Instructor: Steven M. Bengis, Ed.D., LCSW

This introductory online course covers how best to identify and intervene with youth who have sexually abused — to prevent them from further harmful behaviors. Take this course if you want an overview of how sex abuse-specific assessment, case management, and treatment can help give a teenager the opportunity to live a healthy abuse-free life.

Engaging Bystanders in Sexual Violence Prevention

Instructor: Joan Tabachnick, MBA

Sponsored by the National Sexual Violence Resource Center (NSVRC)

This one hour workshop is designed to give advocates, professionals, and interested individuals basic information about bystander intervention. This overview provides an introduction to why people don't act, what we have learned about engaging people and most of all, encouraging them to take action. You can also order or download the free publication at www.nsvrc.org.

First Responders: Responding to Sexual Assault Disclosures

Jaime Suvak, MS, Boston Area Rape Crisis Center

This innovative model for responding to a disclosure of sexual violence stresses the importance of a supportive response and describes how to sensitively encourage the survivor to seek further care. Ideal for staff in college and university settings the course emphasizes four key areas: Safety, Empowerment, Empathy, and Knowledge (SEEK).

Building Learning Activities the Brain-Based Way

Instructor: Penny Cuninggim, Ed.D., MAT, MSW

Brain-based teaching is a new approach dramatically improving classroom practice. This course introduces: 1) research-based principles about how the brain learns best; and 2) related brain-based strategies for designing effective learning activities in schools, residential programs, counseling settings, and after-school programs. This course will be helpful for anyone working with hard to reach kids.

Balancing Acts: Keeping Children Safe in Congregations

Instructors: Reverend Debra W. Haffner and Joan Tabachnick, MBA

This groundbreaking course offers information, policies, and procedural suggestions to create congregations where children and youth are safe from sexual abuse. If you are part of any faith community, this Unitarian Universalist Association course will provide you with the essential tools for a comprehensive approach to safety and prevention.

website a www.nearipress.org/training-center