

Network News



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Who Are We?

The Adolescent Parent Interagency Network (APIN) is a network of Manitoba service providers who meet regularly with the goal of ensuring high quality service to pregnant and parenting adolescents. The Network helps facilitate the sharing of information related to existing services and resources. For more information on the network, visit: www.apin.org.

APIN Upcoming Events

Adolescent Brain Development Tuesday, February 12th, 2008

Date & Time: Tuesday, February 12th, Noon - 2:00 p.m.

Complimentary lunch provided. Please RSVP by Feb. 8th to Enrica at 786-5741, ext. 236.

Place: **Manitoba Adolescent Treatment Centre (MATC)**
120 Tecumseh St. (gym)

Presenter(s): **Dr. James Skinner, MATC**

Description: Dr. Skinner will discuss the behavioural and functional ramifications of brain changes during adolescence. This is a second offering of the presentation that Dr. Skinner was unable to make at the APIN 2007 conference.

APIN Spring Conference Friday, April 18th, 2008

Date & Time: Friday, April 18th, 2008

Place: **Canad Inns - Fort Garry**
1824 Pembina Hwy, Winnipeg

Keynote speaker: **Susan Rabinovitz, Associate Director
Division of Adolescent Medicine,
Childrens Hospital Los Angeles**



Susan Rabinovitz has worked extensively in the field of adolescent health, particularly with young people in high-risk environments. During her 25 years at the Division of Adolescent Medicine, Susan has provided direct education and counselling to youth, developed innovative models of care and prevention, provided training in adolescent development and adolescent-specific services, and evaluated program effectiveness.

Presentation Summary: Vicarious Trauma (September 2007)

Therapist Pam Jackson presented on vicarious trauma to APIN members in September. Vicarious trauma is a relatively new concept although workers have been affected by it for years. When working with families and individuals who are dealing with trauma in their lives, it has an impact on the service provider as well.

“It changes who we are and how we are as a result of the work we do,” noted Jackson. “When clients tell us their stories or we’re seeing the effects and emotional impact of the trauma in their lives, it affects us.”

It was not until the 1970s that a trauma theory was developed. While it resulted in a deep understanding of trauma, it did not look at the impact on workers.

“Training in the past said if you were professional enough, had enough training and set boundaries, it wouldn’t affect you. That was wrong,” said Jackson. “Vicarious trauma is a ‘normal’ response to our work – you can’t do this type of work without being affected. No one is immune.

When you are doing work with your heart open and are hearing, seeing trauma, it’s going to hurt.”

Often workers will not share what they’re experiencing with co-workers, thinking it is the result of something they are doing wrong or that they are the only one allowing it to affect them while in fact many are feeling it.

Examples of the impact of vicarious trauma include intrusive thoughts, disrupted sleep, becoming cynical, sad and suspicious, and withdrawing. Given that vicarious trauma is hard to self-identify, many times it is co-workers who will notice a change in a colleague.

For example, although each person is affected in different ways and nuances, an indicator of vicarious trauma can be a change in world view that results in the worker feeling much more cynical, less hopeful and suspicious. Being exposed day in and day out to only the bad side of human nature can result in an unbalanced world view where we can no longer see the good. We might lose belief in people’s capacity to change, whereas we used to feel strongly that anyone can change.

We might find ourselves getting anxious or depressed when alone and start avoid being alone. We might find ourselves becoming impatient, short-tempered and experiencing emotions that are all over the place, and we can’t seem to calm ourselves. We crave comforting but don’t know how to self-comfort or ask others. This might result in turning to unhealthy distractions like drugs, alcohol or gambling to distract ourselves.

Other indicators can include becoming more scared for the safety of ourselves, children, others; losing trust in ourselves, our decisions, our views and others decisions; and problems with self-esteem, intimacy and our sense of control over our lives.

Unfortunately, leaving the field will not change the way we are affected because a person can’t ‘unhear’ what’s been heard or ‘unsee’ what’s been seen. We are permanently changed.

“A lot of things can be done to deal with vicarious trauma but it’s not easy – it’s hard work,” noted Jackson.

Key to dealing with the impacts of vicarious trauma are:

- **Awareness** – instead of shutting down, we need to be conscious of our needs, resources and boundaries
- **Balance** – seek balance between work time and off-time, and during our off-time, include play and self-care (put ourselves first occasionally)

APIN Network News

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- **Connect** – with yourself and with others in your personal and professional life to talk about the sadness, loss of hope but also the joy and moments of wonder

Jackson offered a few specific suggestions for workers to do in their personal lives:

- Remind yourself on a daily basis that vicarious trauma is a ‘normal response’
- Fire the ‘perfect worker’ image in your mind – quit trying to live up to the idea/pressure of being the perfect worker, mother, partner
- Put yourself in the top three priorities in your life
- Learn to say ‘no’
- Re-introduce fun, laughter in your life and really look to see the good things in the world

Consider the four critical aspects of life: physical self, emotional self, intellectual self and spiritual self. Think about how you nurture each of these in your life – how do your actions show this?

When listening to a client’s story, how do you react physically? You are probably holding yourself tight, with tense muscles. How do you nurture yourself? What feeds you, warms you up, comforts you?

“If it were a two-year old, you would know how to comfort them. You would know that you can’t take away the pain from a bump on the head, but you can comfort and nurture them with a hug, rubbing their back, and talking in a soothing voice. You wouldn’t teach them to go watch TV to distract themselves from the hurt.”

Workers also need to find a way to start talking about vicarious trauma with colleagues. For example, a debriefing session is important in the

workplace, either informally or formally organized. This provides the opportunity for a worker to talk about what happened and how it made them feel.

For more information, contact Pamela Jackson at 284-7525.

Adolescent Parents Day (October 2007)

By Elizabete Caetano

On October 16th, APIN hosted its third Adolescent Parent’s Day – a fun-filled day of presentations and interactive activities with over 100 adolescent parents and service providers at the Ramada Marlborough Hotel. Activities ranged from a session on attachment to promoting physical activity in children and the importance of early beginnings in literacy.

Csilla Przibislawsy of the **Aulneau Renewal Centre** began the day with a presentation focused on the importance of attachment between parent and child. In order to raise emotionally healthy children, it is important that attachment between caregiver and child begins early in life. Once a baby is born, opportunities for attachment arise and the caregiver must be attentive to them. These can include responding to the child’s cues for care, when the child seeks attention or when the child is upset. When a child feels that their needs are consistently being met by their caregiver, secure attachments are created. These secure attachments

are then translated into healthy development and in adulthood healthy relationships. The presentation concluded with a video entitled “Listening to Baby”, which explores real-life experiences of adolescent parents and how they created secure attachments with their babies through meaningful interaction.

The second half of the day got participants off their seats and moving with **Jaymi Derrett** from **Manitoba Kids in motion**. Promoting physical activity at the younger stages is essential to overall well-being in childhood and later in adulthood. Simple everyday motion and imagination can put a child on the road to healthier hearts and minds. The message of this part of the day was clear: physical activity contributes to healthier hearts, stronger muscles, weight management and better social relationships. (For more information on Kids in motion, see: www.manitobainmotion.ca/youth)

The Adolescent Parents Day closed with a storybook reading by **Tamara Opar, Head Librarian at the Children’s Library** within the **Millennium Library**. Storytelling was an excellent way to wind down our active afternoon. Tamara also spoke on the importance of choosing the right type of book for the child’s developmental stage. For example, board books with large print and vivid pictures are ideal for younger minds since they are better suited to smaller hands and have the ability to capture shorter attention spans. In order to promote reading, language and healthy brain development in children, it is important to begin early by reading to your child or reciting short catchy rhymes.

APIN would like to thank all who assisted to make this event possible.



Presentation Summary: All Nations Coordinated Response Network (November 2007)

Don Robertson and Jim Richardson of the All Nations Coordinated Response Network (ANCR) presented to APIN members in November. ANCR provides centralized essential services in four program areas: Crisis Response Unit and After Hours Unit; General Intake & Abuse Investigations; Family Enhancement Program; and Emergency Placement Resources.

ANCR is led by a Senior Management team, which includes an Executive Director (Sonya-Derbecker), Chief Financial Officer, Human Resources Manager, and four Program Managers. Overall ANCR employs approximately 155 staff as managers, supervisors, social workers, and administrative support. Because the majority of families served by ANCR are Aboriginal and Métis, they are striving to ensure staff reflects the population they serve.

Effective February 3rd, ANCR will operate as a separate agency governed by a representative board of directors and mandated by the First Nations of Southern Manitoba Authority. In addition, ANCR will be guided by a Joint Steering Committee with representatives and participation from each of the Winnipeg-based Child and Family Services Agency.

The **Crisis Response Unit** (CRU) is responsible for opening all new cases to the Agency. The CRU gathers and screens information, determines the validity of referrals and assigns priority levels, and ensures that further assessment or investigation occurs. Although the numbers vary, the CRU opens approximately 1,000 cases each month, of which 60% are non-Aboriginal and 40% are Aboriginal. They open and close 600 cases per month and refer 400 to General Intake for further assessment and investigation.

Cases are referred to **General Intake** by the Crisis Response Unit (CRU) for initial case services, further assessment and screening. General Intake at ANCR is responsible for completion of the Authority Determination Protocol (ADP) and transfer of the case to the appropriate agency. ANCR manages between 1,000 and 1,200 cases. General Intake transfers 100 cases per month to the other Authorities: 60% to the General Authority, 20% to the Southern Authority, 10% to the Northern Authority, and 10% to the Métis Authority.

The **Abuse Investigation Unit** (AIU) investigates and processes all allegations of child abuse (physical and sexual) on behalf of all Child and Family Services agencies within the city of Winnipeg. This includes interfamilial, third party, positions of trust (including daycare and school division settings) and foster home allegations. It does not include allegations against CFS or residential care staff as these would be referred to and conducted by the Provincial Abuse Investigator. Case managers, which would be other CFS workers or ANCR General Intake workers, make the final decision on the disposition of cases based on the recommendations made by the Abuse Investigators. The AIU is also responsible for the coordination of the four Child Abuse committees that represent the four Authorities.

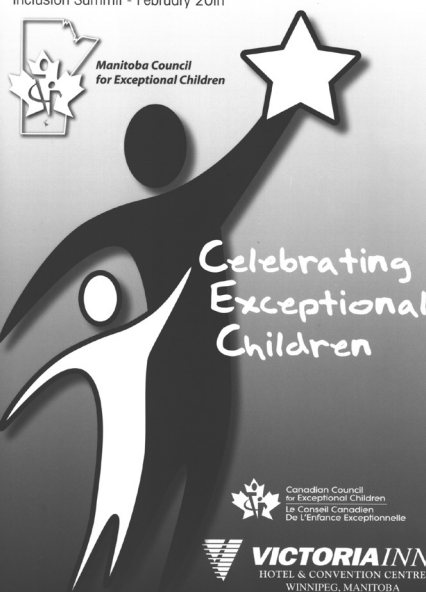
The **After Hours Unit** (AHU) is an emergency service responding to crisis situations and emergent protection matters outside of regular daytime hours. The AHU's mandate is to ensure the safety of children in the short-term until the assigned worker can respond or until a new case is assigned. Every effort is made to keep families intact but if this is not possible, every effort is made to use extended family, friends or community as a resource to avoid apprehension.

The **Family Enhancement Program** will provide preventative and early intervention services to families who have been referred by ANCR. The program will include two family service teams located at 835 Portage Ave (one team serves Aboriginal families and the other serves General Authority and Métis families) and the teams at the Marion and Sherbrook locations. In addition to the supervisor and social workers on each team, the Sherbrook team includes an Elder, three Elder's helpers and one administrative support position. The program also includes a Preventative Health Nurse at 219 Marion to coordinate health services for all children who enter ANCR care and for mandated agencies.

The **Emergency Placement Resources** (EPR) provide emergency placements for children in the care of any child welfare agency in Winnipeg. These placements include emergency foster placements, reunification foster parents, group resources for adolescents, and emergency shelters and hotel placements. The total number of available beds is approximately 300.

Children arrive from a variety of settings and placements usually as a result of a family crisis or placement breakdown. Emergency Placement Resources are designed to be short-term to allow time for the case manager to secure a more permanent placement with family or other longer term resource.

Conference 2008
February 21-23
Inclusion Summit - February 20th



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Nor'West Co-op Community Health Centre presents...

Young Thugs: Inside the Dangerous World of Canadian Street Gangs

Nor-West invites you to attend upcoming events with **Michael Chettleburgh** – street gang expert and author of *Young Thugs: Inside the Dangerous World of Canadian Street Gangs*. Since 1991, Chettleburgh has run his own consultancy specializing in criminal justice issues. He wrote the 2002 Canadian Police Survey on Youth Gangs for the federal government and has also developed street-gang awareness training programs for law-enforcement agencies.



The following two events will take place in Winnipeg:

An Evening Town Hall

Offers parents, educators, law enforcement professionals and community leaders essential advice on how we can keep children out of gangs and what we can do to help children who are already in one.

Wednesday, Feb. 6, 2008

From 7-10 p.m.

Open to the public - no fee

Full Day Workshop

Geared towards policy makers and frontline workers in law enforcement, justice, education and social services, Chettleburgh will address the following topics with a particular emphasis on Winnipeg:

- State of street gangs in Canada
- Causes of the street gang situation
- Street gang mentality and culture
- Girls in gangs
- Gang economics
- Best and promising practices: street gang prevention and suppression for frontline workers

Thursday, Feb. 7, 2008

From 9 a.m. - 4 p.m. (registration 8:30 a.m.)

Lunch provided

Fee: \$120 regular; \$75 student



For more details, visit www.youngthugs.ca or contact
Elizabete Caetano at 940-8589 / ecaetano@norwesthealth.ca

