



**LOS ANGELES COUNTY-ADOLESCENT HEALTH COLLABORATIVE
&
LOS ANGELES COUNTY-DEPARTMENT OF PUBLIC HEALTH
MATERNAL, CHILD, AND ADOLESCENT HEALTH PROGRAMS**

Presents
**ADOLESCENT TRAUMA, RESILIENCE &
PROVIDER SELF CARE**
JANUARY 14, 2014
CONFERENCE: 8:00 AM-3:30 PM
CALIFORNIA ENDOWMENT
1000 ALAMEDA AVENUE
LOS ANGELES, CA 90012

COURSE DESCRIPTION: A staggering percent of adolescents and young adults in the US are exposed to traumatic life events. These traumatic events include sexual abuse, physical abuse, domestic violence, community and school violence, medical trauma, motor vehicle accidents, natural and human-made disasters, suicides, and other traumatic losses.

Research documents that when children or adolescents experience trauma, particularly multiple traumatic events that are severe or pervasive, there can be devastating effects on the youth's ability to think, learn, and concentrate; control their impulses; develop a positive self-image; and maintain relationships with others.

This workshop will review the impact of trauma on youth, adolescents and young adult development, strategies to support healing, and steps that service providers can take to prevent secondary traumatic stress.

LEARNING OBJECTIVES:

- Participants will understand the impact of exposure to vicarious trauma on workers in the field of trauma treatment.
- Participants will learn key issues in organization change that are needed to address this "occupational hazard in front line staff".
- Individuals, supervisors and managers will learn how they can increase self-care for themselves and their staff to decrease the risk of traumatic stress, compassion fatigue, and burnout.
- Participants will learn prevention and intervention strategies addressing specific risk factors associated with secondary trauma.
- Participants will learn how to promote paradigm shifts from trauma-based deficits to resilience-based assets among youth and young adults

PRESENTATIONS FROM:

JOHN BRIERE, PH.D

Associate Professor of Psychiatry and
Psychology Keck School of Medicine
University of Southern California

Center Director
USC Adolescent Trauma Training Center
(USC-ATTC)
National Child Traumatic Stress Network

Director
Psychological Trauma Program
Department of Psychiatry
Los Angeles County+USC Medical Center

ROBERT PYNOOS, MD, MPH

Director, UCLA Outpatient Trauma Psychiatry

Professor, Psychiatry and Bio-Behavioral
Sciences, UCLA

Professor in Residence, Semel Institute for
Neuroscience and Human Behavior

National Center for Child Traumatic Stress

Faculty and Staff, UCLA Medical Center

LESLIE ANNE ROSS, PSY.D.

Vice President, Leadership Center
Children's institute Inc. (CII)

ALICIA ST. ANDREWS, MPH

Formerly with the San Francisco Adolescent
Health Work Group (AHWG)

LUNCH TIME EXPERIENTIAL WORKSHOPS-

ACUPUNCTURE

MIKE GONZALEZ, L.AC. CENTER POINT COMMUNITY
ACUPUNCTURE

MASSAGE

PAUL GUDITIS: BODY CHARGE INC.

MOVEMENT

DR. PAULINE BROOKS, MASTER TAI CHI

CONTINUING EDUCATION UNITS

LCSW's and LMFT's will be provided by Los Angeles County - Department of Public Health Services at no additional cost. This course is approved for **4.5** Continuing Education Units by the California Board of Behavioral Science Examiners (Provider Number PCE # 3704). This certificate (LCSW/LMFT) can be provided to other disciplines that require continuing education in the counseling field. Please check with your licensing bureau.

CHES: Approval Pending

NURSING: Approval Pending

REGISTRATION FORM

To confirm, return the registration form with check/money order via mail to the address indicated below. Confirmation will be emailed upon receipt of the completed form.

EVENT DATE: Tuesday, January 14, 2014
8:00-8:45 AM (Registration & Continental Breakfast)
CONFERENCE: 8:45 AM-3:30 PM
COST: \$40.00- Late registration is \$45.00 after January 8, 2014
PAYMENT TYPE: **MAKE CHECK(S) OR MONEY ORDER(S) PAYABLE TO**

LAC- Adolescent Health Collaborative

Check Amount: _____ **Money Order Amount:** _____

PLEASE TYPE OR PRINT CLEARLY and MAIL:

Last Name: _____ **First Name:** _____

Professional Title: _____

Agency Name: _____

Street Address: _____

City: _____ **Zip Code:** _____

Phone: (_____) _____ **Fax:** (_____) _____

E-mail Address: _____

Requesting CEUs: **YES** _____ **NO** _____

***If yes, please indicate your profession and license #** _____

If no, would you like a certificate of participation? **YES** _____ **NO** _____

NO CREDIT CARDS ACCEPTED

MAIL COMPLETED REGISTRATION & CHECK(S) OR MONEY ORDER(S) TO:

**Attention: Sandra Guine, LCSW, ACSW
Maternal, Child and Adolescent Health Programs (MCAH)
600 S. Commonwealth Ave. Suite 800, Los Angeles, CA 90005**

If you have questions regarding your registration, please e-mail Sandra Guine at sguine@ph.lacounty.gov or phone (213) 639-6443.