



# AAFSLW Liazer

JUNE 2014

## INSIDE THIS ISSUE:

|                                     |   |
|-------------------------------------|---|
| 2014 Conference                     | 2 |
| Violence Threat Risk Assessment     | 2 |
| 10 things to know about counselling | 3 |
| Resilience (continued from page 1)  | 3 |
| Professional Development – MORE     | 4 |

### President

Christine Payne  
[christine.payne@ffca-calgary.com](mailto:christine.payne@ffca-calgary.com)

### Past President

Julie Isaac  
[issaci@lrsd.ab.ca](mailto:issaci@lrsd.ab.ca)

### Membership

Tonia Koversky  
[tkoversky@st-albert.net](mailto:tkoversky@st-albert.net)

### Treasurer

Eva Rasmussen  
[rasmussene@wrps.ab.ca](mailto:rasmussene@wrps.ab.ca)

### Secretary

Connie Massie  
[cmasse@countyp.ab.ca](mailto:cmasse@countyp.ab.ca)

### Public Relations - Newsletter

Kayla Lewis  
[kayla.lewis@ffca-calgary.com](mailto:kayla.lewis@ffca-calgary.com)

## A message from the Executive

As we move into the summer I would like to extend warm wishes for an amazing summer on behalf of the entire executive! I am excited to announce that our Conference is all set to go in the wonderful City of Edmonton. Please take some time to check out the web page under the Conference Tab <http://www.aafslw.ca/our-conference.html>. We are excited about the incredible speakers and sessions being offered at our 23<sup>rd</sup> annual Conference! The conference will take place on Oct 1-3. Don't miss out! Come join us as we **Learn Together!** The executive is excited to update you all at the Conference as we continue to evolve and push forward to provide you with resources and support in all you do!

As we come to the close of another school year I reflect on the amazing students we have had the opportunity to influence and intervene into the lives of to help them to overcome and grow through the challenges they face. The job we do is not an easy one but also can have some immense rewards! What a privilege to have the opportunity to truly make a difference in a student's life. Sometimes we are the only lifeline they have and their only solid and safe place! I hope this year has brought success stories within the challenges as you reflect! I want to express a sincere a THANK YOU to each of you for giving of yourself. Sometimes we don't get to hear the words "THANK YOU" and never get to see the results of our

efforts! I know each of you pour out of yourself daily into the lives of the children, youth and families around you and I say from myself and the entire executive THANK YOU for what you do each and every day!

***One hundred years from now, it will not matter what my bank account was, the sort of house I lived in, or the kind of car I drove.....but the world may be a better place because I Made a Difference in the life of a child.***  
 - Forest E. Witcraft

Sincerely thankful for each of you!

**Christine Payne**  
 (AAFSLW President)

## Resilience

Dr. Bruce Perry (2006) talks about where resilience comes from, and what we can do to help support resiliency. Dr. Perry identifies five main areas that impact resiliency:

### Temperament

Some children are born with a



very high threshold for tolerating stress. Some children may be able to handle chaotic situations well, while other children may be sensitive to stimulation. The child's temperament is influenced by a combination of genetic factors and the environment in the "womb".

### Attuned Caregiving

A child's capacity to deal with its environment is shaped by their caregivers. The caregiver-child relationship is crucial in the child's ability to deal with stress.

**Continued on page 3...**

## 2014 Conference “Learning Together”

The 23rd annual AAFSLW conference will be held in Edmonton, Alberta from **October 1-3, 2014.**

The conference will feature some amazing speakers, including the key note speaker, Dr. Jane A. Simington.

Dr. Simington is the owner of Taking Flight International Corporation and the developer of both the Trauma Recovery Certification Program and the Grief Support Certification Program. To register

please visit:  
<http://www.aafslw.ca/our-conference.html>

Register  
Now!

“We need to strategically intensify our connections with our highest risk children and youth...”

## Violence Threat Risk Assessment Protocols

The Canadian Centre for Threat Assessment and Trauma Response (2014) released some notes regarding Violence Threat Risk Assessment in light of the number of high profile violent acts in both Canada and the United States in recent weeks. Their key points include:

1) The school-police relationship is still the foundation for Stage I VTRA and both should be formally connecting with each other to review the VTRA protocol/process. Mental Health, Child Protection, Probation, and other related partners also need to be brought in the loop as to the contents of this communication.

2) Under-reaction is still the biggest problem we have where even VTRA trained professionals, for a variety of reasons, do not activate the protocol.

3) High profile violence does not cause people to go from zero (no risk) to sixty (extreme risk) – instead it simply “intensifies already existing symptoms”.

4) The age, gender and socio-economic backgrounds of the perpetrators of

these many violent acts is so varied that most high-risk and “primed” for violence individuals can find at least one multiple victim attack they can identify with (identification with the aggressor). Therefore keep in mind that the more a troubled individual can identify with a perpetrator the more it will increase their level of risk.

5) The “target selection” has also been very broad from targeted violence of people personally known to the perpetrators to “types of targets” (not personally known but viewed as justifiable targets) such as multiple death homicides of police officers in Moncton, New Brunswick and Las Vegas, Nevada to completely “random target selection” cases. \*Therefore “Target Selection” and “Site Selection” is broad and so multiagency collaboration needs to be intensified to meet the current social dynamics.

6) All VTRA cases that come to your attention need to include a social networking scan on the person(s) of interest as that is where we find the most blatant pre-incident signs and indicators.

7) We need to “strategically”

intensify our connections with our highest risk children and youth (Empty Vessels) during this time as no one can engage in a serious act of violence unless they feel “justified” in attacking that target or type of target. The power of positive, meaningful human connection is one of the best violence prevention strategies we can easily employ. Notwithstanding the current climate in North America, the commitment in Canada to formalized multi-agency collaboration for Violence Threat Risk Assessment and the development and use VTRA Protocols has set us apart as a leading Nation. Our level of commitment to learn together and act together has already saved many lives!

Campbell T and Cameron K. (2014). *ALERT , Extended Critical Period*. Canadian Centre for Threat Assessment and Trauma Response. Retrieved June 13, 2014, from <http://canadiancentreforthreatassessmenttraumaresponse.cmail2.com/t/ViewEmail/d/AEAA7ED6EE6EA664/BE3E6BE8DD0F61DBC68C6A341B5D209E>



# Top Ten Things the client should know about Counselling



1. Counselling starts with "C". I am about helping you with *CHOICES* and *CHANGE*.

2. I am honored to be a counsellor. I have an ethical obligation to treat my cli-

ents (students) with dignity and respect.

3. Building a safe, trusting relationship with you is very important to me.

4. We are a "team", and will work together.

5. What you tell me is private (confidential) unless you tell me something that is about you harming yourself or another person.

6. You can tell me as little or as much as you like.

7. There are five words you can use anytime we work

together: "NO, YES, STOP, PASS, GOODBYE"

8. If you are not 16, your parent must consent to you seeing me.

9. I encourage students to talk to their parents and loved ones about what they are learning in counselling, and what is happening in their lives.

10. I also am an ADVOCATE for you. This means I will speak on your behalf to teachers, parents and classmates. But I will only tell them what YOU have given me permission to say.

*"Unless someone like you cares a whole awful lot, nothing is going to get better. It's not."*  
~ Dr. Suess



## Resilience continued from Page 1...

The caregivers ability to deal with their own stress is crucial. Additionally, the fit between the infant and caregiver is important in developing resilience.

### Healthy Attachments

Children who bond poorly with their primary caregiver, or have attachment problems, will be less resilient. Children with extended and involved family, invested neighbors, and caring teachers and community have far fewer problems following severe trauma.

### Opportunities for Practice

Our stress-response system must be developed through practice in order for us to be able to deal with life's unpredictable and overwhelming stressors. Opportunities for exposure to gradual challenges will do this. The gradual gaining of new skills gives a child

experience with facing a challenge, developing mastery, and experiencing success. The thousands of tiny challenges and successes that a young child experiences help build confidence and, over time, resilience.

### Reasons for Resilience

Resilience cannot exist without hope. It is the capacity to be hopeful that carries us through challenges, disappointments, loss, and traumatic stress. The child who is capable of thinking that things will be better-that the bad feelings and situation he now faces will improve-will be more resilient.

Children's cognitive abilities also affect their ability to be resilient. The child who learns quickly, and can learn from only a few experiences, will have an easier time drawing upon his own experience and his capacity to imagine a future that is happier and safer. Finally, a key factor related to resilience is the

child's ability to feel that he is special. This belief usually comes from a significant adult in the child's life-a parent, a grandparent, a teacher-reassuring him that he is unique, important, and special. A child's sense of his own unique role in the world will help to sustain him during chronic traumatic events. They have a special place-and this event is part of their special life.

Perry, Bruce. (2006). *Resilience: Where does it come from?* Scholastic. Retrieved from <http://www.scholastic.com/browse/article.jsp?id=3746847>





<https://www.facebook.com/AAFSLW>



<http://www.linkedin.com/groups/AAFSLW-6609871>

The AAFSLW was established in 1991.

We serve in an advisory and advocacy capacity.

AAFSLW provides an opportunity for networking among professionals through conferences, regional meetings, newsletters, resource sharing, and case conferencing.

We also seek to provide orientation information to new FSLW's throughout the province.



## Mental Health Online Resources for Educators

Healthy Minds / Healthy Children, in partnership with the University of Calgary and with special funding from the Alberta Children's Hospital Foundation, is pleased to offer **Mental Health Online Resources for Educators (MORE)**.

MORE is a program of online professional development for classroom teachers and other school personnel working in ECS through Grade 9 in school divisions throughout southern Alberta.

There has been increasing realization of the important role that educators play in the promotion of positive mental

health. Schools are natural places to reach children and their parents/caregivers, and may be a point of access to mental health services. Educators are in a unique position to build strategies into classroom activities, thus helping to prevent mental health problems from developing in their students.

Online modules on topics addressing child and adolescent mental health issues are offered throughout the academic year. They are designed in short, manageable time blocks that participants can fit into their busy schedules. The average module, available online for a month,

takes between 1 to 2 hours to complete. Each module includes an audio-visual presentation with classroom strategies and resources as a primary focus, as well as an opportunity to participate in an online discussion board. Certificates of Completion are available upon completion of all module components. Modules are on a first come, first served basis. For more information call MORE: 403-220-4310, visit <http://www.albertahealthservices.ca/9>

