



Presents

VICARIOUS TRAUMA AND YOU

If you work with a high caseload of traumatized individuals, this workshop is for you. We know that trauma impacts the clients we serve, but how does witnessing, helping with or hearing about trauma day after day affect you personally and professionally? What is the impact on the organizations we work in? Come and find out what the "occupational hazards" are and find out what you can do to minimize the risk to yourself and your organization.

This workshop is suitable for social workers, mental health therapists, residential counselors, case managers, medical personnel, law enforcement, fire fighters, CPS workers, and foster parents; anyone who has had repeated exposure to trauma through work or volunteer activities. Administrative personnel at agencies who focus on trauma are also welcome.

SPACE IS LIMITED – SIGN UP TODAY

- When:** Friday, July 19th, 2019
- Time:** Check in at 8:15 a.m. w/light continental breakfast
Workshop 8:30 a.m. - 12 noon
- Where:** **Rebuilding Hope! Sexual Assault Center for Pierce County**
101 East 26th St. Ste. 200, Tacoma, WA 98421
- Cost:** **\$45 per person/pre-registered by July 5th, 2019**
Special Group Rate of \$35 per person for three or more from same organization registering together by that date.

Here is what previous attendees had to say:

"Excellent! Thank you! How validating! I can't wait to go back to work to share this information!"

"This workshop was excellent! This is a topic that does need to be shared early in one's career. I truly appreciate the presenter's vulnerability and honesty with her own VT. Excellent!!"

"The Presenter had lots of great information on Vicarious Traumatization. I'm glad we had this presentation because too many people ignore this. The presenter's approach to teaching was excellent. She was warm, compassionate and respectful. Thanks!"

Registration Form

Vicarious Trauma and You – Friday, July 19th, 2019

(Please register by July 5th, 2019)

Sorry – No refunds after that date - Substitutions permitted

Please register _____ from our agency/organization @ \$ _____ per person

Total \$ _____ enclosed or Card Number _____ (Note: there is a \$.35 processing fee)

Charge Card Expiration Date _____ CVC Code on Back _____ Billing Zip _____

Name on Card _____ Signature _____

Name(s) _____ / Title(s) _____

_____/ _____ (use reverse if needed)

Organization _____

Address _____

City/State/Zip _____

Phone number _____ Fax _____

E-mail _____

Mail or fax registration to SACPC

101 E. 26th Street Suite 200

Tacoma, WA 98421

Phone (253) 597-6424

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