

Special Topic Trainings For Foster Parents and Staff

This training is required for any foster parent caring for sexually aggressive children or youth and/or physically assaultive children or youth. Before attending these classes, foster parents must view a 2-hour overview of the training and complete a short self-study course – both the overview and the self-study course are available on the foster parent web-site at: <http://www1.dshs.wa.gov/ca/fosterparents> If you do not have access to a computer, contact the Foster Parent Training Institute Program Manager listed at the bottom of this flyer.

Sexually Aggressive Children and Youth

October 23, 2007
9:00am to 4:00pm

Tacoma

DSHS ROOM 195
1949 S. State Street
Tacoma, WA. 98405

This 6-hour training will define “**sexually aggressive**” in both legal and behavioral terms, and help participants clarify the difference between “**red flag**”, “**yellow flag**” and “**green flag**” behaviors. The development of sexual aggression, from the causes to the thought processes, will be discussed. The training will include a dialogue about **appropriate community resources** and how foster parents can offer a safe and “**healing home**” to these children and youth.

Physically Assaultive Children and Youth

October 25, 2007
9:00am to 4:00pm.

Tacoma

DSHS ROOM 195
1949 S. State Street
Tacoma, WA. 98405

This 6-hour training will help foster parents **develop strategies** for working with physically assaultive children and youth while **helping them learn more appropriate problem solving skills**. The training will give an overview of **appropriate discipline and supervision** and the use of **de-escalation and aggression reduction** techniques.

To register for the above classes, send form below to:

Linda Falcocchio,
Resource Family Training Institute, (RFTI-OTD)
1949 S. State Street, Tacoma, WA. 98405 or e-mail fali300@dshs.wa.gov
or call 253-983-6474

Will attend Sexually Aggressive Children & Youth Training in Tacoma October 23, 2007
 Will attend Physically Assaultive Children & Youth Training in Tacoma October 25, 2007

Name _____

Address _____ City _____ ZIP _____

Phone (____) _____

Foster Parent _____ Relative Care Provider _____ Respite Provider _____

Adoptive Parent _____ Staff with: _____

Community Member _____

For Special Needs Accommodations, please contact Trainer ten days prior to meeting date.