

Special Topic Trainings

For Foster Parents/Adoptive and Kinship Care Providers

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: www1.dshs.wa.gov/fosterparents If you do not have access to a computer, contact your licenser or the Foster Parent Training Institute Program Manager listed at the bottom of this flyer.

Sexually Aggressive Children and Youth

Bremerton
January 9th & 10th, 2008
6:00pm – 9:00pm

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

Bremerton
January 30th & 31st, 2008
6:00pm – 9:00pm

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: Hildegard Stone,
Resource Family Training Institute (RFTI), OTD
3423 6th Street, Bremerton, WA 98312.
Sthi300@dshs.wa.gov
360-475-3586 1-800-423-6246**

___ I will attend Jan. 9 & 10, 2008 Sexually Aggressive Children & Youth Training
___ I will attend Jan. 30 & 31, 2008 Physically Assaultive Children & Youth training

Name _____
Address _____ City _____ ZIP _____
Phone (____) _____
Foster Parent _____ Relative Care Provider _____ Respite Provider _____
Staff _____ Community Member _____

*Please advise of special needs 10 days prior to meeting dates.