

Understanding the Child with Fetal Alcohol Spectrum Disorders
Creating environments and learning communication skills that positively affect behavior

Presented by: Carolyn Hartness

Bremerton: March 16 & 17th, 2006, 6:00pm – 9:00pm. First United Methodist Church,
1105 Marine Dr. Bremerton, 98312.

Carolyn Hartness is known nationally & internationally as a speaker/consultant on the topic of children with Fetal Alcohol Spectrum Disorders. Carolyn currently works on FASD federal grants, and consults with individuals, families and organizations on issues relating to FASD. She was the Health Educator for the FAS Project at the Seattle-King County Health Department, Chairperson for the Fetal Alcohol Syndrome Action Committee, and a member of the FAS Diagnostic and Prevention Network team at the University of Washington under the direction of Dr. Sterling Clarren. Currently, she serves on the Governor’s Council on Substance Abuse and the state Fetal Alcohol Syndrome Interagency Work Group. She has written a manual and co-authored an Emmy nominated series of books and videos on FASD.

Session I :

- ❖ Provide participants with an understanding of how FASD impacts the behavior and functioning of an affected child.
- ❖ Discuss factors affecting behavioral outcomes for children with FASD.

Session II :

- ❖ Participants will learn how to create appropriate learning and developmental strategies to allow for optimum success at home and school.
- ❖ Participants will learn to create environments and routines to fit their child’s specific needs, using the child’s strengths to guide behavior, thereby creating workable solutions that empower the child.

There is no charge for the training. For reservations, please complete the form below and return to:

Hildegard Stone, Resource Family Training Institute (RFTI)
3423 6th Street, Bremerton, WA 98312.

Phone: 1-800-423-6246 E-mail: sthi300@dshs.wa.gov Fax: 360-475-3499

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____I will attend the Mar. 16 & 17th FASD workshop with Carolyn Hartness in Bremerton.

Name(s) _____

Address _____

City _____ Zip _____

Phone (_____) _____

- () Foster Parent () Relative Care Provider () Adoptive Parents
() Staff () Community Member