



BUILDING POSITIVE RELATIONSHIPS WITH CHILDREN WHO HAVE EXPERIENCED TRAUMA

COURSE OBJECTIVES:

- 1) Take care of yourself.
- 2) Recognize the impact trauma has had on your child.
- 3) Help your child feel safe.
- 4) Help your child to understand and manage overwhelming emotions.
- 5) Help your child to understand and modify problem behaviors.
- 6) Respect and support positive, stable, and enduring relationships in the life of your child.
- 7) Help your child develop a strength-based understanding of his or her life story.
- 8) Be an advocate for your child.
- 9) Promote and Support trauma-focused assessment and treatment for your child.

**OPEN TO ALL
PARENTS/CAREGIVERS
/COMMUNITY
MEMBERS**

**TUESDAY EVENINGS
5-8PM
BEGINNING MARCH
11TH – APRIL 29TH,
2025**

**LOCATION: LCDHS
BASEMENT AUDITORIUM
300 4TH ST N. LA CROSSE, WI**

OUR PRESENTERS OFFER A
WIDE RANGE OF KNOWLEDGE
AND EXPERIENCES WITH
BACKGROUNDS RANGING FROM,
FOSTER PARENTS, BIRTH
PARENTS, SOCIAL WORKERS,
EDUCATORS, AND MANY MORE.

\$25.00 fee for NON-La Crosse
County residents

*Please make checks payable to La
Crosse County Human Services

**RSVP by sending
referral form to Kiley
Kuss at La Crosse County
Human Services**

Phone: 608.386.1581

Email: kkuss@lacrossecounty.org

**Must be 18 years or older to
attend. *Certificate provided
for attendance.*

Strengthening Families and Systems

Registration Form

**Please Print Clearly*

Participant Name:

Full Address:

Phone:

Email:

Choose all that apply: ☐ Birthparent ☐ Adoptive parent ☐ Foster Parent
☐ Relative Provider ☐ Community Provider ☐ Other: _____

Please check the class you will attend.

1. ☐ Tuesday evening **La Crosse County Human Services Building** March 11th through April 29th, 2025 – 5-8pm – Round 46

What school(s) do(es) your child(ren) attend?

Do you have a child or are you working with a child who has had trauma exposure? If yes, please check all that apply:

☐ Emotional abuse, ☐ Sexual abuse, ☐ Parental abandonment, ☐ Neglect, ☐ Domestic violence, ☐ Parental incarceration, ☐ Physical abuse, ☐ Parental AODA, ☐ Parental mental illness, ☐ Serious accident/illness, ☐ Traumatic death,

☐ System induced (i.e., removal from home, multiple moves, sibling separation)

☐ Other:

Tell us what you would like to get out of this class and /or the reasons you are participating.

What barriers do you anticipate there may be for you to participate in this class?

If you experience a significant emotional response during the class and you need additional assistance, is there someone the trainers should contact?

Name and Phone Number:

Are there trauma triggers for you that the trainers should be aware of? Please check all that apply:

☐ Emotional abuse, ☐ Sexual abuse, ☐ Parental abandonment, ☐ Neglect, ☐ Domestic violence, ☐ Parental incarceration, ☐ Physical abuse, ☐ Parental AODA, ☐ Parental mental illness, ☐ Serious accident/illness, ☐ Traumatic death,

☐ System induced (i.e., removal from home, multiple moves, sibling separation)

☐ Other:

Are you or the person you are referring coming to group voluntarily or mandated by someone? ☐ Voluntarily ☐ Mandated

Referred by:

- Name: _____
- Phone/Email: _____
- Relationship to participant: _____

Any other additional comments you would like to share:

****There is a \$25.00 charge for participants that **live outside of La Crosse County**. Please make check out to La Crosse County Human Services and mail to the address below:**

La Crosse County Human Services

ATTN: Kiley Kuss

300 4th Street North

La Crosse, WI 54601

For additional questions please contact Kiley at 608-386-1581 or email at kkuss@lacrossecounty.org