



## 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  
11<sup>TH</sup> – APRIL 29<sup>TH</sup>,  
2025**

**LOCATION: LCDHS  
BASEMENT AUDITORIUM  
300 4<sup>TH</sup> 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](mailto: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 11<sup>th</sup> through April 29<sup>th</sup>, 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 4<sup>th</sup> Street North

La Crosse, WI 54601

For additional questions please contact Kiley at 608-386-1581 or email at [kkuss@lacrossecounty.org](mailto:kkuss@lacrossecounty.org)