

“AN INTRODUCTION TO CHILD AND FAMILY TEAMS: A CROSS SYSTEM TRAINING FROM THE FAMILY’S PERSPECTIVE”

PRESENTED BY: Brenda Dunford, Parent Trainer and Hope Eley, East Carolina Behavioral Health-LME System of Care Coordinator for Gates, Hertford, and Northampton Counties

OVERVIEW OF TRAINING OBJECTIVES: This is a two-day experiential training developed in partnership with families in North Carolina. The goal is to provide an overview of Child and Family Team meetings from the family’s perspective.

Families, through focus groups and through direct involvement in curriculum writing, provided essential guidance in the development of this training. The training is grounded in their knowledge and experience, especially regarding how to make Child and Family Teams a successful way to support the active involvement of families, children and youth in planning for the family.

This training seeks to reinforce the idea of “one family, one plan” by addressing Child and Family Teams through the lens of multiple systems as they affect families in their everyday lives. It is encouraged that both agency representatives and parents/family members attend this training. Participants should come ready to be actively engaged in the process for two full days. The majority of the training will be presented through the experience of mock Child and Family Team meeting role-plays. At various times throughout the training, participants will serve as members of the meeting process and as observers of the meeting process. Trainers will provide opportunities for connection, introspection, conversation, and exploration about how to best bring families to the table.

LOCATION: *Albemarle Smart Start
1403 Parkview Drive
Elizabeth City, NC 27909*

DATE: **June 29-30, 2010**

TIME: **9:00 a.m. – 4:00 p.m.**

Sessions Must Have a Minimum of 15 participants with a maximum of 24!

REGISTRATION

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Registration Deadline: June 25, 2010 Forms should be faxed to: 252-332-8457 or e-mailed to Hope Eley at: heley@ecbhlme.org

Print Name (Please Include Middle Initial) _____

Agency and Title _____

Name of family partner attending with you: _____

Work Phone _____ Email address: _____

Under the guidelines of the Americans with Disabilities Act, do you require reasonable accommodations for this training? (If “Yes,” a staff member will contact you). _____ *No* _____ *Yes*