

## NO COST

### Co-Sponsor:

County of San Bernardino  
Department of  
Behavioral Health

### WHEN

Wednesday,  
February 24<sup>th</sup>, 2010

### WHERE

County of San Bernardino  
WET Training Institute  
SUI Room  
1950 S. Sunwest lane,  
Suite 200  
San Bernardino, CA  
92408

### TIME

Registration begins at  
8:30 am; Training from  
9:00 am—4:00 pm

6 CEU's for LCSW, MFT  
and AOD Counselors

BBSE Provider #2190  
CAADAC Provider  
#4N-08-923-0610

Sponsored by Center  
for Applied Research  
Solutions (CARS)

## Drug and Alcohol Prevention with Youth in Foster Care

*Facilitated by: Dustianne North*

### Workshop Description

---

The purpose of this training is to enhance the ability of SDFSC grantees to address the drug and alcohol prevention needs of youth involved in the child welfare and juvenile justice systems by:

- Increasing your knowledge and understanding of the particular needs and challenges of these youth
- Providing strategies to work with these youth more effectively by:
  - Promoting stability in the lives of youth
  - Raising staff awareness of issues of foster youth
  - Understanding nonconventional family dynamics
  - Reaching out without labeling or stigmatizing

### Learning Objectives

After completing this training, you will be able to:

- Suggest at least five events that can cause a child to be placed into foster care
- Suggest at least three reasons why a child may lose their placement
- Identify at least six risk factors for substance abuse that may be more pronounced for youth in foster care
- Suggest at least three strengths that may be developed by the experiences of youth in foster care
- When given the history of a particular child in foster care, suggest risk factors and strengths

Register Online on clicking the below link or FAX Registration Form

[http://www.mypreventioncommunity.org/event/Prevention\\_sanbernardino](http://www.mypreventioncommunity.org/event/Prevention_sanbernardino)

## About the Presenter

---

**Dustianne North** has been working in the field of youth prevention and mentoring since 1995, when she began building a mentor and volunteer program for the youth in foster care at the Florence Crittenton Center in Los Angeles. After creating the first mentor program to receive official approval from LA County agencies who govern foster care, Ms. North began providing training and technical assistance through CARS/EMT Associates for all types of prevention programs nationwide. Additionally, she has significant experience in the design and development of large-scale collaborative efforts to provide services for youth in foster care and on probation in Los Angeles County and other counties in California. She specializes in assisting programs that serve youth in distressed situations such as court-involved youth. Ms. North has now completed her M.S.W. at UCLA, and she continues to work toward her Ph.D. in Social Welfare, also at UCLA. As a trainer and consultant, she draws upon her experiences in prevention and mentoring, her clinical training as a social worker, her administrative expertise in designing curricula, her arts and culture background, and her experience as a trainer. This diverse scope of knowledge allows her to work with direct practice issues such as communicating with youth, as well as macro-level issues, program design, and interagency partnerships.

**Safe and Drug-Free Schools and Communities  
 Technical Assistance Project  
 Workshop-By-Request**



**Center for Applied Research Solutions**

923 College Avenue, Santa Rosa, CA 95404  
 Phone: 707-568-3800  
 Fax: 707-568-3810



**Registration Transmission**

**DATE:**

**TO:** Maria Traylor

**FAX:** 707-568-3810

**SENDER:** \_ \_

**SUBJECT:** SDFSC TA Workshop-By-Request  
**Drug and Alcohol Prevention with Youth in Foster Care** February 24th, 2010 \_ San Bernardino County

**Pages:** 1 total

**Please submit your registration at least 5 days prior to the workshop date.  
 Please fax request to (707) 568-3810 or contact Maria Traylor at (707) 568-3800**

<b>Name:</b> _____	<b>Title:</b> _____
<b>Organization:</b> _____	<b>County:</b> _____
<b>Address:</b> _____	<b>City:</b> _____
<b>Zip:</b> _____	<b>Email:</b> _____
<b>Phone:</b> _____	<b>Fax:</b> _____

CEU Please check box : \_\_\_\_\_ LCSW/MFT BBSE Provider #2190 \_\_\_\_\_ License Number

\_\_\_\_\_ AOD Counselor CAADAC Provider #4N-08-923-0610 \_\_\_\_\_ License Number

**Thank you for submitting your registration! We will contact you shortly.**