

Nurturing Parenting Programs®



Three Day Facilitator Training

with

Nanci Vargas, LMFT #98458

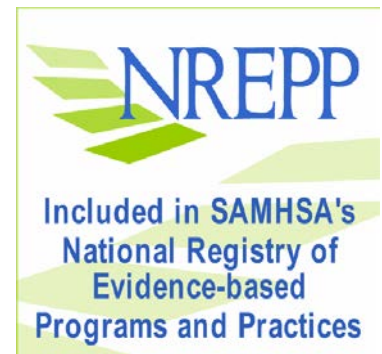
Nationally Recognized Nurturing Parenting Trainer/Consultant

Online Training

August 12, 13, & 14, 2020

In three days, participants will learn:

- the philosophy of Nurturing Parenting;
- the five parenting constructs of abuse/neglect;
- the impact of maltreatment on brain development;
- how to assess high risk parenting beliefs;
- how to tailor make programs based on family's needs;
- how to gather process evaluation data; (AAPI-2)
- how to evaluate pre-post program impact;
- to implement home, group program models via telehealth;
- how to maintain the Nurturing Parenting model fidelity



Includes: hands-on and practical approach to conducting home and group-based Nurturing Programs that includes facilitating weekly sessions, how to use program materials, videos, and assessment tools, children's and parents' program activities, icebreakers, personal growth lessons, activities for personal power, alternatives to corporal punishment, building self-esteem, self-concept and empathy in parents and children. This is an interactive, learner-centered workshop with opportunity for practice.

Workshop Details

Please email Registration form to: NanciVargasMFT@gmail.com

Dates: August 12, 13, & 14, 2020

Cost: **\$300 per person**
\$350 per person after the deadline August 3, 2020

Location: Online

Times: 8:45 to 9:00 am Sign-in (first day only)
9:00 to 4:00 pm training with one-hour break for lunch (on your own)

Each workshop participant will receive a **Facilitator Training Workbook**, additional **Workshop Training Handouts**. Each participant also receives a **Certificate** acknowledging Facilitator Training in the Nurturing Programs.

Registration Form

Nurturing Parenting Program Facilitator Workshop

MAIL THIS FORM, along with your registration fee payable to:

Nanci Vargas, LMFT

13723 S. Catalina Ave. Gardena, CA 90247

Mobile: 310.955.6206

Email: nancivargasmft@gmail.com

Multiple registrations: Fill out one registration for each participant

Agency _____

Name _____

Address _____

City, State Zip _____

Phone _____

Email _____

Make Check Payable: Nanci Vargas, LMFT

* Reservation only confirmed with payment. * No refunds. If a participant misses a day he/she will have to attend the entire training during the next scheduled training.