

## Announcing an Online Training Session



# PREPARING A HEALTHY PATH: Planning and Implementing Tribal Adult Healing to Wellness Courts for Participants Who Have Fetal Alcohol Syndrome (FAS) or Fetal Alcohol Effect (FAE) A Free Online Training Session

The National Indian Justice Center has developed an online training session entitled **Preparing a Healthy Path: Planning and Implementing Tribal Adult Healing to Wellness Courts for Participants Who have FAS/FAE**. This online training session was developed to assist tribal drug court personnel in providing services that meet the unique needs of clients that may have FAS/FAE. The information provided in this online training session is essential to those who work with Indian people who may be suffering from fetal alcohol syndrome (FAS) and involved in tribal, state or federal justice systems. **This online training session is ongoing and self-paced.** This training session is **FREE** to all students. The enrollment process requires each student to complete and return the form below to NIJC by e-mail or by fax. Participants will be limited during the first year to tribal drug court personnel. Other staff may enroll upon approval from NIJC staff. Upon receiving your registration information, a username and password will be mailed to each student. Using that information, the course may be accessed at anytime by the student.

### This Online Training Session has 10 Modules Covering the Following Topics:

- Effects of Alcohol on the Brain
- FAS Terminology
- Characteristics of FAS
- Behavioral Impairments Associated with FAS
- Roles of Justice System Personnel in Responding to Persons with FAS
- Assessment Tools
- Diagnosis and Misdiagnosis of FAS
- FAS Prevention and Screening
- Justice System Proceedings
- Civil Rights of Persons with FAS
- Strategies for Defendants, Witnesses and Victims Suffering from FAS
- FAS Multidisciplinary Teams

### REGISTRATION FORM: Preparing a Healthy Path Online Curriculum

Mr. \_\_\_\_\_ Ms. \_\_\_\_\_ Name: \_\_\_\_\_ Your Tribe: \_\_\_\_\_

Title: \_\_\_\_\_ Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
Street or P.O. Box City State Zip

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_ E-mail: \_\_\_\_\_

**Return completed form to NIJC, 5250 Aero Dr., Santa Rosa, CA 95403,  
E-mail: [nijc@aol.com](mailto:nijc@aol.com), or Fax (707) 579-9019.**