

Incredible Years® Small Group Dinosaur (Treatment) Child Group Leader Training

Children's Hospital Los Angeles

February 18 – 20 (Tuesday, Wednesday, and Thursday), 2025

9 a.m. to 4:30 p.m.



This 3-day training workshop will present in depth the evidence-based “**Small Group Dinosaur Treatment**” child training program developed by Dr. Carolyn Webster-Stratton. The program is designed to promote children’s problem-solving skills, improve classroom behaviors, and build positive social skills. Program topics include: understanding feelings, problem-solving, regulating emotions, how to be friendly, and doing your best in school. The program utilizes puppet play, group work, and activities to teach children these skills.

Training Details

Date: Tuesday, Wednesday, and Thursday February 18 – 20, 2025. Participants must attend all three days to receive a certificate of authorized training.

Note: Participation in one Consultation Day with review of parent group video recordings is optional and can be purchased at a discount of \$150. with the training fee or purchased separately later for \$195. At least two dates for Consultation Days in 2025 will be offered, additional as needed.

Place: CHLA Behavioral Health Institute
3250 Wilshire Blvd., Suite 600, Education & Training Center
Los Angeles, CA 90010

Time: 9 a.m. to 4:30 p.m. (Lunch on your own)

Transportation: Conveniently located one block from the Wilshire/Vermont Metro B/D Line Station

Parking: \$18.00/day on site or \$3.00/day metered city parking lot at 6th and Vermont.
CHLA does not provide parking validation.

Cost:

- \$750 per participant payable in advance by check. **Checks can be made out to Children’s Hospital Los Angeles.** No purchase orders, please. May be mailed to Dr. Orliss at the address highlighted below.
- \$150 per participant for optional Consultation Day video review with collaborative feedback when combined with training fee.
- \$195. Per participant for Consultation Day when paid later separately from registration fee.

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Registrations can be mailed to **Attention: Micah Orliss, Ph.D.** at the address highlighted below or emailed to morliss@chla.usc.edu

Please email completed form to:

Micah J. Orliss, Ph.D. | Clinical Assistant Professor of Pediatrics
Licensed Psychologist, Project Heal Trauma Program
Behavioral Health Institute, Wilshire 6th Floor
Community Behavioral Health Program
Children's Hospital Los Angeles
4650 Sunset Blvd., Mailstop #53 | Los Angeles, CA 90027-6062 Ph: 323.361.8321 |

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REGISTRATION FORM – please print clearly

Name _____

Home address:

Street _____

City _____ State _____ Zip _____

Or Work address:

Street _____

City _____ State _____ Zip _____

Phone: Home (____) _____ Work: (____) _____

Email: _____ Fax: _____

Position/Title _____ Agency _____

Highest degree _____

Professional Education (or title) in Organization (Mark all that apply):

- a. Special needs education (special education)
- b. Psychologist
- c. Social work/Social care/Mental Health Counselor
- d. Child educational therapist
- e. Nurse
- f. Teacher
- g. School Psychologist/Counselor
- h. Psychiatrist/Physician
- i. Administration
- j. Health Visitor
- k. Nursery Nurse
- l. Family Support/Family Advocacy Worker/Liaison
- m. Learning Mentor
- n. Educational welfare
- o. Early childhood educator
- p. Parent/Community/Health Educator
- q. Other (specify) _____

Ages of children you will be using IY Programs with: 0-2 yrs _____ 2-3 yrs _____ 4-5 yrs _____
_____ 6-8 yrs _____ 9-12 yrs _____

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