

Instructor: Betty Hampton, LIMHP, CCGC, LADC

Problem Gambling Assessment, Case Management and Treatment Planning

February 27-March 1, 2012

\$280
30 CEU's

Registration: 7:30 am
Class: 8:00 am-5:00 pm

Lincoln

LMEP

4600 Valley Road

Entrance 1, Room 101

This workshop is designed to provide students with a detailed process of collecting consumer biopsychosocial information in order to screen, assess, diagnosis, identify level of care and develop a plan for treatment including comorbid screening and referrals. This training includes the financial aspect related to problem gambling and the intensive nature of case management for a consumer's financial stability and recovery and any legal involvement related to finances or criminal activity.

Objectives

- Increase understanding of the key points of assessment for problem gambling clients.
- Use the assessment tools to determine the level of care necessary for problem gambling clients.
- Develop case records for problem gambling clients.
- Respond appropriately regarding the Federal regulations regarding confidentiality for problem gambling clients.
- Select the appropriate level of care and manage a problem gambling client case appropriately.
- Learn proper response to problem gambler financial stability, recovery and legal involvement related to finances or criminal activity.

This activity was supported in whole or part, from federal or state funds received from the Nebraska Department of Health and Human Services, *Division of Behavioral Health Services*.



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Cancellation/Refund Policy

1. Notice of cancellation must be submitted in writing.
2. Cancellations received will be subject to a \$50.00 cancellation charge.
3. No refunds will be given after February 17, 2012.
4. Registrations are transferable with a fee depending on availability.

REGISTRATION FEE INCLUDES:

Workshop instruction, book, materials, handouts, continental breakfast, afternoon snack, and CEU's approved for Nebraska Certified Compulsive Gambling Counselor Continuing Education by the Department of Health and Human Division of Behavioral Health.

Name (please print)

Title

Company

Mailing Address

City

State

Zip

Daytime Telephone

Birthday (month/day/year)

E-mail Address

PAYMENT TYPE

Check enclosed, made payable to TAP, for the amount of \$ _____

Or please charge my: MasterCard Visa Discover

Card # _____ Expiration Date _____ Three -digit security code on back _____

Cardholder Name _____ Signature _____

Please Print or Type

Fax this form to: 402-483-2882

or Mail it to: TAP Program, 4600 Valley Rd., NE 68510

Call TAP at 402-483-4581 ext. 282 or ext. 328 for any questions you may have.

I have read and accepted all the terms and conditions in the TAP Program Policies, which represents the entire understanding between myself (the participant) and the TAP Program and supersedes any prior statements or representation. By sending in this registration, I agree to the rules and regulations of the TAP Program.