

Instructor: Susan Huebner, MSED, CCGC, LIMHP, LMHP

Problem Gambling Clinical Aspects

\$235
30 CEU's

March 26-29, 2012

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 knowledge of treatment issues specific to problem/pathological gambling including denial, resistance, minimization, family dynamics, relapse, spirituality, and influences of self-help groups as well as legal issues, treatment for significant others and special populations and specifically addresses the financial aspects of problem gambling. This will include clinical treatment needs of individuals taking into consideration gender, culture, and lifestyle.

Objectives

- Increase understanding of specific terms associated with clinical treatment issues
- Become aware of personal biases and beliefs
- Increase understanding of dual diagnosis
- Explore the impact of physical and mental health disorders as related to problem/pathological gambling
- Increase knowledge of the family issues due to problem/pathological gambling
- Increase knowledge of special considerations when counseling special populations
- Increase knowledge of financial aspects of problem gambling
- Increase knowledge of Gamblers Anonymous and the other self help philosophies



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*.

Problem Gambling Clinical Aspects

March 26-29, 2012

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 March 16, 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.