

Skill Enrichment Series

BEHAVIORAL FAMILY THERAPY

Instructors:

Harry Cunningham, LICSW, Diane DiStaso, M.Ed., CCBT

Date: Thursday, December 7, 2017

Time: 9:00 a.m. – 4:30 p.m. (Lunch is on your own)

Location: 5 Blodget St.
Manchester, NH

Cost:

- **\$100**
- Please make checks payable to: **MHCGM**
- All Category I & 2 MHCGM employees may attend free of charge.

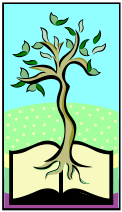
Registration: Class size is limited, so please complete the attached registration form to reserve your seat.

Description: Severe mental illness is often disruptive to the lives of people who experience its symptoms, and can also disrupt the lives of family members and supporters. BFT is a practice that engages family members, supporters, and the client themselves to better manage the problems that can come with the illness. This “one-family at a time” approach teaches and encourages the use of strategies that create a combined effort to improve the lives of all involved. Problem solving, communication skills, and mutual support are emphasized.

Contact Hours:

- The Mental Health Center of Greater Manchester is an approved provider of continuing nursing education by the Northeast MultiState Division, an accredited approver by the American Nurses Credentialing Center’s Commission on Accreditation.
The participant will be awarded 6.0 contact hours for attending this program.
- 6.0 Category I Continuing Education Credits for relicensure by the NH-NASW – Workshop #2856

Sponsor: The Mental Health Center of Greater Manchester, Manchester, NH



Skill Enrichment Series

BEHAVIORAL FAMILY THERAPY

12-7-17

REGISTRATION FORM

- Cost:**
- \$100
 - Please make checks payable to: **MHCGM**
 - All Category I & 2 MHC-GM employees may attend free of charge.

Checks or electronic transfer payments must be sent with a completed registration form for each participant to:

MHCGM

ATTN: Joann Batty, Staff Development

1555 Elm Street

Manchester, NH 03101

Tel: 603-206-8609

Fax: 603-628-7756

E-MAIL: battyjoa@mhcgm.org

Name: _____ Credentials: _____ Degree: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ E-mail: _____

Required for confirmation & directions.

Registration fee in the amount of \$ _____

Master Card

Visa

Credit Card #: _____ CCV code: _____ Expiration Date: _____

Name on Card: _____ Signature: _____

NEED CREDIT CARD BILLING ADDRESS IF DIFFERENT FROM ABOVE:

Date Received by MHC-GM: _____

Reservation #: 005405-

To register and pay online by credit card: <https://www.mhcgm.org/events/>

Remember, need to use credit card billing address.