

## Facilitator Training Agenda

- Introductory Activities
- Pre-training Preparation and Logistics
- Responsibilities of a Facilitator
- Effective Facilitation Skills
- Learning Styles and Strategies
- Group Dynamics and Group Facilitation
- Group Process Techniques



8:00 a.m. - Sign In

8:30 a.m. - Training Begins

Noon. - Adjourn

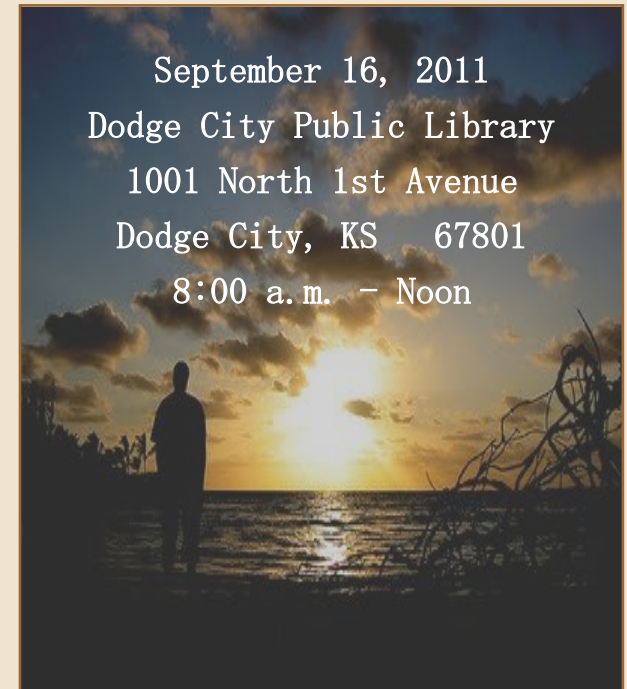
Facilitated by:

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Southwest Kansas Problem Gambling Task Force  
906 Central  
Dodge City, KS 67801

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## Problem Gambling: The Urgent Challenge Training of Facilitators



The Dodge City training is a collaborative effort of Addiction and Prevention Services of SRS, Kansas Racing and Gaming Commission and the Southwest Kansas Task Force on Problem Gambling.

This training was made available in part by funding through the Kansas Problem Gambling and Addictions Grant Fund.

## Training Objectives

This training continues a prevention campaign to address gambling-related problems. This training will prepare participants to be more effective facilitators and to facilitate the Urgent Challenge Training.

- This training will define the facilitator's role in group settings and in creating a learning environment.
- This training will describe communication techniques used by facilitators.
- This training will describe learning strategies most common in group processes.
- Participants will have an opportunity to practice facilitating an activity to the group. The group will provide constructive feedback.

## Training Outcomes

Participants will leave the training prepared to facilitate the Urgent Challenge.

Participants will be provided with a facilitator manual and a CD containing the handout and materials needed for the Urgent Challenge training.

Registration  
September 16, 2011

**PROBLEM GAMBLING:  
THE URGENT CHALLENGE  
IS A CURRICULUM  
DESIGNED TO ADDRESS  
PROBLEM GAMBLING AND EQUIP  
PARTICIPANTS TO  
PROVIDE GAMBLING  
PRESENTATIONS IN  
THEIR COMMUNITIES.**

Dodge City, KS  
8:00 a.m. - Noon

No Charge  
Certificates of Attendance for  
3.5 hours will be provided.

Name \_\_\_\_\_

Organization \_\_\_\_\_

Mailing Address \_\_\_\_\_

City \_\_\_\_\_

S t a t e \_ \_ \_ \_ \_

Zip \_\_\_\_\_

Work Phone \_\_\_\_\_

Home Phone \_\_\_\_\_

Email \_\_\_\_\_

**Call , Email or Return Registrations**

**to:**

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906 Central  
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620.227.1562

[www.catholicsocialservice.org](http://www.catholicsocialservice.org)