

Clinical Division of Psychotherapy, Education Committee
Scientific Committee, the HK College of Psychiatrists
Department of Psychiatry, NTEC
Jointly present

Psychotherapy Conference 2017

Traumatization and Reparation – The Process of Growth in Therapy

Date 16 -17 November 2017 (Thur- Fri)

Time 9:00 – 17:30

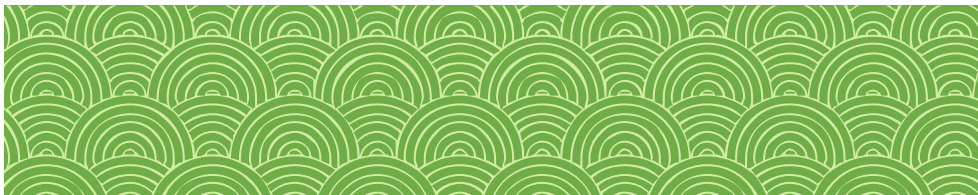
Venue Lecture theatre, Blk J,
Alice Ho Miu Ling
Nethersole Hospital
Tai Po, N.T.

Guest Speaker: Dr. George Halasz

CME: Psychiatrists: 6 CME points under PP/CP
(List A) per day/ MCHK: Pending

Registration Fees: \$2200 (2 days)
\$1200 (1day)

*10% off for members of Clinical Division of Psychotherapy



Dr George Halasz is a Consultant in Child and Adolescent Psychiatry in private practice and Adjunct Senior Lecturer at Monash University. He has lectured in Australia and overseas at conferences, conducted workshops and participated on a range of panels. From 1992-2005 he was a member of the Editorial Board of the Australian and New Zealand Journal of Psychiatry, and since 2005, the Editorial Board of Australasian Psychiatry. He has written/co-edited three books, many chapters and journal articles that deal with ADHD, trauma transmission, child psychotherapy and ethics, spirituality and religion.

Dr. Halasz will give two presentations in our conference:

- 1. Intergenerational Trauma/Dissociation and Repair:
Advances and Updates in Theory, Diagnosis & Comorbidity
(DSM5, PDM2), Formulation and Therapeutic Processes**
- 2. Therapist's Safety/Self-care from Transference to Vicarious
Trauma/Dissociation and Repair: Updates in Theory,
Perpetuation of Errors and Therapeutic Processes**

In addition, we will have 6 case presentations from therapists to broaden our views in the practice of long term psychodynamic psychotherapy.

Programme:

Day 1 -16th November 2017

09:00-09:05	Welcome and Opening
09:05-10:35	Keynote presentation #1
10:35-10:50	Tea break
10:50-12:20	Case presentation #1
12:20-14:00	Lunch
14:00-15:30	Case presentation #2
15:30-15:45	Tea Break
15:45-17:15	Case presentation #3

Day 2 – 17th November 2017

09:00-10:30	Keynote presentation #2
10:30-10:45	Tea Break
10:45-12:15	Case Presentation #4
12:15-14:00	Lunch
14:00-15:30	Case Presentation #5
15:30-15:45	Tea Break
15:45-17:15	Case Presentation #6
17:15-17:30	Discussion and Conclusion

Organizers:



新界東醫院聯網
NEW TERRITORIES
EAST CLUSTER

Registration Form

Name: (Prof/Dr./Mr./Ms.): _____

Occupation: _____

Position held: _____ Place of work: _____

Postal address: _____

E-mail: _____

Phone (Mobile/Office)*: _____

I am am not a member of the Clinical Division of Psychotherapy

Registration Fees	Full conference (16 th & 17 th Nov)	Day 1 only (16 th Nov)	Day 2 only (17 th Nov)
Member:	<input type="checkbox"/> \$1,980	<input type="checkbox"/> \$1,080	<input type="checkbox"/> \$1,080
Non-member:	<input type="checkbox"/> \$2,200	<input type="checkbox"/> \$1,200	<input type="checkbox"/> \$1,200

Registration Fee will be exempted for presenters.

Please complete the registration form and return it with payment of registration fee by crossed cheque payable to "The Hong Kong College of Psychiatrists., Limited" to:

Ms Janice Ng, Room 906, 9/F, Hong Kong Academy of Medicine Jockey Club Building, 99 Wong Chuk Hang Road, Aberdeen, HK

Remarks:

1. Seats are limited and would be given on a first-come-first-serve basis.
2. Enrolment will be confirmed ONLY when full payment has been received by The Hong Kong College of Psychiatrists Limited.
3. All fees are non-refundable.
4. If the Typhoon Signal No. 8 or above, or the Black Rainstorm Warning Signal is hoisted, the workshop will be cancelled. Details of postponement will be announced later.
5. For enquiries, please send your email to janice@hkpsych.org.hk or call 2871 8776.

Presentation Registration Form

Calling for papers (case presentations):

If you are interested to present your case, please kindly fill in the form below and send to Dr. Joyce Chow (drjoycechow@hotmail.com) **before 31st August, 2017**

We will contact you to confirm about the arrangement.

***Registration fees will be waived for presenters.**

Personal Particulars:

Name:

Profession:

Practice Setting:

E-mail:

Therapy Details:

Duration:

Frequency:

Brief summary:

