

Certificate in

Obsessive Compulsive Spectrum Disorders (New DSM 5) & Behavioural Therapy for Psychiatric Conditions

(For Caring Professionals)

Dr. Chiu Siu Ning (Specialist in Psychiatry)

專業認可學分 **Accreditation**

護士 **Nurse : CNE**

社工 **Social Worker : CPD**

職業治療師 **OT: CPD**

Mental Health Series for Caring Professionals



Introduction

The contemporary professional view on Obsessive Compulsive Disorders (OCD), according to the new DSM 5 classification, is that it is one of the most commonly seen disorders amongst the whole OC spectrum disorders. It can also be one of the most disabling neurotic mental conditions we come across day in and day out. It is the aim of this workshop to take a modern view on OCD, and to its extended family of disorders.

The second part of the workshop is to revisit the various Behavioural Therapies on different disorders such as Phobic Disorders, Panic Disorders and unwanted behavioural problems. Through seminar and video shows, rationales and techniques of various Behavioural Therapies will be brought to light.

Course Objective

- To have a contemporary view on Obsessive Compulsive Spectrum Disorders and the management of OCD
- To learn different Behavioural Therapies and their applications to different psychiatric conditions

Course Content

1. Classification and clinical features of OCD in DSM 5
2. The cause, management and prognosis of OCD
3. Introduction of other OC Spectrum Disorders such as Trichotillomania and Hoarding Disorder
4. Introduction of basic rationales of Behavioural Therapies – Classical and Operant Conditioning
5. The techniques and the applications of Behavioural Therapies in various psychiatric conditions

Trainer

Dr. Chiu Siu Ning (趙少寧醫生) Specialist in Psychiatry
MBChB (CUHK), MRCPsych(UK), FHKCPsych, FHKAM (PSYCHIATRY)

After graduating from the medical school of the Chinese University of Hong Kong, Dr. Chiu began his public psychiatric service. He obtained his psychiatric professional qualification in UK in 1994.

Before start his private practicing in May 2007, he had been the Senior Medical Officer of Kwai Chung Hospital for more than 14 years



香港專業培訓學會
Hong Kong Society of Professional Training

202-204A, Two Harbourfront, Tak Fung St.,
Hung Hom, Kowloon, Hong Kong
ask@hkspt.org www.hkspt.org
Tel: 3111 0264 Fax: 2125 7900

Course Details

- Date: / Time :** 29th Jan., 2016 (Fri) 9:30am – 5:30pm (7 Hours)
Venue : 8/F Breakthrough Centre, 191 Woo Sung Street, Jordan, Kowloon
Course Fee : HK\$1,030-
Special Offer : HK\$980- Enroll the course 1 month or more prior to the event
Group Discount : HK\$930- /each for group of 3 or more
Language : Cantonese supplement with English (Teaching materials are mainly in English)
Course Mode : Seminar, Video shows, Case discussion
Target : Social workers, counselors, psychologists, health-care professionals, teachers, police officer and judicial personnel, as well as allied professionals.
Certificate: Certificate of Attendance issued by Hong Kong Society of Professional Training
Accreditation: Nurse : 7 CNE , Social Worker : 7 CPD , OT (CPD): To be confirmed

Details : www.ocd.hkspt.org
For enquiry: Tel 852-31110264

Registration Form

Student No: _____

Course: Certificate in OCSD & Behavioural Therapy for Psychiatric Conditions (29/1/2016 Friday)

Course Fee	Early Bird (Enroll the course 1 month prior to the event)	*Group Discount (For group of 3 or more)
<input type="checkbox"/> HK\$1,030-	<input type="checkbox"/> HK\$980-	<input type="checkbox"/> HK\$930- /each

* For group discount registration, please submit your forms together.

Name (English) : _____ (Mr / Ms) 姓名 (中文): _____

(Printed name in your certificate, please write in block letter, thank you.)

Education Level: Primary Secondary Tertiary or above

Working Organization: _____ Position: _____

#Email: _____ Tel: _____ Mobile: _____

I agree I disagree to receive regular HKSPT'S course information by email.

My email is already in your list and I have been regularly receiving HKSPT's course information.

Address: _____

Payment by Cheque:

Please made crossed cheque payable to “**Hong Kong Society of Professional Training**”

Cheque No: _____ Name of Bank: _____

Please send completed registration form and cheque to: **Hong Kong Society of Professional Training**,
Rm. 202-204A, Two Harbourfront, Tak Fung St., Hung Hom, Kowloon, Hong Kong.

Payment by Bank-in:

Please bank in the course fee to our bank account with “Bank of China (HK) Ltd” 中銀香港

A/C No: **012-890-1-038-682-9**. Please send the completed registration form and bank in slip to

Hong Kong Society of Professional Training either by email (PDF) to ask@hkspt.org or

by fax: **852-21257900**.

We will confirm through email within 1 week, please contact us if you did not receive any confirmation.

Receipt Name of the course fee: _____ (please write in block letter)

Signed by Applicant: _____ Date: _____

Important Notes:

#1. The course confirmation will be sent to participants via email at least 2 weeks before the course, please contact us if you do not receive any notification. 2. Once a registration is completed, it will be processed and cannot be refunded for any reasons. All requests for any change of registration must be given in writing. An administration fee of HK\$200- will be charged for any processing request. 3. Official receipt will be issued on the first day of the course. Re-issue of official receipt will be charged HK\$50- 4. The personal data provided on this form will only be used for processing of registration.