# Family Therapy with Psychiatric Patients (Fall 2024)

#### Join our course designed specifically for psychiatrists and mental health professionals!

The course consists of eight didactic lectures and two live case demonstration sessions. It aims to introduce how family therapy can be applied to a range of mental health problems presented in children, adolescents and adults. Videos from live sessions will be used extensively to illustrate the assessment and treatment process in linking the presenting symptom to family dynamics.

The course will show the difference in handling a range of behavioral and emotional problems that is handled in the family context as compared to handling them individually. Segments from live family interviews will be used to demonstrate this specific approach. This course will be taught by our faculty members, Drs. Irene Kam and Dickson Chow.

### Participants are expected to have clinical experience in working with psychiatric patients.

#### **Course Dates:**

Didactic class: 8 sessions, beginning 29 October, 2024 (Tuesdays | 7:00 pm – 9:00 pm) Live Case Demonstration: TWO live case demonstrations sessions led by Wai-Yung Lee, Ph.D. (Saturdays | 2:00 pm – 5:00 pm)

#### **Course Fee:**

Members: \$4,300 (Early-bird: \$4,050) Non-member: \$4,500 (Early-bird \$4,300) Early-bird deadline: 28 September, 2024

#### Venue:

Asian Academy of Family Therapy, No. 4 Pottinger Street, Central

#### **Course Coordinator:**

Dr. Kam Wai Kwok, Irene

#### Topics\*:

- 29 October Introductory session
- 05 November Childhood emotional and behavioral problems
- 12 November Suicidal behaviors
- 19 November Psychosomatic disorders
- 26 November Obsessive-compulsive disorder
- 03 December Depression and anxiety
- 10 December Bipolar and psychotic disorders
- 17 December Concluding session

\*Dates and topics are subject to change\* \*\* CME points maybe awarded for practicing doctors (subject to the approval of relevant bodies) \*\*

Tel: (852) 2859 5300 Fax: (852) 2559 1813 Email: info@acafamilytherapy.org Website: www.acafamilytherapy.org

## Application Form Family Therapy with Psychiatric Patients (Fall 2024)

Personal	Informatio	on						
Na	me of Applic	ant: (Mr./Ms./Mrs	./Dr./Prof.)					
Wo	ork/ Home Ad	ddress:						
					Fax. No.:			
Email:				AAFT Membership No. (if any):				
Payment	:							
Amount:			Bank:		Cheque no.:			
Educatio	n							
Highest Degree Acquired:				Year Attained:				
Institu	te:							
		"✓" AND DELETE						
	Doctor-Specialization:				Nurse-Specialization:			
	Occupational Therapist / Speech Thera		ech Therapist		Psychiatrist			
	Social Worker				Clinical / educational Psychologist			
	□ Teacher				Counselor			
	Research /			Student Guidance Officer / Teacher				
Student – Area of Study: _					Others (Please specify:)			
Working	Experience	2						
Currer	nt Organizatio	on:						
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Total r	no. of years o	of work experience	in current field:					
Please in	dicate the	dates of TWO liv	ve case demonst	ration s	sessions you p	orefer:		
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HOW DID YOU LEARN ABOUT US?					□ Schools	🗆 Newspape	er	
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• Please send your application form together with a crossed cheque (payable to "Asian Academy of Family Therapy Limited") to								
	Asian Academy of Family Therapy, No.4 Pottinger Street, Central, Hong Kong							
	<ul> <li>Successful applicants will be notified once the application has been approved.</li> <li>Course fee is non-refundable and non-transferable unless the applicant's enrolment is unsuccessful or if the course is cancelled.</li> </ul>							
	• Receipt and course time-table will be distributed on the first day of class and a "Certificate of Attendance" will be given to							
	participants with 80% attendance or above.							
	<ul> <li>Personal Data provided in this form will be used for processing your application for registration, academic, administrative and statistical purposes only. Under the provisions of the Personal Data (Privacy) Ordinance, applicants have rights to request acce</li> </ul>							
	to, and to request the correction of, their personal data.							

• If you do not wish to receive any information from us, please tick this box.  $\Box$