

ADVANCED PCIT WORKSHOP

Exploring advances and challenges in PCIT.

Date: Wednesday 5th May 2010

Time: 9am to 4:30pm

Venue: Karitane Conference & Function Centre

Corner of The Horsley Drive

& Mitchell Street, Carramar

Lunch Provided



*WHEN ATTENDING
CONFERENCE &
WORKSHOP



karitane™
leaders in parenting services since 1923

About the Workshop

This is an advanced workshop for clinicians already trained in PCIT. The workshop will be facilitated by Professor Cheryl McNeil, PhD, Professor Department of Psychology, West Virginia University, a leading authority on PCIT and PCIT Master Trainer and co facilitated by Sue Morgan, Manager, Karitane Toddler Clinic. This interactive workshop will allow opportunities to discuss theories, advances and challenges when working with PCIT. Participants will be offered an opportunity to examine their own practice and will be invited to present video from their own clinical work for discussion by the group.



The workshop will cover the following areas:

- Parent Child Interaction Therapy (PCIT) updates and video footage
- Barriers and challenges in implementing PCIT
- Dyadic Parent-Child Interaction Coding System (DPICS Coding)
- Techniques for motivating parents to problem solve and get the most out of PCIT
- Group discussions of individual video footage
- Opportunity for questions and answers.



**TARGET
AUDIENCE**

*Clinicians working with
toddlers and their families
in the PCIT model.*

The Advanced PCIT Workshop is a unique opportunity to gain theoretical and practical knowledge from both international and local recognised leaders on parent-child relationships.

*****LIMITED PLACES REGISTER TODAY*** Maximum 40 places**

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APPLICANT DETAILS

Title _____ Surname _____ Given Name/s _____

Address _____

Mailing Address (If mailing address different please specify) _____

Contact numbers

Home Telephone _____ Work Telephone _____

Mobile _____ Email _____

SPECIAL REQUIREMENTS (eg. Meals) _____

EMPLOYER DETAILS

Place of employment _____ Position _____ Area Health Service _____

REGISTRATION FEES (Cost includes GST) \$ _____

- Full Day \$250 (includes GST) COMBO DEAL Conference & Workshop \$350 (includes GST)
*****Important*** Please complete both registration forms.**

**PLEASE NOTE: Registration will not be processed without full payment.
 Payment must be received 7 days prior to event date.
 Confirmation of registration will be sent by Email only.**

TELEPHONE Karitane Education 02 9794 2300 Please have credit card details ready

MAIL Mail this completed registration form together with your payment to: Karitane Education

Karitane PO Box 241 Villawood NSW 2164

FAX Fax this completed registration form and credit card details to: 02 9794 2323

Cheque
 Enclosed is a cheque or money order for \$ _____
 in favour of Karitane

Credit Card:
 Please debit my Visa MasterCard
 Card Number _____
 Expiry Date ____/____/____ CSV No. ____/____/____
 Name of Card Holder _____
 Signature _____

Direct Payment to Karitane Westpac Account:
 BSB 032 072 Account No. 260991
 Identifier: Surname, Initial _____

Receipt Number _____
 Office use only _____

