



## **Healing from Trauma: Step-by-Step Approach to the Assessment, Conceptualization, & Treatment of Trauma**

This course provides a clear roadmap and concrete interventions on how to assess, conceptualize, and treat simple trauma using Cognitive Behavioral approach, & complex trauma using Emotion Focused Therapy.

**Day 1: Oct 17, 2019**

**AM: Assessment & Conceptualization of Acute Stress Disorder (ASD) & Post Traumatic Stress Disorder (PTSD)**

**PM: Cognitive Behavioral Therapy (CBT) for ASD  
Cognitive Processing Therapy (CPT) for PTSD**

**Day 2: Oct 24, 2019**

**AM: Surviving Trauma: Emotion Focused Therapy (EFTT) for Adult Survivors of Childhood Abuse &/or Neglect**

**PM: EFT Interventions in Emotion-Focused Therapy for Trauma**

**Trainer: Ms. Natalie Tong**

**Registered Psychologist (HKPS)**

**Licensed Marriage & Family Therapist, LMFT #40466, California, USA**

Ms. Natalie Tong is a Registered Psychologist and California licensed Marriage & Family Therapist who has been practicing psychotherapy for over 20 years. She has served as an Honorary Lecturer at the University of Hong Kong for over 12 years. Natalie has been training frontline social workers and counselors in the area of counseling for over 15 years. In her private practice, she works extensively with clients suffering from depression, anxiety, complex trauma, and couple distress.



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IN PSYCHOTHERAPY LIMITED  
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## **Course details:**

Dates: Oct 17, 24, 2019 (Thursdays) Time: AM Session from 9:30-13:15, PM Session from 14:15 to 18:00

Venue: Institute for Professional Training in Psychotherapy Limited (IPTP)

Address: IPTP, 22/F, Weswick Comm. Bldg., 147-149 Queen's Road East, Wanchai, Hong Kong

Target participants: Social Workers, Counselors, Psychologists, Teachers, Health-Care Professionals

Language Medium: Cantonese (Training Notes in English)

## **Registration Procedure:**

### **Option A: Online Registration**

1. Go to the IPTP website, [www.iptp.com.hk](http://www.iptp.com.hk); click on "Upcoming Training" then click on the training title
2. Fill in the online registration form (Note: each individual participant will complete 1 online registration)
3. Deposit the training fee within 3 working days to the IPTP bank account OR prepare a crossed cheque
4. Email the deposit slip to [admin@iptp.com.hk](mailto:admin@iptp.com.hk) within 3 working days OR mail in the crossed cheque with your name and training title written in the back (IPTP address indicated above) within 3 working days.

### **Option B: Registration by Fax or Mail**

1. Fill in this Registration Form (Note: each participant will complete 1 registration form)
2. Deposit the training fee within 3 working days to the IPTP bank account OR prepare a crossed cheque
3. Fax this form and deposit slip to 2505-7989 or mail the cheque & form to the above IPTP address

### **Course Fee: (Pls check one of the boxes) Early Bird Deadline Sept 13, 2019 (Friday)**

Regular Course Fee in Groups of 3: \$2900/person <input type="checkbox"/>	Early Bird Fee in Groups of 3: \$2500/person <input type="checkbox"/>
Regular Course Fee in Groups of 2: \$3050/person <input type="checkbox"/>	Early Bird Fee in Groups of 2: \$2700/person <input type="checkbox"/>
Regular Course Fee for Individuals: \$3200/person <input type="checkbox"/>	Early Bird Fee for Individuals: \$2900/person <input type="checkbox"/>
<input type="checkbox"/> Fee for Single Day registration: \$1600/per day per person: Please specify the date(s): _____	
<input type="checkbox"/> Fee for Single Session Registration: \$850 per person per session: Pls specify the date & AM/PM: _____	

**Bank Account No.: 012-899-1-027107-0 Institute for Professional Training in Psychotherapy Ltd**

**Crossed Cheque payable to "Institute for Professional Training in Psychotherapy Limited"**

**All courses are non- refundable and non-transferrable to other persons or other IPTP courses**

**The date on the deposit slip or the date of the post stamp will be referred as the date of registration**

An email confirmation will be sent within 2 weeks to those who have successfully enrolled.

Full Name (English): (Ms./Mr.) \_\_\_\_\_ Full Name (Chinese): \_\_\_\_\_

(Pls indicate in BLOCK LETTERS your name which is to be printed in your certificate)

Certificates will be given to participants who have attended at least 80% of the 15 hour 2-day training.

Email: \_\_\_\_\_ Telephone: \_\_\_\_\_ Mobile: \_\_\_\_\_

Cheque number: \_\_\_\_\_ Name of the Bank: \_\_\_\_\_

Name of Agency: \_\_\_\_\_ Work Title: \_\_\_\_\_ Years of experience: \_\_\_\_\_

**For those who register in groups of 2 or 3, please indicate the name(s) of your training partner(s) and ensure the names are consistent in their registration \_\_\_\_\_**