

ASD – PRESENTATIONS IN TRANSITION

VENUE: CLIFTON HOUSE, 2 NORTH QUEEN STREET, BELFAST



Autistic Spectrum Disorder is a condition which is increasingly coming to the attention of clinicians in adult mental health services. It is recognized that services for this group of individuals have been limited in the past. The development of a comprehensive assessment and treatment service is now a key regional priority for the Health and Social Care Board (Regional ASD Network) and as part of the strategy, training is being made available to adult mental health practitioners.

The course is addressing the recommendations of the Royal College's Report CR136 – Psychiatric Services for Adolescents and Adults with Asperger Syndrome and other Autistic-Spectrum Disorders. Our aim is to enable practitioners to diagnose Asperger Syndrome in straight forward cases, recognize co-morbidity and to provide appropriate interventions with a particular emphasis towards working with families.

A range of speakers including psychiatrists and psychologists who have been DISCO and ASDO trained and have set up and worked in services in the UK and Ireland will deliver the course.

PROGRAMME

09.30 – 10.00 Registration

10.00 – 12.45 **The CAMHS Experience**

- Identifying ASD
- Co-morbidity in ASD
- Assessment Tools in ASD

Dr Lisheen Cassidy & Dr Anna McGovern
Consultant Psychiatrists

13.45 – 14.45 **Presentations & Assessment of ASD in High Functioning Adults**

Dr Ronan Mullaney, Clinical Lecturer in Psychiatry–
RSCI – Beaumont Hospital, Dublin

15.00 – 16.30 **Services for Adults with Asperger Syndrome –SET**

Amy Burns, Associate Psychologist
Marisa Smyth, Psychological Therapist

16.30 – 17.00 **Discussion**

11.00 - 11.15 Refreshments

12.45 - 13.45 Lunch

14.45 - 15.00 Refreshments

LIMITED PLACES AVAILABLE

FRIDAY 9th APRIL 2010 or

FRIDAY 23rd APRIL 2010

For more information and enquiries please contact our Conference Administrator on:

Tel: 028 9027 8790 for e-mail: nirelanddiv@rcpsych.ac.uk. Fax: 029 90312461

The Royal College of Psychiatrists, NI Division, Clifton House, 2 North Queen Street, BELFAST BT15 1EQ

For office Use only:	
Booked In	<input type="checkbox"/>
Confirmed	<input type="checkbox"/>
Payment Ref:	

REGISTRATION FORM

HOW TO BOOK:

Post: Post a completed copy of this form to:

**The Conference Administrator
The Royal College of Psychiatrists – NI Division
Clifton House, 2 North Queen Street,
BELFAST BT15 1EQ**

YOUR DETAILS:

(please complete a separate form per delegate)

Title:

First name:

Surname:

Job Title:

Department:

Organisation:

Work Address:

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Postcode:

Email:

Tel:

Fax:

Please specify any dietary requirements:

Other special requirements (eg disabled access):

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COURSE FEE:

£20 includes lunch and refreshments

PAYMENT METHODS:

Please note: WE ARE UNABLE TO ISSUE INVOICES.
WE WILL ISSUE RECEIPT OF ALL PAYMENTS.

By Cheque:
A cheque for £.....made payable to
The Royal College of Psychiatrists is enclosed.

By Credit Card:
Please enter your credit card details as they appear on the
Please debit my VISA/MASTERCARD/SWITCH £.....
Cardholder's Name:.....
Cardholder's Billing Address:.....
.....
Post Code:

Card Number

Issue No: (switch only) CCV Security Code

Start Date: Expiry Date

CONFIRMATION OF REGISTRATION

All registrations will be confirmed in writing. Late registrations will be confirmed by fax or email.

The Royal College of Psychiatrists (RCPsych) reserves the right to change the programme without prior notice. Where for any reason beyond its reasonable control, the RCPsych cancels an event, the liability of the RCPsych shall be limited to a refund of the fee payable to the RCPsych for that particular event.

CANCELLATIONS/SUBSTITUTIONS

To be entitled to a refund, cancellations MUST be received in writing no later than 2 weeks prior to the course date. 50% refund if one month to a fortnight's notice is given.

NB: No refund for cancellations received within 14 days of the meeting. Should you be unable to attend, a substitute delegate is welcomed.

DATA PROTECTION STATEMENT:

I consent to the processing by The Royal College of Psychiatrists of the information contained in this form, by any means, for the purpose of informing me of other RCPsych events, products or services.

Signature: