



Treating People with Body Dysmorphic Disorder

1-day Workshop by

Dr David Veale



David Veale is Consultant Psychiatrist in Cognitive Behaviour Therapy at the South London and Maudsley Trust and Hon Senior Lecturer at Institute of Psychiatry, King's College London. He provides a national outpatient and residential service for severe anxiety disorders. He has published about 70 peer-reviewed articles (mainly in OCD and BDD) and four self-help books. He was a member of the group that produced NICE guidelines on OCD & BDD. He is a former President of the BABCP.

Workshop Summary

Body Dysmorphic Disorder (BDD) is defined as a preoccupation with an imagined defect in one's appearance. Alternatively, where there is a slight physical anomaly, then the person's concern is markedly excessive. The preoccupation is associated with a distorted "felt" body image with many time consuming safety behaviours such as mirror gazing, camouflaging, ruminating or constant comparing of oneself to others. Such patients have a poor quality of life, are socially isolated, often depressed and are at high risk of committing suicide. They often have needless dermatological treatment and cosmetic surgery. Cognitive behaviour therapy is recommended by the NICE guidelines for treating BDD.

Key Learning Objectives

By the end of the workshop participants will:

1. Recognize and diagnose various forms of BDD and psychogenic excoriation
2. Understand a cognitive behavioural model of BDD and the factors that maintain the symptoms of BDD and psychogenic excoriation
3. Use various assessment scales
4. Be knowledgeable of NICE guidelines for BDD
5. Assess and help clients wanting cosmetic surgery and dermatological treatments
6. Devise strategies for engagement and change in BDD with a focus on ceasing ruminating and comparing, dropping of avoidance and safety behaviours, rescripting imagery and implementing habit reversal.

Workshop Presenter's Website

www.veale.co.uk/

Melbourne Workshop

Friday 31st August 2012

9.00-5.00pm

Sails on the Bay,

15 Elwood Foreshore, Elwood

Registration Information

Cost (incl. GST): AACBT Member Early Bird- \$200 (closes July 6th), AACBT Member - \$250, AACBT Associate (Student) Member - \$150, Non- Member - \$400

Fees include: lunch, morning/afternoon teas, workshop handouts, certificate of attendance

Registration and payment: Preferred Payment is via credit card and may be made online for this event by going to www.aacbtvic.org.au An automated tax receipt will be emailed to you.

Alternatively, complete the attached registration form and send to **AACBT Victoria, PO Box 841, Parkville, VIC 3052.** Please email Zeffie.Poulakis@rch.org.au for any enquiries.

Registrations will close Fri 24th August 2012. Confirmation of attendance and any other relevant information will be sent via email.

Cancellation policy: Cancellations attract a 25% processing fee. Cancellations within one week of the event attract a 50% processing fee. Cancellations within 24 hours of the event will not be refunded under any circumstances.

Registration form for Australian Association for Cognitive and Behaviour Therapy (AACBT) 1-day workshop:



Dr David Veale "Treating People with Body Dysmorphic Disorder"

Please select workshop location:

Melbourne **Friday 31st August 2012 @ Sails on the Bay, Elwood**

Title: _____ Name: _____

Organisation _____

Address: _____

Suburb: _____ State: _____ Postcode: _____

Telephone: _____ Fax: _____

Email: _____

Registration Cost (inc. GST):

Early Bird Member \$200 (closes July 6th)

AACBT Member \$250

AACBT Associate (Student) Member \$150

Non-Member \$400

Total: AU\$ _____

Member rates require membership current at August 2012. Students must present student card at the workshop

Registration incl. tea & coffee on arrival, morning tea, lunch, afternoon tea & all workshop materials.

We will attempt to cater for dietary requirements advised: _____

Method of Payment:

Cheque/Money Order (Please make these payable to "AACBT Ltd")

Visa

MasterCard

Card Number: _____ Expiry Date: _____

Name of Card Holder: _____ CVV*: _____

*The Card Verification Value (CVV) number is on the back of your credit card; please list final three digits

Card holder's Signature: _____

Note: Confirmation of registration & receipt will be emailed to you

Please mail to: AACBT Victoria, PO Box 841, Parkville, VIC 3052