

SUPPORT AND MANAGEMENT FOR COMPULSIVE EXERCISE: PROFESSOR PHILLIPA HAY

Friday 17th February 2017, 9.00am to 1.00pm



Professor Phillipa Hay MBCHB, MD, FRANZCP, DPhil, FAED is Foundation Chair of Mental Health Western Sydney University, Senior Consultant at Campbelltown Hospital and Director of Eating Disorders at Wesley Hospital Ashfield, and Deputy Chair of the National Collaboration for Eating Disorders. She is a clinical and academic psychiatrist who received the Lifetime Leadership Award from the ANZ Academy for Eating Disorders, and was elected Fellow of the Academy for Eating Disorders in 2013. She has over 170 peer reviewed publications and has led the introduction of the online Journal of Eating Disorders. She frequently presents at national and international scientific meetings. She is widely known for her work in compulsive exercise research, and is active in translating research into practice for clinicians and carers.

The majority of people with anorexia nervosa and many with other eating disorders experience compulsive exercise. With researchers at Sydney and Loughborough Universities, Professor Hay has developed and researched a new approach to management of compulsive exercise. This RCT tested approach is fully integrated with other treatments for individuals and groups including cognitive behavior therapy. It moves beyond “allowing” exercise following weight regain to addressing directly the psychological underpinnings of compulsive exercise and moving towards a positive reintegration of exercise in the person’s life. The workshop offers an overview of the model, practical discussions and exercises about using the ideas as a clinician or carer. Participants will receive handouts they can use in their clinical work or directly with their loved one.

Workshop outline:

- overview of, and session by session description of LEAP;
- outcomes report of the controlled trials including modifications to LEAP for groups
- clinical case vignettes and role plays to illustrate and practice specific management elements
- open 'question and answer' session with an opportunity to discuss participant issues

Workshop Cost: Health Professional \$70
Carer or Student \$50

Please contact us if issues of financial hardship.



Government of **Western Australia**
Child and Adolescent Health Service



Eating Disorder
Training & Evaluation Centre



Name			
Professional \$70	<input type="checkbox"/>	Carer \$50 pp <input type="checkbox"/>	Age of person caring for:
Student \$50	<input type="checkbox"/>		
Profession			
Organisation			
Street			
City/Suburb		Postcode	
Telephone (work)		or Telephone (mobile)	
Email			

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Venue: The Boulevard Centre, Floreat

Tax Invoice											
Where payment is made here, this form is a tax invoice for Australian Tax Office requirements.											
Payment details: <input type="checkbox"/> Cheque <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa								TOTAL AMOUNT PAYABLE (incl GST): \$			
Card Number:											Expiry Date:
Name on Card:							Signature of Cardholder: <i>(not needed if emailing electronic form)</i>				
Confirmations will be sent via email once payment has been processed. Payment must be received at time of registration. Please email this completed form to pmhedp@health.wa.gov.au or fax to 08 9340 7700. If your organisation is paying for your attendance you need to get approval before sending your registration form and please name the person responsible and give their contact details.											
Cheques Payable to: Child and Adolescent Health Service (Please write your name and address on the back of the cheque)						Postal Address: Eating Disorders Program; PMH GPO Box D 184, PERTH WA 6840					
Cancellation Policy: We are unable to offer refunds. However, should you be unable to attend a substitute participant is welcome or you may select another workshop of the same monetary value. All cancellations and alterations must be notified in writing to the Training & Education Co-ordinator either via fax on 08 9340 7700 or email pmhedp@health.wa.gov.au											

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Cost Code	Account Code	Date Received	Sent to HCN	Signed