

# Understanding Panic Disorder And How to Treat it

Wednesday 16<sup>th</sup> August 2017



The Anxiety Disorders Association of Victoria, Inc. presents:  
Professional Development Program for Psychiatrists,  
Psychologists, Social Workers, and Allied Health counsellors  
with Peter Kyriakoulis, Clinical Psychologist.

## Program Overview

**Panic Disorder** affects about 4% of the population. Individuals suffering from Panic Disorder have a persistent fear of having a panic attack, and worry about the consequences of an attack. Many people change their behaviour in an attempt to prevent attacks, and some are so affected that they try to avoid any place where it might be difficult to get help or to escape from. When this avoidance is severe it is called Agoraphobia, which refers to people developing a fear of crowded places. Panic Disorder may become accompanied by depression other anxiety disorders, dependence on alcohol or drugs, and may also lead to significant social and occupational impairment.

This seminar will outline the aetiology of panic, Panic Disorder, as well as the link between respiratory difficulties and Panic Disorder. Various treatments for Panic Disorder will also be discussed.

## About the Presenter

Peter Kyriakoulis is the director of the Positive Psychology Clinic and the Positive Psychology Wellness Centre. He is a clinical psychologist who specialises in the treatment of depression and anxiety disorders. He completed his undergraduate studies with honours at the University of Athens in 2000, and in 2003 he completed a Masters in Clinical Psychology in Melbourne. Since 2003 he has been working in private practice as a psychologist, and over the ensuing years has worked in community health and various psychiatric settings, becoming a member of the Clinical College of the Australian Psychological Society in 2007.



Peter has a wide interest in applying positive psychology and neuropsychotherapy principles in clinical practice whilst maintaining a cognitive behavioural framework. He also specialises in psychological assessment using the Minnesota Multiphasic Personality Inventory (MMPI-2). He is currently completing his PhD on Panic Disorder.

# Professional Development Program

## Understanding Panic Disorder and How to Treat it Half-Day Workshop

### Please note:

**APS Members can accrue Continuing Professional Development (CPD) hours by participating in CPD activities that they determine to be relevant to their individual professional skills, learning plans and goals. These may be self-initiated. CPD activities do not need to be endorsed by the APS.**

<b>Date</b>	Wednesday 16 <sup>th</sup> August 2017 10:00am to 2:00pm (9:30am registration)
<b>Presented by</b>	Peter Kyriakoulis, Clinical Psychologist
<b>Venue</b>	Camberwell Library (Rooms 1 & 2) 340 Camberwell Road, Camberwell, VIC 3124
<b>Additional details</b>	- Includes presentation handouts and reference materials - Certificate of Attendance upon completion - Tea/coffee and snacks provided
<b>Cost*</b>	Standard/Non-members: \$95.00 ADAVIC Members: \$70.00 <p style="text-align: right;">*ADAVIC does not charge GST</p>
<b>Booking details</b>	Bookings are limited to 30 professionals Bookings close Tuesday 1 <sup>st</sup> August 2017
<b>How to book</b>	ADAVIC Online Store: <a href="https://www.adavic.org.au/product-view.aspx">https://www.adavic.org.au/product-view.aspx</a> <b>OR</b> Fill out the registration form below and submit via email
<b>Enquiries</b>	Phone: (03) 9853-8089 Email: <a href="mailto:adavic@adavic.org.au">adavic@adavic.org.au</a>

### Proceeds from this event help to maintain ADAVIC services

*ADAVIC is a not-for-profit organisation providing community-based support, information and resources for anxiety and depression*

# PAYMENT & REGISTRATION FORM



I would like to register for:

- Professional Development Program: Understanding Panic Disorder and How to Treat it** presented by Peter Kyriakoulis on Wednesday 16<sup>th</sup> August 2017

<b>ATTENDEE NAME(S)</b>	
<b>POSITION TITLE</b>	
<b>ORGANISATION</b>	
<b>EMAIL</b>	
<b>POSTAL ADDRESS</b>	
<b>CONTACT NUMBERS</b>	<b>1</b> <input style="width: 500px;" type="text"/> <b>2</b> <input style="width: 500px;" type="text"/>
<b>HOW DID YOU HEAR ABOUT THIS EVENT?</b>	
<b>WOULD YOU LIKE TO RECEIVE OUR E-NEWSLETTER?</b>	<input type="checkbox"/> YES <input type="checkbox"/> NO
<b>YOUR LEVEL OF KNOWLEDGE ON THIS TOPIC</b>	<input type="checkbox"/> LOW <input type="checkbox"/> MEDIUM <input type="checkbox"/> HIGH
<b>DO YOU HAVE ANY SPECIAL DIETARY REQUIREMENTS?</b>	<input type="checkbox"/> NIL <input type="checkbox"/> VEGETARIAN <input type="checkbox"/> GLUTEN FREE <input type="checkbox"/> OTHER (please specify):
<b>PAYMENT AMOUNT</b>	<input type="checkbox"/> \$95.00 – Standard/Non-Member <input type="checkbox"/> \$70.00 - ADAVIC Member <b>PLEASE NOTE: A 25% administration fee applies for refunds requested before 21<sup>st</sup> July 2017. No refunds or credits will be issued after this date.</b>

PLEASE FIND ENCLOSED MY:	
<input type="checkbox"/> Cheque / Money Order (Made out to <i>Anxiety Disorders Association of Victoria</i> )	
<input type="checkbox"/> Credit Card details:	
Name on Card: _____	
Credit Card Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	
Credit Card No: <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/> <input style="width: 40px; border: 1px solid black;" type="text"/>	
CVV Number: __ __ __ (last three digits on back of card)	
Expiry Date: __ / __	Signature: .....
RETURN TO:	
	<ul style="list-style-type: none"> <li>• Please return this Payment Form via email to <a href="mailto:adavic@adavic.org.au">adavic@adavic.org.au</a></li> <li>• Or post to <b>ADAVIC</b>: P.O. Box 625, Kew, VIC 3101</li> </ul>
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