2021 Fall/Winter Newsletter

Published by
University of Louisville Depression Center

2021 Annual Conference—"Progress in the Treatment of Mental Disorders: Practical Skills for Clinicians"

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The 15th annual conference of the University of Louisville Depression Center will be held virtually, Friday, November 5, 2021.

Featured keynote speakers include:

• **Maurizio Fava, M.D.,** Psychiatrist-in-Chief, Massachusetts General Hospital, Associate Dean for Clinical and Translational Research, and Slater Family Professor of Psychiatry at Harvard Medical School, is a leading authority on psychopharmacology of depression.

• **Cheri Levinson, Ph.D.,** Associate Professor and Director, Eating Anxiety Treatment Laboratory, UofL Department of Psychological and Brain Sciences, and Founder and Clinical Director, Louisville Center for Eating Disorders.

• **Barbara O. Rothbaum, Ph.D.,** a top expert on Post-Traumatic Stress Disorder, Professor of Psychiatry, and Director, Veterans Program and the Trauma and Anxiety Recovery Program, Emory University Department of Psychiatry and Behavioral Sciences.

Morning Keynotes:

8:50 AM **Welcome**, Dr. Jesse Wright

9-10 AM
"**Treatment of PTSD: What's New, What Works**"
Dr. Rothbaum

10-11 AM
"**Pharmacological Approaches to Treatment-Resistant Depression (TRD)**"
Dr. Fava

11 AM-12 PM
"**Unraveling the Complexity of Eating Disorders**"
Dr. Levinson

◊ 12 PM **Lunch** (Then come back at 1:00 PM for Dr. Rothbaum's workshop)

Afternoon Workshop:

1-2:30 PM
"Exposure Therapy for PTSD"
Dr. Rothbaum

Registration fees:

Non UofL Healthcare professionals, $40

UofL Faculty, Residents, Fellows, and Students: Free

Register at: https://bit.ly/UofLDCC21

Building Hope

Community Presentation

Thursday, 11/4/21, 6 PM

Via Zoom

"PTSD….What Everyone Wants to Know"

Presented by

Barbara O. Rothbaum, Ph.D.

Register at:
https://bit.ly/UofLDCC21

(Click on box marked "Registration for Thursday evening presentation")

Safety Planning: Reducing the Risk for Suicide

Jesse H. Wright, MD, PhD, Kolb Endowed Chair for Outpatient Psychiatry

Key facts about suicide…..

- Suicide is the 10th leading cause of death in the USA and the 2nd leading cause of death between the ages of 10 and 34.
- There were at least 47,500 deaths by suicide in the USA in 2019.
- Men have more than three times greater rate of suicide than women.
- Firearms account for 50.4% of suicides in the USA.

If you are struggling with suicidal thoughts, seek help now. Call the National Suicide Prevention Lifeline at 800-273-8255 or text TALK to 741741

Research on safety planning. Studies over the past decade have shown a dramatic decrease in suicide attempts when health care professionals help people at risk for suicide develop a specific safety plan to help manage their risk for self-harm. Based on studies of cognitive-behavior therapy (CBT) for depression, investigators have found that a brief safety planning intervention that can be done in emergency rooms, hospitals, and outpatient clinics can reduce suicide attempts by about 50% compared to usual treatment. These striking findings have prompted the Joint Commission that accredits hospitals and behavioral health facilities to emphasize the importance of developing a safety plan for at risk patients.

How are safety plans developed? Safety plans are built collaboratively by health care professionals with patients. A standard checklist is used to guide clinicians to ask important questions about what might trigger a suicidal crisis and how the patient can cope with increased suicidal thoughts or intent. Answers are written on the one-page checklist, and patients are given a copy of the safety plan to keep with them after an outpatient treatment session or discharge from a hospital.

What are the core elements of a safety plan? Step one is to identify warning signs of an impending suicidal crisis. What triggers or situations might escalate a problem to the point of suicidal despair? What thoughts, moods, or behaviors give warning signals? Step two is to develop a set of internal coping strategies—things the patient can do without contacting anyone. Examples might be to watch a favorite series on Netflix, exercise, or use a mindfulness app. Step three is to identify social situations where the patient can reach out to others for support and/or distraction. Examples could be to go to a coffee shop with a sister, call an old friend from high school, or attend a church meeting. Step four goes deeper with social connections. In this step, patients identify and agree to contact (if needed) persons they can directly ask for help. Phone numbers of these persons are written on the safety plan.

Step five of the safety plan involves identifying professionals or agencies the patient can contact in a crisis. Clinicians, emergency departments, and the National Suicide Prevention Lifeline are noted along with phone numbers. Step six is another critically important part of the safety plan. Patients are asked about actions they or others can take to make their environment safer. Examples could be to ask a brother to lock away the patient's firearms, ask a parent to hold all medications and supply 2-3 days to the patient at a time, or have the clinician prescribe only small amounts of medication. The last step (although this part of the plan may be implemented earlier) is to develop a list of reasons to live. Clinicians help patients identify emotionally charged reasons to not harm themselves such as "I would never want to cause my mother that kind of pain . . . my faith . . . I still have hope . . . I want to live to see my grandchildren grow up." These types of positive, life-affirming thoughts can be powerful counterbalancing forces to the downward pull of despair.

The University of Louisville Depression Center is committed to supporting the use of safety planning in clinical care and has included sessions on suicide risk reduction in our annual conferences and in-service training. A video showing Dr. Greg Brown, one of the developers of the safety planning method was produced by Dr. Jess Wright, Director of the UofL Depression Center. The video can be viewed at http://www.appi.org/wright.

References:

Stanley B and Brown GK: Safety planning intervention: a brief intervention to mitigate suicide risk. *Cognitive and Behavioral Practice,* 19:256-264, 2012

Stanley B, Brown GK, Brenner LA et al. Comparison of the Safety Planning Intervention With Follow-up vs Usual Care of Suicidal Patients Treated in the Emergency Department. *JAMA Psychiatry*, 75(9):894-900; 2018

Wright JS, Brown GK, Thase ME, Basco MR. Learning Cognitive-Behavior Therapy: An Illustrated Guide-Second Edition. Arlington, VA, American Psychiatric Publishing, Inc., 2017.

Endowment for Mood Disorders Research Receives Large Commitment

Otto D'Olivo has made a multi-million dollar bequest to fund an endowment to support research in mood disorders at the University of Louisville Depression Center. Funds from this endowment will be used in the future to support critically important research including studies on the causes and treatments of bipolar disorder and major depression. The Otto and Susan D'Olivo Endowed Research Fund for Bipolar Disorder Treatment will help the Depression Center take major steps forward in understanding mood disorders and helping people overcome them.

Dr. Jesse Wright, his family, and patients have funded another research endowment that provides grant support for one preliminary study per year that has the potential to generate large-scale research on a major issue in mood disorder treatment.

Contact Denise Nuehring, 502-415-8279, dense.nuehring@louisville.edu), Senior Director of Development for the School of Medicine, for information on how a gift to the Depression Center can help impact its present and future. For more information about making a gift online, go to https://louisville.edu/depression/giving.

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The Essential Benefits of Movement for Health and Well-Being….

Paul Salmon, Ph.D., M.S., Associate Professor, UofL Department of Psychological and Brain Sciences

The survival of the human species has always been dependent on our remarkable capacity for movement. Our hunter/gatherer ancestors depended on the ability to hunt prey and avoid predators. The advent of communal agriculture did not lessen the need for physical activity, including

Source: https://www.eatright.org/fitness/exercise/benefits-of-physical-activity/why-you-should-make-physical-activity-a-part-of-your-day

hard, prolonged labor to tend and harvest crops. And for many centuries, interest in physical activity in Western civilization transcended hunting and agriculture in the form of races, games, and other activities exemplified by the Olympic games in the West which originated more than 2500 years ago.

It is only with the advent of industrialization that the need for physical labor diminished in many parts of the world. Concurrent with this gradual decline, which began in the mid-18th century has been a corresponding erosion in health and well-being that in the industrialized countries has now reached near-epidemic proportions.

Though scientific discoveries of the 19th century eventually eradicated most causes of premature mortality (chiefly infectious disease), compromised quality of life has been an unwelcome consequence of living longer. This applies not only to physical health, but psychological well-being as well. For example, according to the World Health Organization[1], depression is a leading cause of disability world-wide, but even though proven treatments -- notably medication and psychotherapy – exist, they are underutilized for a variety of reasons including cost, accessibility, and stigma associated with mental illness. This is especially unfortunate because depression is comorbid with many other medical conditions, notably heart disease[2]. Fortunately, ample evidence documents the role of physical activity in preventing and ameliorating not only depression, but numerous chronic diseases and other forms of emotional distress as well.

Nonetheless, physical inactivity accounts for approximately 1 in 8 deaths overall[3], despite compelling evidence that exercise is effective in counteracting both depression and heart disease, according to the Centers for Disease Control[4]. The problem is that motivating patients with these conditions is a daunting challenge. Exercise recommendations are frequently ignored, long-term compliance is low, and current recommendations for physical activity (30 minutes of moderate-intensity activity most days of the week) are unrealistic for many patients.

Recent recommendations for working with clinical populations offer encouragement for boosting motivation. Individualizing activity programming, focusing on near-term outcomes, and addressing environmental and social obstacles to compliance can help[5]. Cognitive-behavioral strategies can help counter dysfunctional thoughts about exercise ("I can't do it"; "It's too hard") and improve mood[6]. And there is growing evidence that mindfulness -- non-judgmental, present-moment awareness – is an effective means of alleviating depression and reducing relapse risk. Pioneering work by Jon Kabat-Zinn teaching yoga and meditation to hospitalized medical patients laid the foundation for Mindfulness-based Cognitive Therapy (MBCT), a group-based intervention to reduce depression relapse. The program not only incorporates traditional cognitive therapy techniques but also emphasizes the importance of body awareness through regular practice of gentle yoga-like movement and meditative walking[7].

UNIVERSITY OF LOUISVILLE
DEPRESSION CENTER

401 East Chestnut Street
Suite 610
Louisville, KY 40202

Phone: (502) 588-4450
Fax: (502) 588-9539
E-mail:
depressioncenter@louisville.edu

Visit us at

http://louisville.edu/depression

UofL Physicians PSYCHIATRY

The University of Louisville Depression Center provides an interdisciplinary, multi-faceted approach to depression treatment through clinical services, research, and community and professional education. And through its involvement with the National Network of Depression Centers, the UofL Depression Center is part of a comprehensive and far-reaching effort to develop newer and more effective therapies. Together we are building the knowledge to improve the treatment of depression, bipolar illness, and related problems.

NATIONAL NETWORK of DEPRESSION CENTERS

For more information about NNDC, visit **https://nndc.org**

....The Essential Benefits of Movement for Health and Well-Being, cont.....

Teaching patients to bring present-moment awareness to the simple pleasures of moving is an innovative alternative to traditional prescriptive exercise programs that emphasize striving to attain long-term goals such as improving fitness or losing weight. Rather than simply recommend exercise to depressed patients, clinicians can teach simple, mindful movement patterns during psychotherapy sessions, an immediate stimulus to behavior change marked by curiosity, a non-judgmental attitude, and trust in one's intrinsic capabilities[8].

This approach resonates with Harvard evolutionary biologist Daniel Lieberman whose recent book, Exercised takes issue with excessive emphasis on prescriptive exercise regimens that dominate our culture[9]. Though certainly born to move, we did not evolve to frequent treadmills or use strength-building machines, according to Lieberman. Though they may indeed promote health, such mechanistic devices ironically can dampen enthusiasm, intimidate novices, and foster boredom. In contrast, we inherited from our ancestors a capacity for regular adaptive and functional movement necessary to survive, not to run ultramarathons. We need to find ways to make exercise more intrinsically meaningful and enjoyable, rather than treating it as a medical necessity or a glitzy marketing commodity.

Source: https://www.studentwellness.iastate.edu/movement/

[1]https://www.who.int/news-room/fact-sheets/detail/depression

[2]https://www.nhlbi.nih.gov/news/2017/heart-disease-and-depression-two-way-relationship

[3]Carlson, S.A., Adams, K., Yang, Z., and Fulton, J. E. (2018) Percentage of deaths associated with inadequate physical activity in the United States. Preventing Chronic Disease, DOI: https://doi.org/10.5888/pcd18.170354.

[4]https://www.cdc.gov/chronicdisease/resources/infographic/physical-activity.htm

[5]Reddeman, L., Bourgeois, N., Angl, E.N., et al (2019) How should family physicians provide physical activity advice? Canadian Family Physician 65, 3411-3419.

[6]Otto, M. W. and Smits, J. A. (2011), Exercise for Mood and Anxiety, Oxford University Press

[7]Segal, Williams, and Teasdale (2013) Mindfulness-based Cognitive Therapy, Guilford Press

[8]Salmon, P. (2020), Mindful Movement in Psychotherapy, Guilford Press

[9]Lieberman, D. (2020), Exercised: Why Something We Never Evolved to Do Is Healthy and Rewarding, Pantheon Books