UNIVERSITY OF LOUISVILLE
CONTINUING MEDICAL EDUCATION & PROFESSIONAL DEVELOPMENT

2017 Annual Depression Conference: Searching for Solutions

11/10/2017

This activity was created to address the professional practice gaps listed below:

• Using precision medicine principles to make decisions on treatment selection for mood disorders.

• Using key principles of dialectical behavior therapy (DBT), and empirically supported treatment for suicidal risk, borderline personality disorder, and other problems.

• Utilizing neuromodulation therapies in the treatment of depression and are recognizing the mechanism of action, empirical basis and methods.

• Identifying newer information on effectiveness of treatments for depression in youth.

• Utilizing methods of recognizing and treating opiate dependence.

• Utilizing emerging comprehensive methods for treatment resistance depression.

• Implementing therapeutic work with survivors post-suicide to assist survivors in coping with the trauma.

• Describing best practices methods in treatment of mood disorders in the perinatal period.

1. Please respond regarding how much you agree or disagree that the gaps listed above were addressed.

	Strongly Disagree			Strongly Agree
Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [90-3.42]	(3) 3.33%	(1) 1.11%	(41) 45.56%	(45) 50.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [90-3.23]	(2) 2.22%	(8) 8.89%	(47) 52.22%	(33) 36.67%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [90-3.23]	(2) 2.22%	(8) 8.89%	(47) 52.22%	(33) 36.67%

2. Please elaborate on your previous answers. (56)

A good refresher on clinical knowledge, especially DBT.

In particular the information on the difference between the safety plan and treatment plan for suicide prevention, as well updated information that now advises against having suicidal clients sign a no harm contract with a therapist.

I learned a lot about the medical side of addressing depression and other mood issues, but the psychotherapy offerings were hard to make work with the population I treat.

Better underatanding of DBT. Reminder of various factors to evaluate regarding cuases of depression. Better understanding of TMS as a viable option for patients.

Excellent presentations. I am a retired internist.

As a non-medical psychotherapist, the medical/biological information was new and interesting, and might influence my referrals, but not my therapeutic practice.

provided new understanding of refractory depression the need to see it as more of a life long treatment concern

I found many key principles of DBT helpful in treating my patients.

I only attended some of the sessions, because it was impossible to attend concurrent sessions. So I do not know enough to say "Strongly Agree"

I found the research in the area of Ketamine for depression to be quite interesting. The Opioid presentation by Dr. Ruth was very informative in regard to prescribing practices and Casey's Law. The other presentation that I attended R/T Dr. O'Connor's presentation on Helping Families Heal After Suicide Attempt lecture. He presented valuable information on the Trauma Processing Model and the individualized Suicide Specific Treatment Plan.

I am more aware of having the patient be accountable. I am aware check swabs that provide metabolic markers for effective medications.

I always appreciate every Depression Conference each year since it gives me such hope that advancements in psychiatry are really happening and more people are getting better with more evidence based treatments.

New information for me on depression dynamics. Thankful. Will make me a better therapist.

Very relevant information in the treatment of depression

The conference was helpful and provided some new information.

I learned a great deal from the conference, but would have liked to have seen more emphasis on applying the information in work with clients.

Enjoyed refresher on DBT and information about TMS compared to ECT.

The excellent information in morning sessions was provided in engaging ways. I appreciated the expertise of presenters.

In my capacity as a APPS/Health Advocate I encounter members who appear to be at a plateau in their recovery. With the knowledge I gain from this workshop I will be better able to address the issues involved and help direct them to the help they need to become unstuck.

no comment

Expanded knowledge of genetic testing, DBT, and neuromodulation practices.

Nice

My knowledge in these areas increased significantly.

This conference added a lot of information and therapeutic modalities that I can incorporate into my practice/knowledge bank.

This conference presented current research about depression. Looked at this from many different angles. This will add to my theory base & help to expand my clinical skills working with people dealing with severe depression & suicidality.

Not a practicing therapist but wanting to learn more

No practicing as a SW

Speakers were knowledgeable in topic of their discussion ,provided good information and I learned much.

I am not in practice currently.

Resources are limited

learned about DBT and how to use it

reviewing was good

Learned a lot more about DBT

Recognizing that most prescribers use a recipe for determining what drugs they will prescribe to a patient promotes a person remaining in depression

framework, theoretical

helpful review and update for awareness of approaches to care

The in-depth presentation on the implementation of a DBT program in clinical settings was very informative and applicable to a variety of practice settings. Similarly, the neuromodulation presentation was informative for non-physician practitioners as well.

The conference increased my knowledge regarding the management of suicidal patients. I learned about stigma and burden that accompanies survivorship. I learned more about how suicide attempts impact family dynamics. I learned about treatment resistant depression treatment options, including TMS. I learned about comorbid medical conditions that can correlate with depression.

Encourage patients with bipolar disorder to consider DBT because of its effectiveness.

Will implement changes to the practice.

New information and options for treatment introduced in the conference will help me in my practice as a therapist

Excellent choice of keynote speakers. Love their broad and cutting edge perspectives.

Good information on the treatment of depression as well as the variability in the disorder.

The presentations were informative and helpful.

keys of dialectic therapy well presented

I thought the information was timely and relevant to my scope of practice

I am more comfortable with my selecting of dbt principles with my client base

Can follow up with clients about other possible contributing factors such as inflammatory processes impacting depression.

some new information obtained and will put into use

Did not learn anything that will make a clear difference in my practice.

very good

The information garnered as a result of attending the session of Treatment of Depression in Children and Adolescents was invaluable. The was the session was taught was instructive, participatory and enjoyable.

very knowledgeable presenters

I feel more competent recognizing opiate dep. in youth.

It was a good review. Much of it I was aware of.

3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance. (Poor = 1, Excellent = 4)

	Poor	Fair	Good	Excellent
Kate Comtois, PhD, MPH [88-3.51]	(0)	(2) 2.27%	(39) 44.32%	(47) 53.41%
Laura Frey, PhD, LMFT [47-3.53]	(0)	(1) 2.13%	(20) 42.55%	(26) 55.32%
John F. Greden, MD [87-3.53]	(0)	(3) 3.45%	(35) 40.23%	(49) 56.32%
W. David Lohr, MD [44-3.55]	(0)	(1) 2.27%	(18) 40.91%	(25) 56.82%
Stephen S. O'Connor, PhD [48-3.60]	(0)	(0)	(19) 39.58%	(29) 60.42%
Christopher K. Peters, MD [41-3.54]	(0)	(1) 2.44%	(17) 41.46%	(23) 56.10%
Jessica Reis, MD [36-3.22]	(0)	(6) 16.67%	(16) 44.44%	(14) 38.89%
Erika Ruth, MD [38-3.47]	(0)	(1) 2.63%	(18) 47.37%	(19) 50.00%
G. Randolph Schrodt, MD [80-3.53]	(1) 1.25%	(1) 1.25%	(33) 41.25%	(45) 56.25%
Kathy Vincent, MD [35-3.40]	(0)	(2) 5.71%	(17) 48.57%	(16) 45.71%

4. Please elaborate on your previous answers. (62)

N/A

Excellent content across all speakers.

Particularly helpful was hearing the particularly hearing the TMS information.

These were the three I had interactions with.

Dr. Greden was vrather monotone. Kathy Viuncent utilized case studies and allowed us to get too stuck in the discussions to get to all the info. Disappointed not to learn more about the topic. Felt like a teaching exercise for the residents.

I did not hear all speakers listed. I attended two workshops. Greden and Vincent were too soft-spoken

All were very knowledgeable, responsive to questions and engaging.

Excellent presenters...I graded the speakers whose workshops I attended.

sought to provide information but adapt to the participants

Dr Greden's presentation was dry.

I participate in Dr. Comtois, Dr. Reis and Dr. Vincent's workshops. I particularly found DBT-ACES interesting and useful.

All of the ones I heard were very good or excellent, so I assume they all were.

By mistake I circled a rating for Dr. Lohr. I did not attend his presentation. I attended Dr. Frey and Dr. O'Connor's presentations on effective communication with patients who attempted suicide. Dr. Ruth with the assistance of Dr.Grewal gave an excellent presentation on opioids; I enjoyed the treatment options available

Holding the patient accountable to learn behavior regulating skills.The availability of check swab tests that can determine the most effective medications.

I did not attend the other sessions so I can not evaluate them. I am always impressed with the quality of presenters each year.

Presenters appeared at forefront of new information on depression dynamics. Passion for this was evident in their presentations.

All of the presenters provided helpful information to help guide practice.

I could not provide ratings on the other speakers because I did not attend their afternoon workshops.

All were very knowledgeable.

Only evaluated those whose sessions I attended.

The above speaker had many years of experience in their fields and were able to present their information based on experience and education level. They also showed great passion in the work they are doing.

Dr Greden and Peters and Lohr very helpful to area of interest.

Dr. Greden was very "dry" and I could not hear what he was saying. I was very disappointed that Dr. Comtois presentation did not say much at all about DBT but was a presentation about their employment program for those with mental illness. I gained very little from her talk.

Informative.

G. Randolf Schrodt was outstandingly good.

The Opiad afternoon session was difficult to hear and to follow. Didn't get much from it. Suicide session was excellent. Overall, not as good as past programs.

I really appreciated having such an excellent Ph.D. level therapist as a presenter. I learned so much from her.

Appreciated Dr. Frey and Dr. O'Connor's knowledge and passion.

DBT course was succinct & lined out treatment nicely.

Very good speakers

In the afternoon I attended Tx of depression and anxiety in children and Adolescents and Tx of perinatal Depression .....

I wish the suicide experts, so called, were more fully read on their topic.

I really enjoyed Dr. Greden's presentation

both workshops were excellent providing new information

excellent presenters

DBT activity very practical

nobody was bad

Always a great conference, I thought Dr. Greden was excellent; personable, knowledgeable, practical.

The DBT presentation was very informative and thoughtfully put together. However, I felt as though the presentation on perinatal and postpartum depression was not as informative as I had hoped. The workshop-based presentation model took up the majority of training time, and attendees were not given any resources or access to resources to utilize with clients.

All presenters provided great information that will assist my clinical practice.

All the information provided was useful, and could be implemented in practice.

all the speakers were good, some were exceptional

I gained new insights into identifying and treating potentially suicidal patients.

I did not attend the afternoon.

Enjoyed Dr. Comtois

Greden validated a lot of what I am already doing.

Dr. Comtois did a great job. I felt like she was the informative, and I learned alot about DBT from her presentation. I think her weaving in of research into the presentation was especially helpful.

I thought that the presentation on opioid was excellent and very informative

Schrodt was difficult to follow without having a medical degree.I wish the presenters were more engaging.

Each presenter was well informed and delivered their individual topics with passion and clarity

All had bits and pieces of information I can use with clients.

Mistakenly clicked on S. O'Conner. I did not attend his presentation Lohr and Peters were excellent!

There was no place for n/a and I did not hear all the speakers.

very good

na

The breakout sessions were very well prepared and engaged audience participation.

All speakers were outstanding

Drs. Vincent and Reis both appeared very knowledgable but I would have liked to have heard more from them rather than spending entire session in groups. Also, the session title was Treatment of Perinatal Depression. It wasn't clear from this description that the session was very geared toward psychiatrists and patient medication needs.

presenters were knowledgeable and competent.

I did not hear all of them since some of them were in small groups that were not the ones I attended.

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (76)

Increased screening

I will teach about depression prevention (prevention of treatment resistance) in a different way.

Better informed re genetic testing for aNtidepressants , TMS and suicide treatments for individuals and families.

I would like to seek more training on DBT.

Want to figure out how to incorporate more DBT skills into my treatments.

N/A. Retired.

Knowledge of DBT in the increased sensitivity to very small cues that "start the fire"

New protocols

Introducing some of the specifics of DBT, as a solo practitioner, may help identify

behavioral and cognitive interventions that will advance the client in her job relationships.

encourage clients to consider taking medications longer. Change attitude to the later life clients that have depression. pursue prior hx untreated depression / undiagnosed dep.

will implement new medication strategies for depression.

I will encourage our facility to train more therapists in DBT and have more groups.

Na

I will stay calm when someone mentions suicidal ideations and I will adopt an attitude of gentle curiousity, and listen attentively to their answers.

Awareness of HIPPA restrictions and how the court works in regards to Casey's Law and if someone violates a court order. Also, info about Ky Harm Reduction Coalition

Insisting that a client learn behavior regulating skills and access proper medication when appropriate.

Work on more specific tasks in building coping skills with clients with the use of DBT

Spend more attention to past history of patient's course of treatment and medications. Be more cognizant of the debilitating effects of resistant treatment.

none

viewing of skills session with DBT, if there are any future DBT seminars.

I think the most important thing is that there is no perfect way to treat depression. You must take each case on individually.

I may consider referral to TMS for some of my treatment resistant clients.

I would like to begin using the CAMS assessment measure for suicide risk assessment.

Increased early screenings.

Look for inflammatory biomarkers

Utilizing dialectical behavior techniques more with clients with borderline characteristics.

While I do not have a direct affect on the treatment plan for our members I feel I am better able to spot the signs of treatment resistant depression and pass this information on the clinicians and physicians involved in their care.

A broader view of depression(S) which require a broader scope of interventions. Appreciated info. on genetic testing

providing better education to the client/patient

none

better awareness of counseling modalities

Will implement more genetic testing in my practice.

change in protocols

It is fine just as it is.

Know a lot more about TMS…will consider in future for clients with severe depression.

Inform patients about pharmacognomic testing and TMS as appropriate.

DBT techniques

I would like to incorporate a standardized instrument such as the SCARED & CAMS Suicide Status Form.

Not a practicing therapist

Not practicing

My overall knowledge was increased ,specially I liked Dr Scherodt ,s topic and discussion .

N/A

I will think about ordering inflammatory markers /genetic testing for my treatment resistant patients with depression

new techniques in therapy

better targeted treatment for mood disorders

Support use of DBT

Suggesting genomic testing when there appears to be a tx resistant depression

therapy framework

better communication with mental health care providers to coordinate care efforts

Incorporate DBT principles into my practice with resistance clients experiencing chronic suicidal ideation.

I will be more considerate of comorbid medical conditions that might impact depression levels.

How to approach treatment resistant depression. More frequent use of Gene testing

Use of DBT

I have become more interested in encouraging and supporting patients who could be capable of supported employment while getting off disability using a type of DBT-ACES program

screening for depression

Will explore other rating and monitoring tools.

Using TMS perhaps with Cocaine addicted adults as a treatment possibility.

do not have a full DBT program but will implement some of the modalities described

It changes a shift in how I view depressions and that there is no one form of treatment or interventions.

DBT techniques

If at all possible I will try and assist my treatment resistant clients in obtaining the medication testing.

Always use PHQ9, get bloodwork to R/O deficiencies and inflammatory processes.

different meds and tweak my protocols

no change

use of CBT

The session of suicide will help me be better prepared to ask the right questions when working with families and individuals with suicidality.

new therapeutic techniques

Suggest acupunture more often

new protocol

The understanding of assessing for and referring clients for DBT services

will do more assessment tests for my patients

expanded resources for depression treatment

More likely to use/refer for DBT. More likely to refer for TMS.

Refer more people for DBT

6. How certain are you that you will implement this change?

(77)

Very Certain (22-28.57%)

Certain (39-50.65%)

Not Certain (3-3.90%)

N/A (6-7.79%)

Maybe (7-9.09%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (63)

Suicide risk factors.

Other Psychotherapeutic approaches beyond CBT and DBT.

Obsessive - Compulsive Disorder.

impact of diet on body processes, geriatric issues

Clinical interventions in the affective disorders...bring up-to-date in the research.

ADHD, treating anxious patients

Alternatives to medication for mental health disorders...research on the effectiveness of meditation, yoga, etc in relieving distress. My clients have severe and persistent mental health disorders. It will address their mental and physical pain.

Psychostimulants and ADHD

The development of more effective tests in determining which medication to prescribe. Additional treatments that are effective with Treatment Resistant Depression.

Any new advancements in the treatment of treatment resistant depression

The fact that many seriously mentally ill patients end up in the jails or nursing homes where they are without adequate treatment.

The fact that many seriously mentally ill patients end up in jail or a nursing home where they do not receive adequate treatment. There is no where for them to go when family is not an option.

Heroine and opiate dynamics and effective ways to address.

Latest evidence-based practice treatments of depression and ECT therapy

unsure

DBT

I would like to learn more about Ketamine.

I would like to learn more about DBT, specifically practical application of DBT skills in individual therapy.

Suicide risk assessment best practices.

The long term effects of trauma; a majority of the clients I see in private practice have trauma histories.

I would like to learn more about helping our members become more independent especially relating to the care they recieve for both their physical and mental health.

I am more interested in treatment approaches and more hands on kinds of interventions that I can use in my counseling practice. I do like hearing about new treatment options and discoveries.

bipolar disorder

Advances in the treatment of depression

Anxiety

At Jesse's discretion

Mindfulness and spirituality.

Acceptance, mindfulness. To help patients understand and cope with situations outside of their control.

Psychosocial Oncology - LogoTherapy - Existential

Treating depression in children & youth.

This was great. Would love another program on antidepressants uses side effects etc

Everything

TX of pregnant women with emotional Do who needs meds ,what is safer ,legal issues' etc.

Treatment resistant schizophrenia, Bipolar depression

personality disorders, suicidal assessment, family therapy

psychopharmacology in children and adolescents

treatment of bipolar d/o

your choice

Mental health issues are very significant, would love something collective regarding community resources for the primary care physician, particularly for children and for those families who are compromised - for things we see frequently, smoking cessation, obesity, developmental delays etc

I would like to hear about the effects of social media and increased internet use on depression in adolescents and young adults. I would also be interested in more in-depth trainings for grief-based therapies for individuals experiencing acute loss and depression.

Integration of behavioral health services in medical practices.

Bipolar disorder

Alternative interventions; exploring options for integrative medicine might be helpful where medications trials haven't been successful

Couples and depression. The effect of depression on family systems and effective interventions.

child and adolescent depression

Nothing right now.

I dont knnow.

Gender Identity--trans/gender non-conforming folks and mood disorders; best practices and interventions Diversity--multicultural issues, feminist based theories and mood disorders

EMDR and depression

Treatment resistant bipolar depression

how to assist children with dysfunctional parents/caregivers

Trauma

I don't know

na

New treatments and strategies for intervention for children with ADHD.

counseling techniques utilized with the patient who is suicidal.

Treating (through therapy) the highly anxious patient--especially when they see anxiety as part of their personality.

Grief and Loss not related to actual death of a loved one (i.e. loss of quality of life, health, etc.)

DBT. That will address pts w BPD

Other psychotherapies for depression such as interpersonal, problem solving.

8. Were the patient recommendations based on acceptable practices in medicine? (79)

Yes (79-100.00%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (4)

N/a

na

10. Do you think the presentation was without commercial bias? (86)

Yes (84-97.67%)

No (2-2.33%)

11. If you answered No on the above question, please list the topics that were biased? (6)

N/A

TMS probably somewhat biased in an unavoidable way. The other presentations less so.

There were references to Genesight slides; Neurostar slides by the Neuronetics speaker (most prominent commercial issue), and certain texts that appeared to be promotional.

na

12. Please provide any additional comments you may have about this educational activity. (35)

N/A

It would be really nice if hot tea were provided alongside the coffee.

Hate the Clifton center. Cold all day and very uncomfortable seats!

It was uncomfortably cold in the venue.

Excellent - oveerall.

Really wonderful conference.

Stimulating, expanding knowledge base for non-medical person

Please continue this awesome conferences.

I was very impressed with the speakers at this conference. The keynote speaker's presentation on Depression and Dr. Schrodt provided an informative lecture on TMS. I enjoyed the break out sessions and wished we could have attended all three instead of two!

The information on the different settings for DBT was very helpful.

Thanks so much for doing a great job each year with this conference.

It was too cold in the building.

The rooms were too cold which interfered with my ability to concentrate.

I hope this conference continues because it is a great opportunity for the mental health community.

Dependably excellent.

Many Handouts of PowerPoint slides were illegible. Appreciated the questions & answers that addressed the non M.D.mental health clinicians.

Thank you for presenting this conference.

Good job.

The morning presenters were excellent. Opiad session a big disappointment and wish I'd gone to Kate C's session instead.

Thank you for including psychologists.

Appreciate the Depression Center and UofL for presenting this conference

Really enjoyed this year's conference. The speakers were excellent. Each brought a unique perspective to working with this clinical issue.

This conference is an excellent tool to learn of progress and advances in Tx of emotionally disturbed population . I would like to thank Dr Wright and his team for planning and preparing it . I truly enjoy and appreciated it.

It is a fine activity addressing difficult subject with few easy answers.

great multidisciplinary attendance which broadens the sharing of knowledge

Love this conference, thank you for your hard work. If there is any chance we can get house bill 1 credit (for Dr Greden or Dr Ruth's talks) for this conference it would be very wonderful.

I always look forward to this conference each year and feel it helps my practice working with a diverse population.

Count me in every year!

Hope to be in attendance next year!

No additional comments

I think the workshops should have been more interactive rather than further lectures.

The title of the DBT workshop was a bit misleading--perhaps adding a small description of the workshop would clarify that. I think that the energy was much lower from the presenters this year as compared to last year.

Frankly, I don't much like this questionnair. And, no one was able to hear all the speakers listed above, so you need and NA choice.

na

Conference is great as usual but I think presenters were better last year.

As one of the participants of this educational activity, we want to encourage you to implement those ideas that were appropriate to your healthcare environment.

This evaluation is confidential and no individual will be identified by this office (Continuing Medical Education and Professional Development). It will only be used for quality improvement.

We look forward to seeing you at future University of Louisville events. Thank you very much.