

Overcoming Dilemmas in the Treatment of Mood Disorders

11/4/2022

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

- Recognizing treatment-resistant depression (TRD) and other clinical problems in which patients do not respond fully to treatment.
- Identifying the strong empirical support for certain psychotherapies for TRD.
- Utilizing and implementing of efforts to understand family conflicts and strengths that can be addressed in treatment of depression.
- Identifying burnout symptoms and stress caused by Covid-19 resulting in shifts to telemedicine delivery.
- Identifying some of the impacts of Covid-19 on youth mental health

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

| | Disagree | | Agree | |
|---|----------|-----------|------------|-------------|
| Participating in this educational activity changed your KNOWLEDGE in the professional practice gaps listed above. [40-3.78] | (0) | (1) 2.50% | (7) 17.50% | (32) 80.00% |
| Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [40-3.63] | (0) | (3) 7.50% | (9) 22.50% | (28) 70.00% |
| Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [39-3.72] | (0) | (1) 2.56% | (9) 23.08% | (29) 74.36% |

2. Please elaborate on your previous answers. (19)

Work on polypharmacy

A lot of theoretical discussion of whether treatments are effective or evidence-based, not much in the way of practical advice.

Increased pharmacology knowledge

Thought the role play and information from both of Dr Sudan's presentations were helpful and well presented

Excellent conference, provided up to date ideas on treating depression with medication and psychotherapy

I was able to learn about and put into practice through role playing CBT skills for pt's with difficult to treat depression

Working with the client more sensitively to help them explore what is holding them back and make effective plans to make change.

I especially appreciated Dr. Ghaemi's expertise

This provided an alternative perspective on the use of the DSM and some psychotropic drugs. The family therapy portion also introduced to ideas to use with families of suicidal youth.

I learned several CBT techniques for treatment-resistant depression, including behavioral activation techniques.

some of these educational areas are not parts of my practice

I learned different CBT therapies, such as BA. I gained knowledge on how to work with families.

Dr. Ghaemi, who challenged conventional thinking behind anti-depressants, presented some compelling information. However, I don't know that it significantly change my competence level or performance.

The presentations enhanced my understanding of psychopharmacology as well as other treatment interventions for severe depression.

Re-evaluate use of medications and recommending non-pharmacological interventions

Excellent discussion of both medication and psycho therapy treatments

I enjoyed learning about the research supporting family based interventions for individuals with depression and other mood disorders. I found the role play activities to be extremely helpful.

na

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 |
|--------------------------------------|-----------|------------|------------|-------------|
| David Casey, MD [31-3.48] | (2) 6.45% | (1) 3.23% | (8) 25.81% | (20) 64.52% |
| Laura Frey, PhD [37-3.68] | (0) | (2) 5.41% | (8) 21.62% | (27) 72.97% |
| Nassir Ghaemi, MD, MPH [39-3.79] | (1) 2.56% | (1) 2.56% | (3) 7.69% | (34) 87.18% |
| Katharina Perlin, MD [31-3.58] | (1) 3.23% | (1) 3.23% | (8) 25.81% | (21) 67.74% |
| Kristie Schultz, PhD [20-3.55] | (0) | (2) 10.00% | (5) 25.00% | (13) 65.00% |
| Donna Sudak, MD [36-3.78] | (1) 2.78% | (1) 2.78% | (3) 8.33% | (31) 86.11% |
| Jesse H. Wright, MD, PhD [35-3.80] | (0) | (0) | (7) 20.00% | (28) 80.00% |
| Peter Yellowlees, MBBS, MD [22-3.59] | (0) | (1) 4.55% | (7) 31.82% | (14) 63.64% |

4. Please elaborate on your previous answers. (19)

These are the speakers I got to observe as a result of the workshops I attended.

Great talks

The talk from Dr. Casey was only a biography of Van Gogh, nothing particularly enlightening regarding psychiatry. Dr. Frey was AMAZING; her overview of therapy was

very helpful. Dr. Sudak provided useful clinical information. Dr. Schultz pretty much reiterated that the pandemic was bad for mental health.

Great presentations

All presenters were excellent and well schooled in their presentation. One of the best seminars.

Dr. Ghaemi was thought provoking and engaging

Very informative information effectively communicated

I did not see all of the speakers listed

The speakers spoke clearly, were easy to follow, and were responsive to the audience, and were knowledgeable. The other two speakers, I did not attend their sessions.

I did not hear Perlin or Schultz speak

All of the presentations were well done.

Dr. Casey's presentation was an interesting combination of art history and psychiatric diagnosis. Doctors Perlin, Sudak, and Wright did a great job integrating lecture, case demonstration, and learner involvement.

Dr. Ghaemi's presentation was very engaging and opened my interpretation of mood disorders and treatments for such.

This was my first conference since obtaining my CSW, and I learned so much from the speakers that will sit with me for a very long time.

I did not hear the others. All of the speakers were excellent!

very knowledgeable, good discussion on panel

Excellent presentations from Drs. Sudak and Frey. I enjoyed the focus on role play and practical application of interventions to reduce symptoms of TRD.

na

5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (33)

Lithium orotate

Integrating the family more into safety planning with my adult clients. Also, I plan to implement some of the ideas in Dr.SUDak's presentation on behavioral activation.

Deprescribing

I am going to add a family plan when working with clients and their family

More attention to the full gamut of therapy options available and ways to plug groups into family and couples therapy.

Be more conservative on meds

I will consider the value of meds in treatments and reassess the value of psychotherapy as a stand alone.

Will be more mindful of behavioral activation techniques.

Will emphasize more about CBT in the approach with depressed patients

I will explore collaborating with family members more frequently

I will be more open to doing short (20-30 minute) weekly sessions with patients for CBT as opposed to trying to refer all patients to a therapist.

To be more encouraging of clients exploring their own healing powers and seeing their strengths, and risking behavior change.

No longer recommending meds for mild symptoms, advising pts to discuss long term use.

diagnosis

I will make adjustments to my family safety plan.

I'll use more behavioral activation strategies with my patients.

learn more about specific CBT varieties discussed by Dr. Sudak

I will consider the number of times a patient has had a "failed" treatment for depression and reevaluate to determine whether this is "major depression" or rather bipolar 1 disorder. I will use more discretion while interpreting the DSM5.

enhancing behavioral activation to increase its effectiveness

Once I begin seeing therapy clients, I will implement the CBT practices that I learned.

Increased use of behavioral activation. Dr. Sudak was excellent!

New ways of managing treatment resistant mood disorder

Increased awareness of specific medications that will help my patients to improve mood.

I have less regard for the DSM and will treat patients for symptoms regardless of diagnosis. Also, the thought of discontinuing medication at some point comes to mind for some.

Use rating scales on a regular basis

reading some research

Re-evaluate use of medications and recommending non-pharmacological interventions

review time patients have been on their meds and then try to taper if appropriate

I will be utilizing the family safety plan document for my workplace after attending Dr. Laura Frey's presentation on Tips for Family Therapy in Depressed or Suicidal People.

Leaning a little less on meds, perhaps.

More effective implementation of CBT for treatment resistant chronic depression

Be more cautious about prescribing antidepressants

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

(33)

Very Certain ⁽¹⁶⁻
48.48%)

Certain ⁽¹⁴⁻
42.42%)

Maybe ⁽³⁻
9.09%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (27)

Exercise for treating depression

Treating complex PTSD

PTSD

psychopharmacology and the effects it has on the older adult population and how we can combat the over prescribing of medications

Actual practical information regarding treatment. We treat patients with mood disorders; theoretical discussions regarding whether all treatments don't really "work" aren't terribly helpful.

Post modern interventions

psychedelics

Addiction

Exploring health and nutrition as an adjunct to traditional therapies

How to increase client insight and self-reflection and enhance motivation to establish new habits.

interactions with treatment of mood disorders/diseases and functional movement/conversion disorders

Evidenced based psychotherapies for geriatrics

Emergency psychiatric medicine.

I'd like to hear more about psychotherapy for treatment-resistant depression.

always love to hear more about non-pharmacological treatments

Antipsychotic medications, effective treatment for schizophrenia

substance abuse treatment

I would like to hear more about therapeutic modalities.

Meditation and Mindfulness.

More workshops for treatment refractory mood disorders

Use of Neurofeedback in comparison to EMDR to address trauma.

Gifts of neurodiversity. Why does every mood in bipolar patients have to be a symptom?

geriatrics

eating disorders borderline personality grief therapy

Addressing SI and MDD in chronically ill patient populations; many patients in the field of oncology are suffering from comorbid mental health concerns, which are exacerbated by their diagnosis and subsequent treatment. Additional information on treatment management and therapeutic intervention would be helpful.

treating comorbid substance dependence and depression

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

(33)

Yes ⁽³³⁻
100.00%)

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

(34)

Yes ⁽³³⁻
97.06%)

No ⁽¹⁻
2.94%)

11. If you answered No on the above question, please list the topics that were biased? (1)

I question whether the pharmaceutical providers who were represented and who had presentations of their own were completely unbiased in their endorsement of their products.

12. Please provide any additional comments you may have about this educational activity. (14)

The conference was excellent and I always look forward to it each year because I learn a lot.

Great conference. Really made me think

It was a timely and well-presented workshop. The biggest issue was static in a speaker in the back right that was distracting and interfered with hearing the speaker. Needed better signage for locating the primary conference room in Founders.

Great to be back in person

Well put together conference with great information and practical interventions that can be utilized immediately. I look forward to this conference every year and was happy to meet in person again. Really appreciated Dr. Casey's presentation and would be interested in more information on mental illness and creativity

As usual, a very good conference. Thank you for providing this high-quality training and networking opportunity for such a reasonable cost.

This conference was informative and proceeded very smoothly and the food and snacks were excellent.

Thank you very much. Very well done CME activity.

I appreciate UofL allowing challenging/controversial topics to be discussed at the conference.

It was an excellent conference.

This was the best conference I have been to in a long time. I always want to choose two workshops that are happening at the same time. I wish we could access slides even for the workshops we don't attend.

great program overall

great conference - thanks

na

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.

Names or contact information of learners will not be shared with any ineligible company or its agents without the explicit consent of the individual learner.

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

