

## 2015 Depression Conference: Building Skills in the Treatment of Mood and Anxiety Disorders

### 11/6/2015

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

- Recognizing recent advances in understanding the neurobiology of panic disorder.
- Using the most effective tools for helping persons with geriatric depression.
- Utilizing best practice methods in the treatment of persons with complex personality disorders.
- Receiving specialized skills in treatment of eating disorders when they are comorbid with depression.
- Providing appropriate support to help patients build coping skills when cancer and depression coexist.
- Building skills to help patients cope with abuse histories and reduce associated depression.

#### 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. [68-3.75]	(0)	(2) 2.94%	(13) 19.12%	(53) 77.94%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [66-3.61]	(0)	(3) 4.55%	(20) 30.30%	(43) 65.15%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [65-3.60]	(0)	(4) 6.15%	(18) 27.69%	(43) 66.15%

#### 2. Please elaborate on your previous answers. (30)

greater understanding of sleep and effects on mental wellness.

Everything was great!

Better understanding of resistance and OCPD and nice role playing examples

Dr.Gabbard and Dr.Antle offered specific skills, treatment assessing topics, and responses to patients that enhance effectiveness.

N/a

All of the speakers were excellent and introduced new information and concepts. I'll be able to identify differences between OCD and OCPD symptoms and traits and access new tools in addressing them.

Learned new info about panic disorder.  
 I will do better assessments.  
 I enjoyed the speakers and learned from them.  
 I knew little of the sleep issues he discussed.  
 there were speakers who were extremely informative and did help in future practice decisions. Others were not as helpful or informative.  
 The training addressed several topic that are relevant and useful for my practice. The speakers were well informed and gave practical skills for sessions  
 I found the morning sessions excellent.  
 I really appreciated Dr. Gabbard's talk on OCPD with regard to workaholics!!  
 I will not be implementing new measures in treating narcolepsy.  
 A lot of new information that I can use in understanding palliative care patients and their families.  
 I definitely know more than before the conference. I am slightly more competent in these areas, but I will need to do more independent research to feel more competent. My performance can only changed when I integrate knowledge into practice.  
 I feel more confident in my practice after the lectures and workshops.  
 I learned a lot  
 enjoyed learning or about working with persons with ocpd particularly in areas of perfectionism and affect phobia and exploring those areas.  
 the presentation by Dr.Gabbard was especially informative and helpful.  
 likely to need more time to address all gap areas, but overall with the time available it was very good.  
 more aware of narcolepsy  
 In particular, I will proceed with more expertise re: OCD vs. OCD Pers.DO; assessing panic and sleep problems:and regarding assessing eating disorders.  
 The presentations seemed dry and not very "hands on". They appeared geared toward academia and students and not practitioner such as myself.  
 As a practitioner rather than a physician, it was helpful to have a better understanding about meds.  
 I work with people who have panic disorders and have experienced abuse. The information from these classes have given me better ways to help them help themselves. Also, the seminar on sleep disorders was very informative and will be of great help with the members here at Bridgehaven.  
 I gained better understanding of the physiology of sleep and the relationship of REM to certain sleep disorders and their treatment.  
 Learning about a variety of interviewing methods was very helpful.

**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
Glen O. Gabbard, MD [69-3.91]	(0)	(0)	(6) 8.70%	(63) 91.30%
Thomas Uhde, MD [68-3.29]	(1)	(6)	(33)	(28)

	1.47%	8.82%	48.53%	41.18%
Suzanne Meeks, PhD [64-3.47]	(0)	(2)	(30)	(32)
		3.13%	46.88%	50.00%
Barbara Fitzgerald, MD [30-3.70]	(0)	(0)	(9)	(21)
			30.00%	70.00%
Virginia Cox Evans, LCSW [30-3.67]	(0)	(0)	(10)	(20)
			33.33%	66.67%
David A. Casey, MD [44-3.73]	(0)	(0)	(12)	(32)
			27.27%	72.73%
Mary Helen Davis, MD [25-3.72]	(0)	(0)	(7)	(18)
			28.00%	72.00%
Becky Antle, PhD [35-3.51]	(0)	(2)	(13)	(20)
		5.71%	37.14%	57.14%

#### 4. Please elaborate on your previous answers. (34)

Dr Gabbard was outstanding!

Wonderful!

Dynamic speakers important

Dr. Ute reviewed new and recent findings in the area of sleep dysfunction that will be useful in my practice. Dr. Meeks also reviewed new and recent findings that will be useful in my practice in treating depression in the elderly.

n/a

All the speakers spoke on issues I see regularly in the patients in my practice. Dr. Gabbard and Dr. Uhde were particularly informative. I didn't attend Dr. Davis' seminar but Dr. Antle presented new research on domestic violence that was of great interest.

I would like to have seen more of Dr Gabbard's cartoons.

I didn't see all the speakers.

Dr. Gabbard, Dr. Meeks, and Dr. Antle were all excellent presenters, clearly communicating information for best practice and current research in a way that is helpful for clinical application, Dr. Uhde also provided very helpful information but was slightly less clinically applicable.

Dr. Gabbard was an excellent, engaging speaker who provided relevant examples to my practice. Dr. Fitzgerald and Virginia's workshop also provided relevant information and ways to incorporate this information in to my practice. Dr. Antle's workshop was more academic and I did not feel I gained useful information to use with clients.

Dr. Uhde was excellent in large conference but a little sluggish in workshop

I rated the professors from my sessions

I did not attend sessions with the people I did not rate.

I did not attend the talks by the other presents so I have no comment but the ones I heard were wonderful. The explanations of the sleep cycle and anxiety in Obsessive Compulsive Personalities were very helpful. My mom is in an assisted living facility to the talk about depression in the elderly was personally helpful! Dr. Gabbard was a very engaging presenter!! Made the subject matter come alive.

Excellent presentations by each of these.

Dr. Gabbard was outstanding!

All the speakers were effective presenters. Dr. Gabbard was the most engaging in my opinion.

I heard Dr. Gabbard speak twice and learned a lot from him. I would love to see more of him integrating dynamic therapy into practice. Dr. Uhde and Dr. Meeks were good, but difficult to understand. With Dr. Uhde, I think because I had never heard of sleep panic attacks, I was trying to grasp the concept vs. wake panic attacks which I am most familiar with. With Dr. Meeks, at times she was difficult to follow.

I thought all speakers were knowledgeable and interesting.

Dr. Gabbard was so engaging, so he received an excellent rating. The other speakers were very knowledgeable and I enjoyed their presentations but Dr. Gabbard was the best.

The speakers were very good.

Thomas Uhde did not answer questions that were directed toward him.

Dr Gabbard was very engaging, particularly his breakout session on resistance. I particularly liked his video of a mock session. Dr Meeks discussions of work in nursing homes is particularly helpful to my practice in senior care

It was difficult to follow Dr.Uhde because of the complexity of the topic.

i did not have exposure to some of these above. Id say Uhde and Meeks were 'very good' more aware of sleep apnea and narcolepsy

I grew weary listening to the last talk by Becky Antle (perhaps because it was later in the day. I'm not sure why.)

I felt like I learned more about the presenters research model and less about how to apply the findings of the research with some of the presenters.

he was an excellent presenter

I found the speakers, especially doctors Gabbard and Uhde to be very knowledgeable and easy to understand.

every speaker did well

Dr. Uhde did answers to several questions were only tangible to the questions asked.Dr Casey's presentation was over elaborative somewhat tiring.

I did not attend the sessions for which I did not provide ratings

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (51)**

judgement, diagnoses

Unsure.

None

Will deal with resistance more therapeutically

I will implement the psycho-education component in treating clients who are dealing with Intimate terrorism and situational couple violence.

new protocols for panic disorder

More silence in psychotherapy. Work to allow the process to occur unforced or coerced.

I am a PTA at a nursing home and I plan to talk with the Activities Director Monday about what I learned from Dr. Meeks presentation.

I have a whole new lens with which to identify different forms of abuse and violence between intimate partners and within families. I believe this new information based on

the research will help me treat patients that are victims more appropriately

Greater screening for sleep paralysis and night panic attacks.

Better assessments and referrals from knowing about these resources.

learned more about clts with PTSD that are struggling with sleep and have some new ideas to incorporate now.

Different understanding of Intimate Partner Violence.

more thorough screening; more effective evaluation

Improved management of resistance within sessions and better understanding of best practice interventions with survivors of domestic violence.

Dr. Fitzgerald and Virginia provided resource information and creative means to help those with eating disorders.

Utilizing therapeutic techniques with clients who show resistance in therapy as taught by Dr. Gabbard

behavioral activation in elderly

Dealing with resistance allowing silence and allowing the patient to lead at their pace.

Biology of elder issues and medication conflicts. Working with patients in nursing homes and how to give as much control as possible.

How I take my panic disorder history, reinforcing timeline of life events and how I inquire about sleep.

I will work to activate my 91 year old mother more and will assist workaholics in identifying motivators for their behaviors.

Will provide new education to clients regarding sleep enhancement.

Positioning and use of silence

new protocols and recommendations to clients

Improved ability to work with resistant patients.

Approaches for geriatric depression. Approaches for the OCPD patient.

New ideas for treating eating disorders. New questions to ask and treatments to implement.

Implement some of the ideas on geriatric depression.

working with people with cancer and looking at caregiver burden. Change in dosing of melatonin

I feel more prepared to work with resistant clients and will use silence more effectively.

I will treat depression differently in the elderly

I will certainly be working more on the fear aspects of persons with OCD: fear of losing control and fear of their anger

N/A Retired

diagnosis more comprehensive

dosing of melatonin and ordering sleep studies

new dosing of melatonin

Educating my UM Clinicians to advocate for therapy for persons who have depression, panic, OCD.

More focused assessment of eating disorders.

I did benefit from the information about Panic Disorder.

focus on chair placement

Increased awareness of OCPD and Panic.

As Peer Specialist/Health Advocate I do not do treatment plans or prescribe medication but the information I gained will help me better understand the people I work with and enable to better guide them on their road to recovery.

practice becoming more comfortable with silence

sleep treatment

Use certain medications in the management of nightmares in PTSD(e.g prazosin)

use more humor

I learned some new pharmacological management for anxiety

This was very boring

improved management of panic

Have better insight into above topics and am sure would use it in my practice.

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

(56)

Maybe <sup>(4-</sup>  
7.14%)

Certain <sup>(23-</sup>  
41.07%)

Very Certain <sup>(26-</sup>  
46.43%)

N/A <sup>(2-</sup>  
3.57%)

Not Certain <sup>(1-</sup>  
1.79%)

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (38)

I'll think about it.

Borderlines, as they are difficult and pervasive in practice

Effective treatment for clients experiencing Intimate Terrorism and Situational Couple Violence.

Psychopharm

Again I work at a nursing home and a large percentage of the residents have a mental illness diagnosis so anything that I can learn about bipolar disorder, schizoaffective disorder and schizophrenia would help me.

PTSD; Dissociative disorders in adults stemming from abuse and neglect in childhood--all complex issues I deal with in the population I serve.

More psychopharm updates

any topics pertaining to children and adolescents

mental health issues

Concurrent use of psychosocial interventions along with medication in treatment of panic disorder.

I think a focus more on the social work profession as it relates to depression would be great.

alternative therapies; CBT and roadblocks/resistent clients

I am interested in addressing increased rates of suicide, depression, and substance use among white middle age Americans

I would appreciate learning more about working with children in various areas - depression, anxiety, ADHD, etc.

Elaborate more on the up and coming research that Dr. Uhde has conducted on the correlation between anxiety disorders/ Narcolepsy and the sleep wake cycle.

uncertain

Sleep and panic attacks, sleep and ptsd. I would like to hear more from dr gabbard on any topic.

Evidence based treatment mood and anxiety disorders, DBT

Up and coming new treatments for depression and anxiety.

N/A

More about eating disorders, more about psychosis and how/if to treat on an outpatient basis.

geriatric depression

Termination, working in a shorter number of sessions, working with PTSD, working with clients who do not speak English.

PTSD

I am always eager to hear more about depression in seniors

diagnosis and case conceptualization

genetic testing

sleep

Pragmatic skill building with depressed clients and their families.

more about psychodynamic therapy

I would like to hear more about how to motivate clients to take the steps they need to improve both their mental and physical health. I find lack of motivation to be a serious hindrance to recovery.

addressing abuse

Traumatic Brain Injury, PTSD and personal/professional and social functioning, Binge Eating Disorder, Emotional and Psychiatric problems in certain phases of women's life e.g. PMDD; during pregnancy (chronic pre-pregnancy but also de novo during pregnancy)/postpartum/ post abortion and miscarriage/menopausal and also violence perpetuated by women.

Suicide

bipolar mania,

geriatrics

I like to hear about cellular effects of meds and how is that for years one can take a med and yet to be effective (by what mechanism .

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

**(60)**

Yes (57-  
95.00%)

No (3-  
5.00%)

**9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (2)**

N/A

based on therapy

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

**(64)**

Yes (64-  
100.00%)

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

N/A

**12. Please provide any additional comments you may have about this educational activity. (15)**

Excellent conference providing a review of new clinical and research findings and practical demonstrations of effective clinical skills.

Thought this was one of the better conferences as far as presenters and topics.

Thank you. I really enjoyed the conference.

Thank you for not charging U of L employees.

Outstanding topics and presentation; take the break after the 2nd talk; improve lighting in auditorium; I did not know lunch was included- please inform folks & have gluten free option

it was good

Excellent as usual!

Thank you for always doing a wonderful job at these Depression Conferences. I look forward to them every year.

Good program. Turning up lights during panel discussion would make the discussions more effective.

Excellent seminar as usual.

The room we were in for the last workshop on abuse was distracting, the door squeaked so badly that it distracted from the presentation whenever someone went in or out.

None

Even though I am not a clinician I found the information presented to be very educational and something I can take back with me to help the members I work with. I find the conferences geared towards peer specialist to be very repetitive and I learn nothing new. This conference was wonderful and look forward to attending others.

Lectures about emerging treatments and clear concise and practical didactic instructions. Dedicate some afternoon presentations to more medically oriented topics (doctors/nurses, etc...); may be by asking the audience to write their questions on small



cards or papers and the conference chair can screen these questions and addresses them to the presenters, might make the the questions clearer to the presenters and vice versa the chair be sure that the presenter answered the question.

I specifically appreciate Dr Wright for his effort to make this conference happened and the kind of experts he invite .

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.