

## Improving the Treatment of Mood and Anxiety Disorders 11/14/2014

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

- Identifying newer findings on the neurobiology of mood disorders and their implications for treatment.
- Recognizing important research and clinical work on the role of resilience and positive psychology (e.g., well-being) in responding to stress and overcoming mood disorders.
- Applying best practices for medication treatment and psychotherapy in women throughout the life cycle.
- Utilizing available knowledge and skills in best practices treatment for anxiety disorders in adults and children.

### 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. [103-3.73]	(0)	(0)	(28) 27.18%	(75) 72.82%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [103-3.49]	(0)	(6) 5.83%	(41) 39.81%	(56) 54.37%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [103-3.48]	(0)	(5) 4.85%	(44) 42.72%	(54) 52.43%

### 2. Please elaborate on your previous answers. (47)

Excellent presentations by all lecturers. Clear ideas on medications, treatment of trauma, and special case of women.

one of the most useful seminars that I have attended in some time that will directly impact my practice

Excellent CME activity that will help me better treat patients of all ages with depression

I was particularly impressed with the presentation and workshop by Dr. Meichenbaum and also Dr. Spurgeon's talk about the interface between hormonal changes and life events and treatment of depression.

The material was all very informative but I don't have an active practice, and most was not related to my area of practice, so it wouldn't change my competence or performance significantly.

It expanded and updated the one week training I attended two years ago at Virginia

Tech. Friday's training normalized that resilience occurs in 75% of trauma experiences. Acquired more knowledge about resiliency and learned about the Well-being Therapy (new to me). But do need more skills to successfully implement Cognitive therapy for PTSD. Also, realized the limited "stagnating" knowledge about the neurobiology of depression over the past 40 years, but the new information was fastly presented. Of course the speaker was very knowledgeable and I was delighted to learn about new approaches to address the cognitive symptoms of depression.

Resilience is something I have to try to encourage daily, excellent work and speaker. The pharmacology work really helped also (primary care)

Meichenbaum needed much more time for his class in the afternoon. Please consider having him again for a whole day.

Information was presented in a very straight forward and professional manner. The presenters were skilled in engaging the audience, and presented applicable topics in a manner relevant to social work practice.

I like that very concrete examples were given.

I found the training very helpful and will definitely impact my practice.

I will need to study the materials in depth and dedicate myself to using the information gleaned during counseling sessions.

I am more aware of the resilience of people in recovering from trauma.

Dr. Alpert's morning talk was really helpful in terms of managing strategies for working with patients.

Lots of practical information.

I will be looking for examples of resilience in my client's story

resilience strategies. wellbeing. use of anti inflammatories in depression

This was a great conference. I loved the pharm focus. It really helps to know how other people practice. I also loved the PTSD lecture by Dr. Meichenbaum. He was entertaining and insightful. It helps me to be more empathetic with my clients.

Excellent speakers

As a new nurse just starting my career, I feel this seminar was a great overview of many topics plaguing our society today. Dr. Meichenbaum was especially entertaining, yet his between-the-eyes approach enlightened me to the significance of resilience to mental health and how to encourage that in each person. His many years of experience led him to a successful method in treating the most difficult of situations; however, I felt I wanted to hear more about each step. The time didn't allow for all he had to say. I also liked Dr. Wright's stepwise system in progressing through stages of healing. Each speaker was excellent in their own presentations. I left the seminar wanting to delve deeper into these subjects and methods of treatment, which I intend to do on my own.

Provided new insights into medications, interview approach when working with patients/clients with depression.

Knowledgeable speakers who provided a wealth of information on Neurobiology and Positive Growth and Development (Resilience).

Increased knowledge base

increased information and tactics to apply to my practice

I have better understanding of the pharm approach to treatment and even thought I'm not a prescriber it will help me discuss issues with patients. I also learned a better

understanding of what is important to listen to in patient communication  
 yes looking at overall where the client is and looking at strengths  
 Some of the information was a refresher course and added emphasis on different techniques.  
 Donal Meichenbaum's presentation offered models and alternative interview/therapy procedures for treatment of depression.  
 Knowledge - well being integration into clinical practice, Competence in listening for therapeutic effectiveness, Performance of treating depressed clients  
 I learned a lot and I will be able to incorporate some of the knowledge into my practice.  
 Asking questions and listening for ways to support recovery or coping with trauma.  
 I am not currently doing long term therapy so the most helpful parts of the educational experience were about the aspects of resiliency in PTSD, That was very interesting and helpful since I do intakes on individuals in crisis.  
 I now have more options for treatment resistant depression medications  
 Information and knowledge provided updates to enhance and improve my practice.  
 It was a good review ,confirmed what I knew and additional informations I learned.  
 This was an excellent conference. I clearly gained knowledge in the area of working with individuals who are dealing with Trauma and complex major depression  
 clinical knowledge of resilience  
 Better recognitin of someone presenting with these symptoms  
 excellent presentations, including and especially the outside speakers.  
 working with veteran with ptsd, anxiety and depression; the knowledge and information has help better formulate my thoughts and how I can help others  
 I feel more comfortable in continuing to treat ind. with PTSD using CBT and supportive interventions.  
 Very good useful information, helpful in clinical practice  
 I have been in practice for 25 years post masters. While this information is not new, it is helpful to have state of the art medical updates.  
 Focus more on resilience and learned adjunct depression treatment tips  
 I always walk away thinking there was a skill or conceptualization that I had not considered that I will begin to use. You are asking me to remember back to November, however, so difficult to be more specific.  
 The conference was very good

**3. Please evaluate the effectiveness of the following speakers in improving your knowledge, competence and/or performance.**

	Poor		Excellent	
Jonathan E. Alpert, MD, PhD [99-3.71]	(0)	(0)	(29) 29.29%	(70) 70.71%
Joyce A. Spurgeon, MD [99-3.47]	(0)	(5) 5.05%	(42) 42.42%	(52) 52.53%
Donald Meichenbaum, PhD [102-3.80]	(0)	(3) 2.94%	(14) 13.73%	(85) 83.33%
John E. Gallehr, MD [49-3.53]	(0)	(0)	(23) 46.94%	(26) 53.06%

Amanda B. Hettinger, MD [63-3.49]	(0)	(3) 4.76%	(26) 41.27%	(34) 53.97%
Sarah B. Johnson, MD, MSc [56-3.48]	(0)	(3) 5.36%	(23) 41.07%	(30) 53.57%
Jonathan W. Weeks, MD [56-3.48]	(0)	(3) 5.36%	(23) 41.07%	(30) 53.57%
Jesse H. Wright, MD, PhD [73-3.66]	(0)	(0)	(25) 34.25%	(48) 65.75%

#### 4. Please elaborate on your previous answers. (53)

I didn't hear lectures from John or Sarah, but know them and am sure they were excellent.

All presenters were excellent and I thoroughly enjoyed Dr. Meichenbaum. He was very entertaining!

excellent speakers

I found all of the presentations I attended to be informative and entertaining to watch. I particularly like it when we had the opportunity to participate.

I liked prettymuch allthe presenters. I thought Meichenbaum is a bit of a showman and too much of pop psychologist for my tastes although I am sure he is popular (and expensive to hire).

They related well to the attendees.

Dr Alpert is knowledgeable, competent, wish he covered less future directions area and focused on a few of them. His "Overcrowded slides" comment was given to me as a resident. Sorry he is using "intellectualization" and is resitent to change, but he is great! Dr. Spurgeon presentation was appropriate and particularly felt her gender made it more genuine obesrvations regarding the subject, but no "perle" to take away for practice. Dr. Meichenbaum. Authority in his area of expertise, and a charisamtic presenter. However, He was clever in avoid responding to questions directly with jokes or evasion. His Workshop lecture was much better. Dr Wright, gave a very genuine, relaxed sort of hands on introduction about Well- being therapy. It was great. Eager to learn more, though could not help by noticing that some residents, gradaute students and faculty were "depresses"! or not feeling that great. Remind me of my younger years. Suggest implementing Wellbing/health program to staff

All excellent, just different places in their careers

All of the speaker presented with professionalism and expertise.

It would have been helpful to have a handout that followed the presentation for Dr. Hettinger.

Presenters were engaging and readily responded to questions from the audience.

Dr. Hettinger gave very good resources that we can use in our practcies with client.

I found all presenters were excellent, stimilulating and provided useful information. I especially enjoyed Dr. Meichenbaum.

I found Alpert a bit dry but obviously quite brilliant. Spurgeon was verycompetent, and Jess Wright moreso. Don M. was a treat: funny, yet so wise and engaging.

Increased my knowledge of monitoring combinations of medication for trt of depression .

I was disappointed by the workshop with Drs. Weeks/Johnson. It needed more "meat." Additional clinical vignettes would have been helpful.

Excellent speakers with new information. Very impressed.

Lots of practical information and resources to use in practice (websites, handouts, etc).

Speakers were knowledgeable and excellent speakers

Each speaker provided new information that I will be able to implement immediately

All of the speakers were experts on the information they presented. I LOVE that Dr. Alpert provided written versions of the slides we followed. this is very helpful when referring back to the information.

interesting

Dr. Meichenbaum was fantastic.

All of the speakers I heard where interesting and expanded my awareness of their chosen topic. Some of the speakers I did not have an opportunity to hear as we were only able to go to 2 breakout sessions.

especially enjoyed Dr. Alpert and Dr. Weeks

Each speaker was engaging, provided insight and practical approaches.

I enjoyed the Speakers and the conference very much. It was very enlightening.

I appreciated both Dr. Alpert and Dr. Wright's depth of knowledge and experience.

All knew their tiopics well and present clearly

Wonderful speakers

n/a

I felt like Dr. Meichenbaum did more advertising of his book and the Melissa Institute rather than teaching. He was very interesting and could tell he has a lot of knowledge of the subject, but it could have been implemented more than what he did.

Dr M was wonderful, as always!

Wellness focus for retirement age clients offers optional approaches in the clinical setting I work.

Meichenbaum models of tracking and listening. Wright sharing treatment interviews of wel being practice

All of the speaker were excellent and I especially was enlighten by the resilyency speech.

The only reason I did not comment on Hettinger and Johnson and Weeks was because I did not hear them speak. I thought Dr. Spurgeon was very articulate and sensitive about women's issues and so was Dr. Alpert regarding treatment issues. Dr. Meichenbaum used humor and raw human experience to help make his points well. They all did a great job and were very approachable about questions.

Dr. Meichenbaum was fantastic. I am planning to try to attend one of his seminars in the future

Excellent information, will help address issues faced in practice with new understanding and techniques.

Very knowledgeable

New information made me more competent.

Great conference. Really was happy to receive more information women's issues and effect on treatment of depression.

Dr. Meichenbaum's presentation most directly related to clincial work. Drs. Johnson/Weeks work w/addicted, pregnant women parallels my Seven Counties Clinic. all were excellent.

Very accomplished in their field and it was quite evident

I am a student of Dr. Meichenbaum and his presentation was confirmation of what I have learned over the years.

I found Alpert very knowledgeable but somewhat "dry" in his presentation.

Each speaker I heard and heard about from others in attendance were well prepared, knowledgeable and helpful

All were good and informative.

I only attended the afternoon session with Amanda Hettinger and Jesse Wright.

I thought the fellow Meichenbaums while entertaining not especially valid.

Hard to remember back to November so marked the ones that made the biggest impact.

They are all informative as they touched some basic material to refresh my knowledge speakers were great

**5. Please identify a change that you will implement into practice as a result of attending this educational activity (new protocols, different medications, etc.) (86)**

feeling affirmed in use of narrative re-storying by Dr. Meichenbaum.

CBT practice

Much more careful use of Benzodiazepines in GAD. Clearer use of meds. More aggressive use of anti-depressants in pregnant women.

New approaches and outlooks on resiliency in clients was enlightening as well as the information on wellbeing therapy.

Augmentation therapy practices

Uncertain at this time

I will be more mindful of the signs of resilience in clients who are suicidal and/or expressing hopelessness.

different meds

I am pretty much retired these days but that could change I suppose.

I will be sharing with my clients that resiliency is the norm in 75% of all traumatic instances. I will share with clients the building blocks of resiliency.

Try to address cognitive symptoms in depression and mood disorders with new suggested pharmacology and follow up with the literature. Identify factors preventing rebound and resilience in PTSD patients and try to address them. Learn about the role of spirituality in helping the recovery of PTSD patients. Wished I learned more about the use of antidepressants during pregnancy. Though I learned about the importance in working with patients' OBGYNs

I will be more diligent re clients who are on meds, esp. benzo.

will look at add on therapy differently

None

I'm thinking about starting a Resilience group. I plan to use the coping cards.

Focusing on resiliency as a significant part of treating PTSD.

I will utilize resources mentioned.

I found the trainings on resilience and wellbeing therapy helpful and look forward to

implementing into practice.

See PTSD resilience differently.

Using the resources mentioned.

Increased implementation of positive psychology

Focus more on past successes/competencies with clients whose resiliency is at low ebb now, thus helping them develop their own "healing stories."

Amanda verified for me that SSRI's are the first medication treatment choice for anxiety. Meichenbaum gave me some pointers/things to say to my clients.

Develop awareness and assessment of depression in the mothers of the children I work with. Better assessment for symptoms of PTSD.

better understandings of statistics regarding relapse and psychopharmacology....a better understanding of helping client find personal strengths in treating PTSD, practical hints in dealing with GAD.

Use of additional agents to help as augmentation agents in treating depression.

Including material on medications in coursework

I teach nursing students and will incorporate what I learned at the conference into my presentations

Will incorporate use of meditation website.

Use more evidence based meds

The Coping Card Activity

explore new psychotherapy avenues.

New viewpoint of all options available to treatment

I will encourage my prescribers to consider alternate adjunctive treatments for residual effects. I also have additional resources for our substance abuse clients.

illicit more information

I will utilize the material presented by Dr. Meichenbaum and Dr. Wright in my practice

The most apparent change that I will implement immediately is something I'm already especially good at and that is, noticing and pointing out a person's positive aspects and resilience. After the seminar, I am now keenly aware of the enormous impact that my words can make on someone's recovery.

better treatment of depression

Seek to find resilience in clients.

Focusing on Positive Growth and Resilience as factors that can be identified to improve PTSD outcomes

More Screening

Will teach more about CBT

The idea and process of creating a healing story will facilitate my work with sexual offenders who have experienced trauma of their own.

I will use the Well-Being tools

Listening for positive change

new protocols within our case reviews and tx planning

I may try to utilize SAME, and thyroid supplementation

I do not work in an office to practice skills, but will continue to conduct more research on the subject.

Having the pragmatic info from Dr. Alpert and Dr. Wright will be very helpful. Have heard Donald Meichenbaum before and always take away a great deal of information and entertainment.

Building Roadmaps to Resiliency for Veteran I work will, utilizing Dr. M's book a guide for military, trauma victims and their families. Half my case load of veterans and the vet and their wife/spouse.

augmenting with t3, folate, fish oil

LISTENING was modeled in pointed way, validating and strengthening therapist/client relationships curing treatment.

Psychotherapy interviewing with listening emphasis

being able to know what makes a person resilient helps. Also I will implement the wellbeing worksheet into my group.

New therapy techniques and knowledge of new medicines

Considering resilience as it applies to patients who have lost a loved one.

Listening to the stories to look for the coping used in the past. Using questioning.

I will help my clients identify and utilize more of their personal strengths and basic resiliency attributes to enhance their healing instead of focusing on the trauma and past pain.

I have several options for medications to augment treatment when a patient is not responding

Plan to utilize worksheets devised by Dr. Wright and presented in his book.

find out more about wellbeing therapy

I will better be able to identify clients with depression and refer them to the places they need to go.

Better treatment of residual depression ,better treatment of female Pts and better psychotherapy for PTSD Pts.

increased use of CBT with the new understanding of the critical elements of therapy when working with traumatized individuals.

taking a more indepth look at wellbeing therapy

Assist patients in creating a vision of the future.

reminder of trauma narrative values, ability to put non-linear events into workable sequence for clients. increased awareness of addiction/ violence and typically unplanned pregnancy.

better understanding of methods in therapy

confer with physicians regarding protocols

None because I am not in practice; I teach and supervise only.

will change practice of psychotherapy to look more assiduously for positives in a negative patient presentation; also, presentation confirmed what I am already doing

further exposure to hierarchy of SUD and how to help process thoughts regarding anxiety

Re: resilience with PTSD, I will focus more on helping clients develop their "healing stories."



more pretreatment assessment

using a greater emphasis on motivational enhancing and alliance building to improve CBT impact.

Refining my assessment and therapy approaches to patients

Recommendation regarding use of certain psychotropics

I feel that I am already more cognizant of trauma that my Emergency Psychiatry patients have endured, though I do not have specific, new protocols to practice.

Awareness of new medications and how they work with therapeutic interventions

I am at a disadvantage in that I am largely retired now.

Different meds

I filled out one of these immediately after the conference when my memory was fresh.

Latest update on psychopharmacology

I will focus on positive and neagvive factors that affect depression

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

(89)

Very Certain <sup>(38-</sup>  
42.70%)

Certain <sup>(42-</sup>  
47.19%)

Maybe <sup>(4-</sup>  
4.49%)

Not Certain <sup>(1-</sup>  
1.12%)

N/A <sup>(3-</sup>  
3.37%)

Will not implement <sup>(1-</sup>  
1.12%)

## 7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (66)

Dialectical Behavior Therapy

Any.

family therapy

bipolar depression

Maybe more on bipolar depression and differentiating it from other possible diagnoses.

I thought the conference was better than other years (overall). Nicely run.

How to positively motivate the stuck client.

Traumatic Brain Injury. Immediate and long term sequealae including depression, AD, Parkinson's, ALS, CTE, etc.. Use of genetics in the pharmacological treatment of mood disorders In PTSD: Focus on the idetification and understanding of the predisposing/contributing factors impactin grecovery. E.G. premorbid personality, anxiety, hx of prior traumatization, impact of the severity of trauma etc... Wrokshop on cognitive therapy for PTSD; borderline personality disorder; etc.

Spirituality and psychotherapy

bipolar depression, more discourse on how to reasonable share care of the complexities of these high risk patients. Dr. Weeks made some comments about gyn knowledge of substance abuse, I feel some things inappropriately turfed back to primary care and vice versa

#### Personality Disorders

Meichenbaum for a 1-2 day workshop. Bipolar D/o.

I'd like to hear more about managing clients with suicidality and how to prevent suicide in clients and how to document etc to avoid lawsuits.

Family therapy. I am finding an increase in distressed and impaired parents possible as a result of the difficult economic times and an increase in emotional abuse and neglect.

precenting suicide--clinical measures and measures needed to be taken to win a lawsuit if suicide does occur.

#### Child depression

The interface of couples/family therapy with affective disorders.

PTSD in children and adolescents and child and adolescent psychopharmacology.

addictions, PTSD, additional talks on Child psychiatry. Dr. Gallehr's talk was only one "sold out."

focus on integrative treatment of Bipolar disorders

Preventing Suicide--clinical issues as well as

Com orbit substance abuse and depression/anxiety treatment

PGT testing and how it is used to determine best options for our clients. Would also like more information about injectable medications. While most are not currently indicated for bipolar or

#### Adjustment disorders

guilt

#### Bipolar Disorder/ADHD

How to deal with prolonged and complicated grief-that was a topic but time did not allow us to address it. Coping with circumstances out of a person's control How to resolve addictions

open

Depression with Personality disorders and CBT and personality Disorders.

#### Neurobiology

#### Schizophrenia

practical applications of theory and research.

Spirituality as it relates to mental health

Further advance in gene study

services dealing with children

continued medication options

Substance Abuse, effects of long term antipsychotic medications, ADHD, and other mood alternating medications in children under the age of 10

Would be helpful to address the effect that depression has on relationships and how spouses and family members might intervene if they recognize depression.

Acceptance Commitment Therapy

anxiety and depression in children. labs to monitor with common drugs

Alternative talk therapy models

I would like to hear more about working with PTSD and the nightmares.

Alcohol and drug addiction, ADD/ADHD

CBT for any number of diagnoses from therapist's perspective, not medication management.

Trauma

I would like to hear about any formal wellness practice books or websites to help patients.

Information on addressing problems in patients with personality disorders, PTSD and long term chronic mental illness.

resilience, and wellbeing therapy.

more topics for pediatric care to address the needs of the clients I serve.

Role of metabolites of Arachidonic acid in psychiatry : in psychopathology and treatment of psychiatric disorders with medications which can modify those metabolites.

How to address treatment continuity from hospital, primary care and psychiatry.

Suicide cases within families.

1) awareness of 2ndary trauma; 2)public phobia/shame placed on cycle of family violence; 3)mpact of absent/incarcerated fathers; 4)media insight/knowledge/commitment to stop sensationalizing family violence/ homicide/invading bereaved families on life TV.

addiction and cooccurring disorders

assessment of suicide risk in mod disorders

Bipolar Disorder

DSM changes, medications that can aid with mood - newer drug trials

uncertain

Thought disorder in mood diagnoses

Further genetic research findings PTSD Cross culture therapy

Spirituality and its place and impact in psychotherapy.

PTSD, Traumatic Brain Injury, and the interaction of both

Again, I am more spectator than participant.

the difficulties of bipolar depression seemingly treatment resistant.

Latest psychopharmacology in the treatment of bipolar and depressive disoredr

ADHD

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

(90)

Yes (89-  
98.89%)

No (1-  
1.11%)

**9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (3)**

na

1,2,3 = yes. 4) = NO about media reporting on family violence/ homicide.

n/a

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

**(96)**

Yes (95-  
98.96%)

No (1-  
1.04%)

**11. If you answered No on the above question, please list the topics that were biased? (3)**

n/a

Although I thought Dr. Meichenbaum's presentation was fantastic and I hope to attend more of his presentations, he did seem to be quite unabashed about promoting his book...which I will probably buy! Haha!

**12. Please provide any additional comments you may have about this educational activity. (43)**

Please do not place the afternoon break out sign up table in the ONLY hallway to access the restrooms.

Excellent Conference.

Thanks so much for putting together such an informative day. I definitely plan to attend the next conference.

Excellent CME activity. I will attend next year.

Room was too cold.

Good activity. Better each year. Good lunch too. I thought Dr. Alpert was especially knowledgeable. Very organized.

The location was extremely convenient.

Thank you for making this educational activity affordable.

Overall, a worthwhile use of my time with presenters well-knowledgeed in their field.

Very cold auditorium.

This was a really good conference with lots of practical information!

Thank you for putting on such an informative and helpful training. I will definitely plan to attend again in the future.

Excellent workshop. This is the second year I have enjoyed your workshop. The location in the theatre was not well heated both years.

I really liked the practical information in all the presentations.

Thanks to all of you for bringing this high-level workshop to Louisville!

Thank you for printing out the syllabus and not leaving it online.

Thank you for this wonderful conference.

Very cold environment

Thank you again for an amazing conference

This conference was so much better than last year. I can't wait until next year.

I attended last year for the first time as a nursing student. I liked it so much, I came again this year and will probably continue. This year's conference seemed to address topics with real world, daily life application with people, not only patient's, which I found to be valuable. Last year's topics and speakers were extremely gifted scientists that discussed chemistry, molecular biology and topics that were far above my knowledge base. Again, I am not well versed on those topics. This year the topics were immediately applicable for anyone regardless of their educational background. I much preferred this year's conference. The only other comment was that the temperature in the theater was unbearably cold due to the heater malfunction. Also, the coffee was cold, which could have been remedied if there was a note card on the kitchen door stating "microwave here". I only found out mid afternoon. :-/

good job.

The heat in the Auditorium was poor. I was engaged and felt that the day was spent well and plan on returning to the next conference.

Very good conference

n/a

none

very good program.

Didn't like that most of the audience in the small group were therapists, yet medication management was a large part of the discussion.

Thank you for a wonderful conference. It is so helpful to be able to hear professional experts from other states and to be able to get together with fellow professionals that I value and do not see but once a year at this conference.

Great conference--really enjoyed it

Excellent conference, every speaker provided new information to update my knowledge base and will be easily adapted to my practice.

I appreciate Depression center : Dr Wright and his office for their efforts in making this excellent conference to happen.

As always. Very Informative conference.

overall helpful.thank you. CBT used consistently. provides simplified(visual)verbal format to use with adult clients (DV survivors, abusive, non-protective parents) per interconnections/powerful, energy behind combined thought, affect/behavior. They "get" drawing of cognitive triangle.

better layout with individual classes.

As usual, a high-powered conference that is appreciated. Unfortunately the Clifton Center auditorium was both cold and always triggers the "nap" response!

Excellent presentations.

this is a well planned and very content rich symposium. I look forward to it each year. Many thanks to Dr. Wright, Carol Wall, and staff for coordinating this excellent educational experience.

I enjoyed it and can see a lot of thought went into the programs, a lot of caring.

The Depression Center conferences always either reinforce practices and perspectives or introduce new practices and perspectives. Too much time has lapsed between conference and this evaluation. My evaluation filled out immediately following the conference would be a better measure.

Clerical staff are very helpful and accommodating

I would recommend this course to my colleagues and will attend it next 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.*