



Expanding Horizons for Treatment of Mental Disorders 10/21/2016

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

- Incorporating mindfulness-based methods in treatment of people with depression.
- Focusing on positive psychiatry and personal growth of their patients and typically focus on illness and alleviation of symptoms instead.
- Identifying life-cycle influences on diagnosis and treatment of bipolar disorder and schizophrenia in order to offer best practices care.
- Recognizing the challenges faced by LGBTQ youth and may not be able to implement best practices treatment with these persons.
- Identifying newer research and treatment methods that have been shown to reduce suicide rates.
- Using cognitive-behavior therapy (CBT) together with medication to treat patients with psychosis.
- Identifying the effects of concussions on mental and psychological functioning.

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. [75-3.72]	(0)	(3) 4.00%	(15) 20.00%	(57) 76.00%
Participating in this educational activity changed your COMPETENCE in the professional practice gaps listed above. [75-3.55]	(0)	(5) 6.67%	(24) 32.00%	(46) 61.33%
Do you feel participating in this educational activity will change your PERFORMANCE in the professional practice gaps listed above? [72-3.57]	(0)	(4) 5.56%	(23) 31.94%	(45) 62.50%

2. Please elaborate on your previous answers. (43)

Learned new techniques to use in patient care

Gained clearer understanding of mcbt, and ways to implement and refer patients to resources in regards to its application

accurately described

I will focus on the use of mindfulness practice and on the "quadrants" of public health and prevention.

I will pursue with each suicidal patient their values and explore with them the decision-making process that they used and explore with them their motivation for changing

behaviors and learning new skills.

fantastic speakers, kept us engaged and presented very practical and informative subject matter

Great conference, brilliant speakers

will allow me to provide better suicide prevention techniques and allow better follow up after care (i.e. letter writing).

Include mental health wellness screening in primary care visits.

What a great opportunity to learn more about the concept of mindfulness and ways in which to incorporate it into my practice. I was familiar with the theory and was excited to learn more about it's usefulness, especially with depressed patients.

I regret that I must disagree with these statements -- primarily because I found it very difficult to understand most speakers in the theatre due to the sound system.

The program brought together a range of clinical research scientist/practitioners whose works helps integrate psychological care delivery across disciplines and theoretical orientations.

I learned some new material that will be incorporated into my current job

A deeper understanding of the interaction between pharmacology and therapeutic techniques enriches my expertise.

Excellent presenters with great information provided.

It is refreshing to walk away with current and evolving treatment information. Faculty I experienced were highly effective.

Actually, I am not currently in practice, but learned a good deal of helpful information which may be of assistance in the future.

I will incorporate more mindfulness and positive psychiatry into my practice

I think the agree or disagree response chart is a bit unclear, confusing. I didn't really understand how to answer, what you were asking.

I was very thankful for learning more about mindfulness and experientially learning for myself. I also liked specifics in dealing with suicidal clients and allowing clients to be exploring the suicidal motives they have and not moving past them too fast to getting them safer.

I got ideas for applying mindfulness practice in my work doing psychological evaluations for disability benefits purposes at the VA.

new therapy techniques

I learned about bipolar in the life cycle

Learned a lot about Mindfulness.

I specifically appreciated the afternoon workshops I attended regarding suicide and compassion, using concrete tools clinically already.

As a nurse, the workshops gave me more insight on some of the obstacles my patients experience in a clinical setting.

Great speakers, practical strategies.

clearer understanding of how to assess and treat suicidality. Mindfulness skills

this training provided information that i didn't know prior to attending this training

Learned some facts about Bipolar and youth that I did not know. The speaker on

Compassion reminds us to maintain a compassionate and empathic approach to others.
 It changed my competence as it gave me a deeper knowledge on the topics addressed.
 Encouraging and practicing mindfulness & compassion MI & reducing risk suicide. Loved to hear the "Grandma Hypothesis."
 Excellent approaches for patients that stop making progress toward goals
 I become too busy sometimes during hectic office day, that I forget much of program presented; interested in concussion theory (though not sports) but family/partner violence. concepts of "positive' across treatment spectrum.
 More knowledgeable about Mindfulness and able to utilize in clinical care
 Dr. Jeste offered a new way to think about aging.
 I will incorporate aspects of mindfulness in my practice and continue to review literature on this subject to increase my knowledge base.
 I have greater awareness of how Mindfulness/CBT is an asset to Mental Health treatments. Am encouraged by the adaptive changes in practices.
 Love that treatment focuses on the whole person and included non-medical services.
 I learned a lot of things that I never considered before
 Suicide prevention workshop was thorough and detailed.
 the update and validation of my present treatment were beneficial.
 compassion is required or is optimal all the time and so it will enhance my medical practice

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
Dilip V. Jeste, MD [76-3.53]	(0) 0%	(7) 9.21%	(22) 28.95%	(47) 61.84%
Willem Kuyken, PhD [74-3.81]	(0) 0%	(3) 4.05%	(8) 10.81%	(63) 85.14%
Jennifer Le, MD [74-3.47]	(0) 0%	(6) 8.11%	(27) 36.49%	(41) 55.41%
Jesse H. Wright, MD, PhD [71-3.77]	(0) 0%	(0) 0%	(16) 22.54%	(55) 77.46%
Catherine Batscha, DNP, RN [36-3.44]	(0) 0%	(2) 5.56%	(16) 44.44%	(18) 50.00%
Christopher K. Peters, MD [42-3.60]	(0) 0%	(1) 2.38%	(15) 35.71%	(26) 61.90%
Stephen S. O'Connor, PhD [50-3.68]	(0) 0%	(0) 0%	(16) 32.00%	(34) 68.00%
Emma Sterrett, PhD [39-3.51]	(0) 0%	(1) 2.56%	(17) 43.59%	(21) 53.85%

4. Please elaborate on your previous answers. (45)

Presenters were relevant and clearly engaged with concepts
 Engaging, knowledgeable speakers.
 only rated the people I saw
 All were knowledgeable and shared important information

They presented their ideas in a clear and concise form with effective documentation.

Talented and diverse speakers

A wonderful slate of presenters as always! so thrilled to be a part of this workshop. The quality is much higher than any I have attended over the past 20 years with the exception of the 2 day Gottman training.

I didn't attend presentations with Batscha or Sterrett

All the speakers I heard articulated their information with clarity and warmth--a tribute to their expertise and the successes they've seen in their practices. I left no grade on the speakers whose breakout sessions I didn't attend.

I had difficulty understanding these two speakers and I believe it was due to the location of the microphones.

Highly informed health care providers, I found found Dr. Kuyken's presentation and workshop on mindfulness-related topics to be especially significant for me own clinical work and research. Dr. O'Connon's presentation was especially vital from the standpoint of informed clinical practice regarding screening for suicide risk. Drs. Writing and Le provided a helpful framework setting the tone of the entire conference.

Good overall training

I found the concept of "Positive Psychiatry" to be synonymous with biopsychosocial assessment which Social Work has used for years along with the Strengths based approach. It would be more collegial to acknowledge that social workers have a rich history of doing this instead of presenting it like a new idea.

All the speakers provided useful and clinically helpful information.

Only answered for the practioners I experienced. Have discussed experiences with all of the noted speakers over the weekend. Grateful foe the topics and speakers selected.

n/a

I was exposed to two of the speakers both in keynote and in breakout sessions. I know that Dr. Jeste is a tremendous force in psychiatry, but I had a very hard time understanding him and so may have missed a good deal of helpful information. Even so, I learned a great deal about schizophrenia and aging. Dr. Le had tons of information to share with us, but she spoke very quickly, and sometimes it was difficult to hear her, especially when she dropped her voice at times. I was relieved when Dr. Wright began his part of the presentation because he spoke clearly and provided new information (for me) on Bipolar Disease, esp. regarding the importance of long-term therapeutic relationship. Kuyken's knowledge and enthusiasm was exciting and inspiring as well as highly informative.

Everyone did a nice job. I felt badly for Dr K at end of day - its so helpful to have IT media available right away to facilitate the talk.

The fellow from California was difficult to understand,his speech. I thought at first it was my hearing, which is not the best, but others said the same.

They were all very articulate and helpful and practical and did not talk over our heads. I did not hear Dr. Sterrett or Dr. Peters this time but Dr. Peters is always terrific when I have heard him speak on several occasions so I am sure he was this time too.

I could have listened to Dr. O'Connor all day. Very easygoing but engaging style. I found Dr. Kuyken more organized in the morning talk than in his afternoon workshop, which was a bit disorganized.

Dr. Kuyken, Dr. Wright, and Dr. O'Connor were excellent

I did not rate speakers I did not view during the workshops.

All of the speakers were very good. I only rated the speakers I heard.

Only attended two of the breakout sessions, so did not hear all speakers.

Dr. O'Connor was very lively, specific and informative. I could have done all day on this subject the way he taught. Dr. Kuyken was amazing and engaging. also could have sat all day. Batscha and sterret were given 3s simply because I didn't hear them speak. did other workshops. need an NA spot.

Did not attend other presentations

Dr. Jeste was a little difficult to understand due to his accent. Especially liked the speakers on Suicide Risk and Compassion

O'Connor and Kuyken were both dynamic as well as demonstrating deep knowledge. Others were also knowledgeable, not as dynamic

Was an excellent conference, really enjoyed both Jeste and Kuyken.

Dr. Jeste was a little hard to understand sometimes, but enthusiastic about his subject and had good information for focus on health vs illness.

Very knowledgeable

Dr. Le spoke so fast I couldn't follow her sometimes; difficult, complex topic. Dr. Jeste was also hard for me to follow unless I watched his face while speaking. (might be MY again ears). Dr. Kuyken, by far most engaging, thought provoking. I have very limited opportunity to learn from medical professionals in my position.

Very seasoned speakers, good panel discussion by the group

Dr. Le talked too fast.

Dr. Kuyken was outstanding.

Dr. Kuyken did an excellent job demonstrating his practice of mindfulness with his patients. Dr. Jeste's lectures were very informative.

The overview of treatment for Bipolar disorder across the lifespan was helpful for understanding effectiveness of new strategies. Mindfulness CBT has helped increase my understanding of how it adapts to treatments. Dr Jeste's overview of strategies for aging of pts w schizophrenia awakened my understanding of how much work in public education needs to be done. Having worked w the homeless, I am more motivated to share my understanding. I continue to support the Prevention of Suicide in our community. I enjoyed explanations of interventions listed by Catherine Batscha, DNP, RN.

Mindfulness and compassion were excellent topics.

I wish the presentations mentioned how institutionalized discrimination vibes with positive psychology

Speakers were engaging and interesting.

I was disappointed in the depth of knowledge regarding concussion especially effect and great need for research.

They were all good speakers ,very knowledgeable ,I learned a lot.

Dr Kuyken will especially, among the faculty members...change my approach to practice and to some degree my approach to my life

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

(60)

Use more mindfulness based CT

Encourage and educate pts. In regards to resources to be engaged with mindfulness activities.

greater attention to compassion

integrating compassion in work, especially teaching and administrative work

mindfulness

Will learn more about the use of mindfulness

the information on aging

I will provide psycho-education about mindfulness.

more caution in teens with depression that may actually represent bipolar illness

Expanded knowledge

new treatment protocols and interventions

New protocols

In addition of prescribing medication for mental illness, I will emphasize mental health.

I'm excited to read and learn more about utilizing mindfulness effectively. I plan on ordering several of the books discussed by Dr. Kuyken to use with my patients.

increased attention to pronouns

NA

Incorporate the use of mindfulness techniques for myself and try it with my patients.

More systematic screening for suicide risk factors using the CAMS assessment approach

using mindfulness with my clients to improve my practice

start using some mindfulness techniques

New real change, just a deeper understanding

Will integrate Mindfulness and use of compassion. Plus will view the needs of elderly differently.

rethinking suicide plans

Intend to further explore Mindfulness and Compassion principles with clients and my own family. LGBTQ data are very important to informed perspective with my clients in that population. The present data on Bipolar disorder is also very helpful to support better advocacy for my clients in that population. Hopeful that it will nurture further exploration of pharmacology and cycling.

N/A

As indicated earlier, I am not currently engaged in social work practice, but I have already begun to use some of his tips for developing mindfulness in order to take care of myself, a point he made several times: self-care.

Would like to implement mindfulness based CBT

Loving kindness activities in advance of meetings with difficult people

better awareness of mindfulness, positive psychiatry, keeping an open mind avoiding stereotypes

I am not doing much practicing these days. But I am interested in the topics. I heard favorable comments about the suicide presentation which regrettably I did not get to

hear.

more mindfulness based methods for my clients

Encouraging clients to explore their motivation for attempting suicide before moving them toward reasons to live so they feel fully heard. Use mindfulness for myself and others to increase energy as I deal with suicidal clients.

Mindfulness exercises prior to bringing "difficult" clients back for their psychological exams. Our clients run the gamut from deeply depressed and anxious to extremely hostile. It's important for the psychologist to be in a good head-space during the exam.

use more mindfulness based strategies

I will utilize mindfulness with my pt's.

Will utilize mindfulness more often.

suicide risk assessment YOU TUBE WHO video on depression as patient education resource

I will be sure to address patients by the names and gender pronouns they prefer.

more skills!

be more compassionate of the people I work with in my practice

Will ask more questions around suicidality when screening patients. Will remind myself to be more compassionate and empathic even with the most difficult patients.

more mindfulness

TBD upon reviewing my notes.

Encourage middle and older age clients to follow Dr. Jeste's "Prescriptions for Healthy Living." Use some of Kuyken's media references with clients.

continue encouraging clients to consider value of sleep hygiene; as simple as that sounds; most are sleep deprived.

New approach to suicidal patients

Bring ideas to my workplace regarding possibly changing standard procedures.

I will present the concept of wisdom.

Use of the Big Black Dog book which Dr. Kuyken discussed

I will incorporate mindfulness practices.

Possible incorporation of mindfulness/compassion in my practice. Or outpatient group.

Incorporating mindfulness.

Continue experiential Mindfulness/Meditation work and apply to community settings as tool for change in schools, nursing, healthcare and societal challenges.

In admin position, so focus on compassion with staff.

Use of technology in working with seniors for healthier outcomes.

assign more home practice cognitive skills.

emphasis on listening

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

(65)

Certain (24-36.92%)

Very Certain (32-
49.23%)

Maybe (5-
7.69%)

N/A (3-
4.62%)

Not Certain (1-
1.54%)

7. What topics do you want to hear more about, and what issues(s) in your practice will they address? (53)

Child psychopharmacology

Pharmacology

Medical practice addressing personality disorders

More about mcbt, LGBT therapy, behavior modifications in Alzheimer's patients

DBT for affect tolerance

More on LGBTQ

How to effectively reach individuals who impulsively kill with guns. How to prevent the gun violence we are experiencing.

ADHD treatment update

dealing with resistance in clients; overcoming barriers to progress; wholistic healing options

working with transgendered persons considering surgical options. Will assist me in my work with Transgendered persons.

Strategies used in primary care to adequately screen for mental health concerns without be "scripted" questions.

New PTSD treatment options. Working with borderline and narcissistic patients.

I think more about difficulties, new treatments, what to do when first line treatments don't work

cognitive tx of depression, pharmacology--especially ketamine use in tx of depression and related

Importance of family education and involvement, specifically the evidence based Family to Family program offered by the local NAMI affiliate.

more on cognitive behavioral therapy and its various uses in practice (practical)y

mindfulness, positive psychiatry

Trauma focused CBT, DBT, CHT

not sure.

women; long term impacts of bullying

Mindfulness based Cognitive Therapy for Depression

I greatly appreciated hearing about aging in conjunction with depression and schizophrenia as well as a discussion of the comorbidity problems that further compound the issues. Anything related to the differences observed with aging in combination with psychiatric diagnoses is desirable.

DEPRESSION AND BIPOLAR DIFFERENCES

caring for the caregiver, many days are filled with lack of resources and staff, what to do with that as baseline and move ahead

Again, a big NA for me

addiction to substances when depressed

The use of psychological tests in assessing depression and anxiety; assessing for suicidality.

child psychopharmacology

greif

Psychopharmacology. Treatment decisions.

genetics and mental health, how to incorporate patient expectations and marketing into clinical care

I would like to hear more about what is being done to help people of color utilize mental health services.

stigma of mental illness seemed to be a theme which many were concerned about esp. as it relates to compliance and early intervention

incorporating addiction knowledge into general practice. workshop on provider bias, transference etc.

Hoarding and Depression, OCD and Depression,

Mental health disorders in small children

Would like to know more about working with veterans and those who (such as immigrants) who have been in a war zone. Any issues around PTSD

psychological tx of pain, co-morbidity with other mental health disorders

Personality disorders.

Clients diagnosed on autism spectrum with Asberger's who are experiencing depression, anxiety, OCD.

n/a

immediate/ long term impact head trauma: as we see here at Seven Counties(Transitions: family trauma-based program)(IPV).

Substance abuse

continued research and practical implications for working with SMI adult populations

mindfulness

pediatric psychopharmacology

Substance abuse

Epigenetics. More mindfulness. Neuroplasticity.

Trauma across the Lifespan and tools/modalities for positive change.

Holistic healthcare, more use of mindfulness practices for health benefits.

I am not a MD

psychopharmacology antidepressants, acetylcholinesterase inhibitors, anti psychotics, mood stabilizing drugs

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

(65)

Yes (63-
96.92%)

No (2-
3.08%)

9. If you answered No on the question above, please explain which recommendation(s) were not based on acceptable practices in medicine? (5)

I would not discontinue pharmacotherapy in a stabilized patient with recurrent depression and recommend use of therapy only, this was implied as an option in mindfulness lecture

I really did not understand the concept of Positive Psychiatry , it was communicated that people should choose to be happy and they will be happy!

n/a

as a non-physician, I cannot answer these.

II am a social worker not a doctor.

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

(71)

Yes (71-
100.00%)

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

Pharmacology

n/a

12. Please provide any additional comments you may have about this educational activity. (34)

Overall an excellent activity.

As always, an excellent conference. Always run well, and much appreciated!

Thank you this was a wonderful conference as usual

This was a very informative conference.

very much enjoyed it

Great conference, I will return next year too.

Thank you!

I've attended nearly every one of the conferences in the last 10 years and they just keep getting better. I look forward each year to learning new techniques and expanding my knowledge base. Thank you so much for the effort you all expend in securing so many excellent presenters.

excellent.

Thanks. Your conferences are great.

I think a table representing NAMI would provide valuable information to the attendees of this conference and I would volunteer to do this myself if needed.

I appreciate the opportunity to have attended this program. The Depression Center is doing outstanding work in publicizing the prevalence of depression and suicide risk, and the importance of clinical interventions designed to help reduce this risk and offer practices to enhance reasons for living. As exemplified by the mindfulness presentations,

learning to live one's life in an engaged, present moment-focused way is an extremely important component of living a valued, engaged life.

This conference was well worth my time!

Thank you for a valuable day. Friday was my first Depression Center conference, but I hope to be back.

I am grateful to the U of L Center on Depression for making this excellent seminar available. Top-notch presenters! The lighting in the auditorium was very dim and that made it difficult to take notes/follow along in the handout.

Excellent program, I will look forward to next year's event.

thanks for all the hard work, I love what this conference represents

I am past seventy years old and sometimes I wish when hearing such presentations that the speakers not be quite so upbeat as to what is actually possible. Older persons know their life is largely behind them, and that's all right. But to see pictures of persons running a marathon at 100, for example, is a bit absurd for what it is suggesting to the listeners or in many instances the clients. A bit of reality might be very welcome.

willem kuyken was fantastic.

I always look forward to the Depression Conference and attend every year. It is well organized and practical and helpful.

Very nice conference. Enjoyed it very much. I would recommend not calling the breakout activities "workshops" if they are actually mini-plenaries.

Thank you again for an excellent conference in our region.

This was my first depression center conference and I really enjoyed it and learned a lot.

This is always an excellent conference with national/international speakers/researchers.

Always a great conference with interesting speakers, nice facility & lunch provided for ease of transition to sessions.

Very helpful program

thank you for lunch. room temp, however, was terribly cold (to me). appreciated Dr. Jeste and Kuyken especially; interested in aging clinical populations.

Excellent, well thought out conference

Powerpoint presentations are extremely helpful with regard to conveying information and keep participants' attention, but can be disappointing if the slides presented on the screen do not match the ones given in the printed handouts.

Very well organized.

In the future, please ask attendees in the small group lectures to not interrupt the lecturer. Dr. Jeste's talk was derailed by one particular attendee.

This conference was very well organized with excellent speakers! I think many would appreciate a list of resource readings for additional education. I will tell others about the 2017 program! Thank you. I will tell others about the program for 2017.

N/A

There was another professional in the back of the room who had more in depth knowledge about concussions-want him to present!

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.
