

I would like to attend the workshop on “Complex and Resistant Depression: The Best Evidence-Based Techniques for Assessment and Treatment” presented by Sharon Freeman Clevenger. Please register my application (TICK A BOX)

☐ **SYDNEY 8 September 2014**
Wesley Conference Centre,
220 Pitt Street, Sydney NSW

☐ **CANBERRA 10 September 2014**
The Hellenic Club of Canberra
Matilda Street, Woden ACT

☐ **BRISBANE 12 September 2014**
Broncos League Club,
98 Fulcher Road, Red Hill QLD

☐ **MELBOURNE 15 September 2014**
Darebin Arts and Entertainment Centre,
Cnr Bell Street & St Georges Road, Preston VIC

☐ **ADELAIDE 17 September 2014**
Balyana Conference Centre,
46 Strathcona Avenue, Clapham SA

☐ **PERTH 19 September 2014**
Wollaston Conference Centre,
5 Wollaston Road, Mt Claremont WA

COST

EARLY BIRD RATE:	\$299 per person (applies until 4th August 2014)
STUDENT RATE:	\$270 per person (applies until 4th August 2014) (applies to self-funded and full time students only)
STANDARD RATE:	\$335 per person

- All prices include GST, Payment is required to secure registration.
- Only cancellations in writing will be accepted.
- **NO REFUNDS WILL BE GIVEN FOR CANCELLING LESS THAN 5 WORKING DAYS BEFORE EACH SEMINAR.** Cancellation policy is final and not negotiable. TATRA regrets difficult personal circumstances that prevent participants to attend, however the logistics of event management prevent TATRA from assuming responsibility for these contingencies.
- Registrations are transferable to another person in full.
- TATRA is unable to accept responsibility for the failure of the presenter to appear due to extreme weather conditions and/or flight cancellations.
- Morning/afternoon tea and lunch will be provided.
- Certificate of attendance will be emailed after the workshop. Please provide TATRA with your email address.
- All courses are run subject to minimum numbers.

TIME 9.15am - 4.30pm

PRESENTER Sharon Freeman Clevenger

TO ENROL

1. Select the course you wish to attend (tick boxes above).
2. Complete the registration form details below.
3. Send this form with correct payment (cheque, money order or credit card details) to TATRA Corporate & Allied Health Training Services.
4. **SHOULD YOU REQUIRE AN INVOICE IN ORDER TO MAKE YOUR PAYMENT THEN MAKE SURE THAT WE HAVE CORRECT DETAILS OF YOUR MANAGER OR ACCOUNTS PAYABLE DEPT. YOU WILL NEED TO SUBMIT THIS REGISTRATION FORM TO TATRA IN ORDER FOR US TO ISSUE AN INVOICE.**
5. Remittance notice **MUST** be forwarded to TATRA upon your EFT payment. We will not secure your booking unless we are advised that payment has been made.
6. Credit card payments incur 1.5% surcharge.

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TAX INVOICE TO BE SENT TO: (Include the correct details of your organisation's Accounts Payable Dept.)

CREDIT CARD DETAILS		<input type="checkbox"/> VISA	<input type="checkbox"/> MASTERCARD
NAME ON CREDIT CARD: _____		CREDIT CARD NUMBER: _____	
EXPIRY DATE: _____	AMOUNT \$ _____		
SIGNATURE: _____		DATE: _____	

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TATRA

CORPORATE AND ALLIED HEALTH TRAINING SERVICES

Complex and Resistant Depression:

The Best Evidence-Based Techniques for Assessment and Treatment

1-day workshop for professionals

Presented by Sharon Freeman Clevenger

(APRN-CS, MSN, MA, PMHCNS-BC Psychiatric Mental Health Clinical Nurse Specialist CEO, Indiana Centre for Cognitive Behaviour Therapy, P.C.)

APS: Activities do not need to be endorsed by the APS. APS Members can accrue 7 CPD hours by participating in this activity.

AASW: Members can accrue 7 CPD hours by participating in this activity.

PACFA: Members can accrue 7 CPD hours by participating in this activity.

ACA: Double Points Apply.

Depression - also referred to as major depressive disorder (MDD) - is perhaps the most common mental illness. Nearly one in five people will experience an episode of MDD at some point in their lives. For many people, depression will resolve with the first-line treatments of antidepressant medications. Unfortunately, up to one-half of all people diagnosed with major depressive disorder will not respond to their initial choice of treatment. Many clients with major depression respond to antidepressant treatment, but 10%-30% of them do not improve or show a partial response coupled with functional impairment, poor quality of life, suicide ideation and attempts, self-injurious behaviour, and a high relapse rate.

As chronically depressed clients move from trying one drug to the next, or one type of therapy to another, their hopes dim as it becomes clear that failing to get better with each depressive bout in turn also ups their chances of relapse. This workshop will focus on the assessment and treatment of complex, resistant cases of depression as they frequently appear, co-occurring with various other disorders.

Depression can have severe consequences on interpersonal relations, physical health, personal action, affect, cognition, success, and productivity. With the concomitant experience of hopelessness, it can be a major factor in suicidal thoughts and actions. Depression is severe when appearing alone, however, there may be a synergistic or cumulative effect when depression is co-morbid with medical problems, anxiety, personality disorders, family or relationship conflict, or with generalised life stress.

Case conceptualisation and treatment planning for clients with the more typical and uncomplicated diagnoses of depression and anxiety are relatively uncomplicated. In fact, some authorities believe that they are likely to get well regardless of the therapeutic intervention and treatment employed by the therapist and/or doctors. These clients respond well to medication, self-help and traditional Cognitive-Behavioural strategies. However, an increasing proportion of clients have **more complex problems** that so interfere with their functioning that they pose significant therapeutic challenges and can be difficult to help. They often require more time in therapy, require more energy and time from the therapist, may have great difficulty making progress in treatment, or make no progress at all. Their progress may be blocked by low levels of motivation, limited coping resources, and multiple other issues. These clients may come to therapy at the request or demand of others, and they see their problems to be externally caused and outside of their control or responsibility. Such clients will have diagnoses that include all the personality disorders, dual diagnoses, schizophrenia, bipolar disorder, and refractory depression and anxiety.

Specific workshop goals will be how to select targets for treatment, and achievable goals for therapy. This workshop will provide the attendee with **tools for practice that can be immediately useful**, practice with various techniques and **targets for immediate action**. Techniques will be selected from those available with the greatest treatment impact, the combination of psychotherapy, physical health care and pharmacotherapy while evaluating the progress and outcome of treatment.

Intended Audience This workshop is relevant to participants from diverse areas of practice including psychologists, social workers, psychiatrists, counsellors, therapists, supervisors and consultants. It is relevant to those working in institutional, public mental health services, NGOs, mental health workers in various capacities, community, private practice settings and all front-line workers.

Workshop Objectives

- Understand how the Neurobiology and genetics of depression may drive treatment choices.
- Differentiate between various types of depression.
- Understand the DSM5 changes and its Implications for Treatment.
- Define Treatment Resistant Depression and Chronic Depression
- Learn how to apply CBT, DBT and ACT strategies and techniques for treating chronic and resistant depression.
- Use the Freeman/Clevenger Diagnostic Profiling System (FDPS) to select targets for treatment.
- Identify the vegetative, cognitive, motivational, nutritional and situational aspects of depression.
- Describe the various problems encountered in treating depression that appear refractory to treatment.
- Describe the rationale for combined psychotherapy and pharmacotherapy.
- Evaluate the progress and outcome of treatment.
- Learn about current relapse prevention approaches for chronic and resistant depression.
- Identify techniques that are effective in motivating chronically depressed clients who tend to not comply with treatment.
- Master your approach to Relapse Prevention.

Program

Roadblocks in Depression

- Neurobiology and Genetics: Nature/Nurture and DNA
- The Non-Motivated patient
- The hidden agenda of the dependent client
- Circular thinking that is perceived as "unbreakable" : Experiential techniques you can use immediately
- Useless, recurrent thinking styles that sabotage progress and block action: Practice using the Automatic Thought Record
- Single episode? Recurrent, resistant episodes? Bipolar II?
- Normal grief vs. grief that triggers major depression: Update on the DSM-5
- Working with parasuicidal individuals : The Borderline Patient with Depression and parasuicidal behaviour
- The Narcissist with depression: Setting boundaries and limits in therapy

Depression and Physical Health:

- Evaluating and intervening when genetic and nutritional issues complicate the picture: Tips and Pearls for practice even when you are not a medical practitioner.
- What happens when someone has a difficult physical illness and they develop depression?: Case example with here and now interventions.

Unmotivated Client that Never seems to Change: Using Motivation for Change in practice

- What is Motivation for Change?
- Choosing reasonable targets for change in the complex depressed individual
- Using the Impediments to Change model
- Interactive practice with Motivation techniques
- Interactive practice: Using MI skills with chronically depressed individuals
- Clinical skills demonstration and case examples of chronic and resistant depression.

Treatment menus: How to decide what technique to use for your client.

- CBT, DBT and ACT techniques application
- How do we choose a therapeutic style?
- Using my own personal therapeutic style with the newer techniques.

Depression that is complicated by co-occurring difficult problems

- ▶ Personality disorders that mimic depression. Case examples
- ▶ Depression and Borderline Personality Disorder (clinical skills demonstration)
- ▶ Depression co-occurring with Anxiety Disorders
- ▶ Interactive Practice: setting an agenda for a session
- ▶ Depression and Psychotic symptoms when your patient is frightened by psychotic thinking/experiences
- ▶ The substance abusing person who develops depression and other mental health problems

Depression, loneliness and stigma

- The reluctant client: Keeping them in therapy
- The client with a family style that feels therapy is worthless

How and when to educate partners, families and employers.

- Resources for the family, partners
- Deciding when you should bring in the family member, and when the family members presence is counter productive.
- How to educate your client on communicating with employers

Relapse prevention: Useful formats to keep therapy going after termination

- Bridging Forms
- Self-Therapy after therapy terminates

About the Presenter:



Sharon Freeman Clevenger, MSN, PMHCNS-BC, CARN-AP, is the Founder and CEO of the Indiana Centre for Cognitive Behaviour Therapy in Fort Wayne, Indiana. She is an associate faculty member in Psychology and Biology at Indiana/Purdue Universities, member of the Executive Board of Directors of the International Association for Cognitive Psychotherapy, a certified Diplomate, Fellow and Certified Trainer for the Academy of Cognitive Therapy founded by Aaron T. Beck, M.D. and was a Co-Investigator for the DSM-5 Field Trials. In addition to achieving national certification as an Advanced Practice Psychiatric Clinical Nurse Specialist with prescriptive authority, she has senior level international certification as an Advanced Practice Certified Addiction Nurse through the International Society of Nurses on Addictions (IntSNA) and is former President of NAADAC, The Association for Addiction Professionals. Sharon Freeman-Clevenger has lectured to professional and military/law enforcement audiences worldwide. She has authored more than 50 chapters and articles and has been a guest expert on the TV show, *The Doctors*. She is the co-editor for both the therapist manual and patient handbook of *Overcoming Depression: A Cognitive Behavior Approach* (Oxford University Press, 2009), senior editor and author of *Living and Surviving in Harm's Way: The Psychological Treatment Manual for Pre-and Post-Deployment of Military Members* (Routledge, 2008), *Behind the Badge: A Psychological Treatment Handbook for Law Enforcement Officers*, (Routledge, in Press) and senior editor and author of *Cognitive Behavior Therapy in Nursing Practice* (Springer Publishers, 2005). Dr. Freeman Clevenger has a Ph.D. in Sociology, a Master's in Advance Practice Psychiatric Mental Health Nursing, and a Masters in Counselling in Psychology.

