# 2 Depression & Mood Disorder

# Certification Training New Assessment and Treatment Techniques for Lasting Recovery

Your clients with depression, bipolar, and other mood disorders are counting on you. But successful treatment can feel like an impossible task.

Diagnosis is tricky, first-line treatments often fail, poor treatment compliance and destructive impulsivity feel like the norm, and recurrence seems the rule and not the exception. And you frequently need to work around medication use that comes with serious side effects, but often fails to offer real benefits. The litany of challenges can leave you feeling exhausted, ineffective, and troubled about the potentially devastating outcomes of treatment failure.

This 2-day training is exactly what you need to help your clients achieve a fuller recovery from depression and bipolar disorder, all without resorting to potentially risky and ineffective medication use.

Join depression and mood disorder expert and author Chris Aiken, MD and get cutting-edge therapeutic techniques, skills, and practical guidance so you can assess for and effectively treat mood disorders better than ever before. Attend and discover:

- New assessment tools for your practice demystify the DSM-5<sup>™</sup> for mood disorders
- The latest psychotherapy techniques including Rumination-Focused CBT, Social Rhythm Therapy and CBT for Insomnia
- Nutritional psychiatry and the first clinically proven diet to treat depression

**Better still**, you'll leave this 2-day training having met the full educational requirements should you choose to pursue the **Certified Depression & Mood Disorder Treatment Professional (CDMDTP)** credentials through the Institute of Depression Treatment Professionals (visit icdtp.com for full details and certification requirements).

**Sign up today** and leave confident that your treatment toolbox has the right combination of clinical interventions so your clients can find relief and live the lives they deserve!

# **Become Certified!**



When you become a **Certified Depression & Mood Disorders Treatment Professional**, you let your clients and peers know you have the training to help clients take control of their lives and give them hope for a brighter future. Go to www.icdtp.com for all certification requirements.

# Speaker

**Chris Aiken, M.D.** is a psychiatrist who specializes in natural and behavioral approaches to mood disorders. He is the editor-in-chief of the *Carlat Psychiatry Report*, section editor for *Psychiatric Times*, and the host of *The Natural Mind* podcast. His books include *Bipolar*, *Not So Much*, *The Depression and Bipolar Workbook*, and *Drug Metabolism in Psychiatry*. His work has been cited in the *International Encyclopedia of Depression*, and he is involved in clinical research to identify new treatments for mood



disorders. He maintains a private practice through the Mood Treatment Center and teaches at the Wake Forest University School of Medicine.

Financial: Chris Aiken is director and founder of Mood Treatment Center. He receives royalties as an author for WW Norton; and PESI Publishing & Media. Dr. Aiken receives a speaking honorarium from PESI, Inc.

Non-financial: Chris Aiken is a Distinguished Fellow of the American Psychiatric Association. He is a member of the North Carolina Psychiatric Association; Forsyth County Psychiatric Association; and the International Society for Bipolar Disorders.

# **Objectives**

- 1. Conduct a collaborative assessment that avoids the stigma clients often associate with mood diagnoses.
- Differentiate among the affective temperaments of dysthymic, cyclothymic, hyperthymic, and irritable types.
- 3. Characterize how psychological trauma affects mood disorders differently.
- 4. Distinguish between borderline personality disorder and bipolar disorder.
- 5. List the more common cooccurring disorders of the depressed client.
- 6. Demonstrate how to create a more effective and practical mood chart for clients to complete as homework.
- 7. Examine how to improve behavioral activation results by incorporating the client's values.
- 8. Explain how ruminative thinking drives depression.

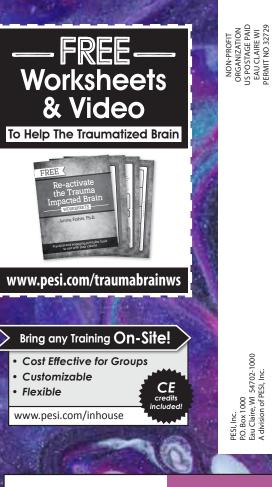
- 9. Summarize the evidence-base for the Rumination Focused CBT model.
- 10. Recommend techniques that manage countertransference to mania and depression.
- 11. Consider the therapeutic alliance and ethical issues around including family members in therapy sessions.
- 12. Devise an emergency plan with clients and family in readiness for mania, hospitalization and suicidality.
- 13. Create an attainable treatment plan that derived from Social Rhythm Therapy
- 14. Summarize the neuroscience of inflammation and insomnia with depression and bipolar disorder.
- 15. List the known risks and often contraindicated use of antidepressants in the treatment bipolar disorder.
- 16. Describe behavioral approaches that address medication adherence.

### Questions? Call customer service at 800-844-8260

## Target Audience

Counselors • Social Workers • Psychologists • Psychotherapists • Case Managers Marriage & Family Therapists • Therapists • Nurses • Advanced Practice Nurses Physician Assistants • Addictions Counselors • Occupational Therapists Other Mental Health Professionals





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# Columbia, MD

Thursday & Friday January 23-24, 2020



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- Proven techniques that change the brain in ways that medications do not

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# Outline

#### **The Mood Spectrum: Diagnoses** in the DSM-5<sup>™</sup> Era

Major Depressive Disorder

- Persistent Depressive Disorder
- **Depression with Mixed Features**
- **Depression with Brief Hypomania**
- Cyclothymic Disorder
- **Bipolar II Disorder**
- Bipolar I Disorder

Specifiers: Anxious distress, melancholic, atypical, seasonal & peripartum moods

Mania, hypomania, mixed states: How to recognize each

Differential diagnosis: Anxiety, addiction, ADHD, eating disorders, substance abuse

Bipolar Disorder or Borderline Personality Disorder?

#### Assessment: Practical Tips, **Evidence-Based Tools, and Subclinical Features**

How to avoid over-diagnosing

Evidence-based measures: MINI-7, PHQ-9, MDQ, Bipolarity Index, & Hypomania Checklist

Why traditional mood charting doesn't work and what to do instead

Affective temperaments: Depressive, Hyperthymic, Cyclothymic and Irritable

Rumination, cognitive deficits, and early warning signs

Conceptualizing mood through the lens of energy, not emotion

Classic v. atypical Bipolar Disorder When mood is shaped by trauma

#### **Therapy for Mood Disorders:** From Evidence-based Treatments to a Personalized Plan

#### Mood Disorder Must-Haves for **Every Treatment Plan**

Psychoeducation - reduce stigma, identify causes, focus on prevention

Psychotherapy – how to the match mood with the approach

Concrete interventions - create a "menu" the client can choose from

Positive psychology: the unique strengths of mood disorders

Family therapy – communication skills, boundaries, crisis plans Remediation strategies for building back cognitive skills deficits

#### **Behavioral Activation: More Than Building a Busy Schedule**

Neuroscience: Turning down the brain's default mood network Integrating values and meaning in

behavioral change How behavior challenges depressive beliefs

Strategies: Opposite action, approachavoidance, mindful media

#### **Rumination-Focused CBT (RF-CBT)**

How is RF-CBT different from traditional CBT?

Useful v. dysfunctional rumination

The benefits of rumination

Shift from avoidant rumination to absorbing action

The neurobiological basis of RF-CBT

Strategies: Chain analysis, habit changing, immersion, mindfulness and compassionate thought

#### **Cognitive Behavioral Analysis** System of Psychotherapy (CBASP)

An attachment-based approach to treating mood disorders

Preoperational thinking: Why chronic depression is slow to change

Positive and negative reinforcement in chronic depression

Evidence to support CBASP for chronic depression

Strategies: Interpersonal inventory, situational analysis, interpersonal discrimination

### **Social Rhythm Therapy**

Therapy with a biological basis Four routines that stabilize the biological clock

Circadian rhythms, neurohormones and neuroplasticity

Strategies: Brisk awakening, zeitgebers, social rhythm chart

#### **Cognitive Behavioral Therapy for** Insomnia

How a therapy for sleep treats depression Sleep drive and circadian rhythms The vicious cycle of anxiety and insomnia Basic steps: Sleep hygiene Advanced moves: Bed restriction Special situations: Screen time, jet-lag,

napping, night owls, and shift work

### **An Antidepressant Lifestyle**

Nutrition: The MediMod Diet, probiotics, caffeine, alcohol and sugar

Physical Activity: When, where, how much

Environment: Dawn simulation, light and dark therapies, nature, music, aromatherapy and air ionization

#### **Medication**

Why a clear diagnosis is crucial before starting any medication

Anti-depressants and mood stabilizers: New classes, old standards

Benefits, risks, side effects; how to recognize problems

How medication impacts therapy: Statedependent learning

The Medication Interest Model: A Motivational Interview for Medication Adherence

Top supplements for mood disorders

Beyond medication: Transcranial Magnetic Stimulation, Electroconvulsive Therapy, esKetamine

#### SAVE BY INCLUDING THESE PRODUCTS WITH CONFERENCE REGISTRATION!



#### Cognitive Behavioral Therapy & Mindfulness Toolbox

50 Tips, Tools and Handouts for Anxiety, Stress, Depression, Personality and Mood Disorders

#### By Richard Sears, PsyD, MBA, ABPP



Soothe

emotions

Clinical psychologist and mindfulness expert Dr. Richard Sears has created a practical, engaging skills manual that clearly defines the principles of CBT and then demonstrates steps for integrating mindfulness practices into therapy -- all drawing from the latest research. Straight-forward explanations and dozens of worksheets provide fresh insights and new tools to move therapy forward when treating stress, anxiety, panic, depression, pain, trauma, addictions, and other issues.

#### Soothe

Your Mind-Body-Spirit Guide for Dealing with Crappy Emotions

#### By: Heidi Kopacek

In Soothe: Your Mind-Body-Spirit Guide for Dealing with Crappy Emotions, clinical psychologist and basically your new best friend, Dr. Heidi Kopacek, gives you a holistic approach to de-frazzling from 21st century stress and negativity.

#### **Crisis Intervention**

The therapeutic relationship with the suicidal client

A collaborative approach to risk assessment

Which symptoms warrant hospitalization? CBT for Suicidality: How therapy can present suicide

Strategies: Hope box, coping cards, and distress tolerance skills

Emergency planning

### **Clinical Considerations**

Countertransference issues in depression and mania

Staying within your scope of practice Children and adolescents: DMDD v. Bipolar Disorder

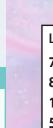
Multicultural considerations



- ✓ Mood spectrum chart
- ✓ Practical Rating Scales
- ✓ Social Rhythm Chart
- ✓ Antidepressant Apps
- ✓ 24 Character Strength Survey
- ✓ The MediMod Diet for Depression
- ✓ And more!



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#### Live Course Schedule (Both Days)

7:30 Registration/Morning Coffee & Tea

8:00 Program begins

**12:15-1:15** Lunch (on your own)

5:00 Program ends

There will be two 15-min breaks (mid-morning & mid-afternoon). Actual lunch and break start times are at the discretion of the speake A more detailed schedule is available upon request.



a certificate to attend another seminar, or receive a tuition refund less a \$60 cancel fee. Substitutions are permitted at any time.

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by AOTA. Course Level: Intermediate. PHYSICIAN ASSISTANTS: For the most up-to-date credit information, ease go to: www.pesi.com/events/detail/76814.

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OTHER PROFESSIONS: This activity qualifies for 960 minutes of instructional content as required by many national, state and local licensing boards and professional organizations. Save your course outline and certificate of completion, and contact your own board or organization for specific requirements

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- Standard Tuition \$499.99 per person

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