

Evidence-Based Behavioral Health 2010 Series

Wednesdays 8:30 to 10:30 a.m.
8 to 8:30 a.m Registration

Aurora Psychiatric Hospital
Norris Auditorium – Main Campus
1220 Dewey Avenue, Wauwatosa

Sponsored by Aurora Health Care



www.AuroraHealthCare.org



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Registration

Registration is required within three weeks prior to each event. To register, call 414-454-6485 option #1. Seating is limited to 100 people. These lectures are presented free of charge.

Course Objectives

The objective of the Evidence-Based Behavioral Health Series is to improve the diagnostic and therapeutic capabilities in psychiatry and addiction medicine for psychotherapists, psychologists and physicians treating patients and their families.

Statement of Need

Programming for this series is based on the analysis of current primary caregiver needs as requested by past attendees. The topics will be relevant to medical and allied staff associated with this facility. The audience will be solicited for comments about future topics.

Target Audience

The program is aimed at psychiatrists, psychologists, social workers, nurses and other allied health professionals who deal with mental health issues and addiction medicine.

Conference Prerequisites

None

Planning Committee Chairman
Cynthia C. Valentin, PhD., APNP

Policy on Faculty and Sponsor Disclosure

It is the policy of Aurora Health Care to disclose real or apparent conflict of interest relating to the topics of this educational activity, and also disclose uses of drugs or unlabeled/unapproved uses of drugs or devices during their presentation. Detailed disclosure will be made in the course handout materials.

Accreditation

Aurora Health Care is accredited by the Wisconsin Medical Society to provide continuing medical education for physicians.

Aurora Health Care designates this educational activity for a maximum of 2.0 AMA PRA Category 1 Credits™.

Physicians should only claim credit commensurate with the extent of their participation in the activity.

Aurora Health Care, Milwaukee, Wis, is an approved provider of continuing nursing education by the Wisconsin Nurses Association Continuing Education Approval Program Committee, an accredited approver by the American Nurses Credentialing Center's Commission on Accreditation.

This program has Continuing Education approval for 2.0 contact hours.

Aurora Behavioral Health Services is approved by the American Psychological Association to sponsor continuing education for psychologists. Aurora Behavioral Health Services maintains responsibility for the program and its content.

*Participants must attend entire two-hour presentation to be in compliance with CME and APA for continuing education accreditation.

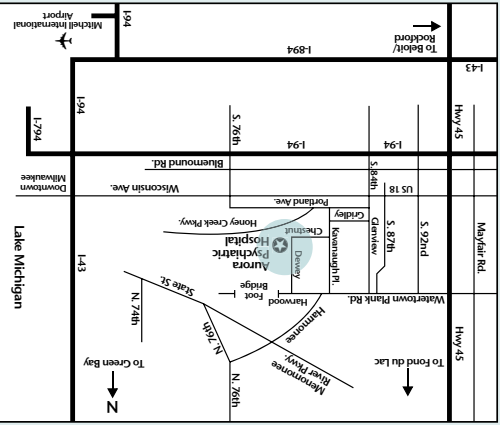
For a complete listing of all Aurora Health Care programs, go to www.Aurora.org/CMEactivities.

Aurora Health Care subscribes to the articles of Title III of the Americans with Disabilities Act of 1990. Should you or anyone accompanying you require special assistance, please notify us at 414-454-6485.

To download the presentation handouts, visit www.Aurora.org/CMEactivities and click on the appropriate presentation.

Parking

Parking is available in the various lots on campus. Overflow parking can be found in the Village of Wauwatosa lot at the end of Harwood Avenue next to the railroad tracks.



Reminder: Please save this brochure to register for future conferences.



Aurora Psychiatric Hospital, Inc.
Aurora Behavioral Health Services
1220 Dewey Avenue
Wauwatosa, WI 53213

March 10, 2010

An Update on Eating Disorders

Dinshah Gagrati, MD, Medical Director, Adult Services and Eating Disorders, Aurora Psychiatric Hospital
Sandra Blaies, MSW, LCSW, Clinical Social Worker and Licensed Psychotherapist, Aurora Psychiatric Hospital

Eating disorders are one of the unspoken secrets that affect many families. According to the National Institute of Mental Health, 5% to 10% of girls/women (5 to 10 million) and one million boys/men in the U.S. suffer from an eating disorder or disordered eating.

This presentation focuses on why so many are susceptible to developing an eating disorder. You will be provided an overview of the complex interplay of psychological, socio-cultural and biological factors impacting this disorder. Additionally, you will learn about the pharmacologic and psychotherapeutic options for treatment.

Objectives: At the end of this activity, the participants will be able to:

1. Compile the complex interplay of psychological, socio-cultural and biological factors underpinning eating disorders.
2. Describe diagnostic criteria for anorexia nervosa, bulimia nervosa and binge eating disorder.
3. List pharmacological and psychotherapeutic options for treatment.

April 14, 2010

Human Moral Development

Mark A. Batory, MD, Medical Director, Child and Adolescent Services, Aurora Psychiatric Hospital

The accepted models of human moral development for many decades were (Lawrence) Kohlberg's Moral Development Stages, based on his work with male youth, in the tradition of Jean Piaget. Subsequent challenges to this model emerged from 'feminist' psychology (Carol Gilligan), "positive psychology" studies of children and adolescents (Galvin and Stillwell), and most recently the emerging field of neuropsychology, (Steven Pinker, et al.). An examination of the possible value of the contributions from each of these models to our understanding human moral development, including clinically-applicable material will be presented.

Objectives: At the end of this activity, the participants will be able to:

1. Describe models of moral development that are currently the most advanced/accepted.
2. Discuss the significant contributions from – and challenges to – each of these models.
3. Discuss how, and to what extent, does empirical evidence support each/any of these models.
4. List what, if any, are the implications for clinical practice.

May 12, 2010

Socioeconomic Status and Mental Health: Research and Treatment Implications

Lucas Torres, PhD, Department of Psychology, Marquette University

Dealing with mental health problems in the inner city presents a major challenge to clinicians. Socioeconomic status (SES) can be a major risk factor common to the development and maintenance of mental health problems and disorders. Traditional mental health service-oriented interventions often prove ineffective due to the complexity of having to manage added chronic stressors with limited resources.

Objectives: At the end of this activity, the participant will be able to:

1. Discuss the mental health disparities evident among traditionally underrepresented populations.
2. Compare the relationship of socioeconomic status (SES) and the development of mental health problems.
3. Describe culturally appropriate evidence-based treatment paradigms.

June 9, 2010

Treatment and Recovery

Florence Birch, Bureau of Protection Treatment and Recovery

This presentation is geared for professionals and consumers/families to explore the challenges and rewards of the recovery model.

Objectives: At the end of this activity, the participant will be able to:

1. Explain the overview of the concepts of recovery from the perspectives of persons traveling the journey.
2. Describe what recovery is and is not.
3. Discuss the changing roles, relationships, environments and supports that encourage the growth of individuals who are living with mental illness.

September 22, 2010

Spirituality and Mental Health Treatment

John Prestby, PhD, Clinical Program Director, Day Treatment Program, Milwaukee County Behavioral Health

The importance of addressing spirituality as part of a comprehensive mental health assessment and treatment is now becoming better understood. This presentation will focus on why addressing spirituality is necessary and ignoring it may actually be neglectful. In addition, the presentation will describe appropriate and effective strategies for assessing spirituality and for addressing spirituality as part of treatment.

Objectives: At the end of this activity, the participant will be able to:

1. Explain why it is often appropriate and sometimes critical to address spirituality.
2. List specific strategies for talking about and assessing spirituality with your clients.
3. Discuss several effective strategies for addressing spirituality in the treatment process.

October 13, 2010

Complicated Grief: DSM V, 2012

Marcia Williams, RN, LPC, Systemic Perspectives

In 2012, the DSM V manual will, for the first time, include the diagnosis of *complicated grief*. The intent of the presentation is to assist clinicians in the use of this diagnosis and to help clarify which approach may be in the best interest of the client.

This evidence-based lecture will include a review of different types of grief, including general grief, grief resulting from sudden death, grief accompanied by Acute Stress Disorder (ASD) or Post Traumatic Stress Disorder (PTSD) and complicated grief. Different models of care delivery will be discussed, including the Shear model.

Objectives: At the end of this activity, the participant will be able to:

1. List at least three of the characteristics that must be present in a grieving person for the DSM V diagnosis of complicated grief.
2. Discuss examples of adaptive continuing bonds in grief and compare to maladaptive continuing bonds.
3. Describe K. Doka's term "disenfranchised grief."
4. Explain the main concept of the Dual Orientation Grief model.

November 10, 2010

Mindfulness for Two: ACT Approach to Mindfulness

Cynthia Valentin, PhD, Psychology Director, Aurora Psychiatric Hospital

Do you ever find that your attention has lapsed during session, perhaps because the content was painful, awkward or boring? Or in the process of trying to figure out the client's problems, you lost contact with the present moment? This presentation will guide the clinician in their own experience with present moment practice. The approach being offered was developed by Kelly Wilson, a leader in the development of ACT.

Objectives: At the end of this activity, the participant will be able to:

1. Discuss how mindfulness is integrated into ACT.
2. Describe the qualities of a mindfulness exercise.
3. Explain how to stop and pay attention to everyday life – via mindfulness exercise.

December 8, 2010

Depression: A Practical Approach to Antidepressant Therapy

Jessica Small, Clinical Pharmacist, Aurora Psychiatric Hospital

"Popular drugs may benefit only severe depression," as reported in the *Journal of the American Medical Society*. Findings suggest that those with mild to moderate depression may benefit from medication, but there are other options that may be as effective. How do we know when to recommend medications versus other options, and in which order?

Objectives: At the end of this activity, the participant will be able to:

1. Discuss the three target symptoms of depression.
2. List differences in mechanisms of action between at least two classes of antidepressants.
3. List three appropriate combinations of antidepressant therapy.
4. Describe an appropriate follow-up plan for patients started on antidepressant therapy.

Registration information (over)