

Date: 24 March 2016

Welcome to *'The LAMPS News!'*

Latrobe regional health, **A**lfred health,
Monash health, **P**eninsula, & **S**outh
eastern

Training News

(LAMPS represents the shining effect of training and education)

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<http://www.med.monash.edu.au/scs/psychiatry/south-ern-synergy/workforce/>

Look under the heading: *Training* – click on *LAMPS training calendar 2016*

John Julian and Debbie Lang

OT STUDY DAY

Tuesday 24 May

Mark your diaries now!

See page 5

Prison Songs

Australia's first ever documentary musical. Inmates of the Darwin Correctional Centre known as Berrimah Prison, share their feelings, faults and experiences through song. Prison Song offers a rare glimpse into life in contemporary Australian prison. Housing 800 men and women, Berrimah is known for overcrowding, originally built in 1979 to hold 115 inmates.

SBS: Fri 15 April Time to be announced

Allied Health Graduate 2016

Training

See page 4

Local Training Workshops

March

Alcohol & Other Drug Withdrawal

An overview of the core principles of withdrawal and the best practice guidelines

16th Time: 9:15am – 4:30pm

Venue: Kingston Centre, Education Rooms, 400 Warrigal Rd, Cheltenham

Register: sdds@monashhealth.org



Methamphetamines and Mental Health

An overview of Methamphetamine and how it impacts with mental health and practical strategies aimed at reducing harms

17th Time: 9:15am – 4:30pm

Venue: Southern Community Mental Health Clinic, 352 South Rd, Hampton East

Register: sdds@monashhealth.org

Intro to Clinical Supervision

Time: 9:30am – 4:30pm

21st Venue: Cranbourne Integrated Care Centre, 140 – 154 Sladen St, Cranbourne

Register: http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop_id=1561

April

A Day of Mindfulness & Mindful Self Compassion (MSC)

4th Trainer: John Julian, Accredited MSC teacher

& Time: 9:30am – 4:30pm

11th Venue: Alfred Health, AMREP Classroom 2

Register: gapsycheducation@alfred.org.au

Stress Management & Mental Health Promotion

Trainer: John Julian

6th Time: 9:30am – 4:30pm

Venue: Nottling Hill, Building 1, Meeting Rm 3

Register: http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop_id=1521

7 th	<p>Introduction to Psychopharmacology (Psych Meds) Our Addiction Psychiatrist Consultant provides a brief introduction to psycho-pharmacology Time: 9:15am – 12:30pm Venue: Southern Community Mental Health Clinic, 352 South Rd, Hampton East Register: sdds@monashhealth.org</p>
11 th	<p>Challenging Behaviours Time: 9:30-12:30pm Venue: St Vincent’s Hospital, Melb Presenter: St Vincent’s VDDS Register: http://www.svhm.org.au/services/VictorianDualDisabilityService/For_Professionals/Pages/Training.aspx</p>
14 th & 21 st	<p>A Day of Mindfulness & Mindful Self Compassion (MSC) Trainer: John Julian Time: 9:30am – 4:30pm Venue: Western cluster Register: http://www.nwmh.mh.org.au/education-and-training/w1/i1002483/</p>
14 th	<p>Professional Resilience Trainer: Greg Coman Time: 9:30am – 4:30pm Venue: Hawthorn East Register: http://www.nevil.org.au/calendar?func=viewEvent&wid=80&eid=1361</p>
14 th	<p>Substance Use and the Older Adult This workshop provides an introduction to the impact of substance use in the older population. It includes a range of practical interventions aimed at reducing the harms from substances. Time: 9:15 – 4:30pm Venue: Kingston Centre, Education Rooms 400 Warrigal Rd, Cheltenham Register: sdds@monashhealth.org</p>
21 st	<p>A Day of Mindfulness & Mindful Self Compassion (MSC) Trainer: John Julian</p>

Time: 9:30am – 4:30pm

Venue: Western cluster

Register: <http://www.nwmh.mh.org.au/education-and-training/w1/i1002483/>

Mental State Examination

Work through the tool for conducting a Mental State Examination

21st Time: 9:15am – 12:30pm

Venue: Dandenong Hospital, Seminar Rm 1

Register: sdds@monashhealth.org

OT in Mental Health Study Day

Save The Date!

In 2016, the OT in Mental Health Study Day will be held on **Tuesday the 24th of May**.

We have changed the structure of the day to accommodate the various practice areas and interests of our cluster OTs. The morning will be a whole-of-group session reflecting on consumer experiences of OT in Mental Health, and the peer worker/consumer movement and its growth in Victorian Mental Health. The afternoon will offer a number of workshops. These sessions will reflect current innovations and/or issues in OT practice across the areas of CYMHS, Aged Persons MHS and Adult MHS.

Please mark the date in your calendars and diaries, and prepare for the upcoming full flyer complete with details of the day.

- LAMPS (Latrobe Regional Hospital, The Alfred, Monash Health, Peninsula Health & Southern Synergy) OT in Mental Health Study Day Committee

2016 NEVIL Allied Health Development Program

DAY	Topic	Duration	Suggested presenters
FEB Day 1 Thur 18 Feb	Intro to MH Services	9.30am – 12.30pm	Greg Coman
	Mental Health Act	1.30pm – 4.30pm	Kylie Boucher (Austin)
MARCH Day 2 Thur 17 Mar	Mental State Exam/ Crisis Assessment	9:30am – 12:30pm	Dennis Anson
	Assessment/ Formulation	1.30pm – 4.30pm	Maria Haydock
APRIL Day 3 Thur 14 Apr	Professional Resilience	1 day	Elizabeth Mellor
MAY Day 4 Thur 19 May	Working with Families and Children	1 day	Kirsty Becca Alchin
JUNE Day 5 Thur 16 June	Alcohol and Other Drugs	1 day	
JULY Day 6 Tues 12 July	Pharmacology – will slot on General NEVIL calendar in this month	1 day	
AUGUST Day 7 Thur 18 Aug	Recovery	1 day	John Julian
SEPTEMBER Day 8	ASIST Suicide Intervention		
OCTOBER 4	LAMPS Social Workers conference Trauma and Toxic Stress	1 day	

Purpose of the NEVIL Allied Health Development Program

1. To ensure that allied health staff, particularly those in their first two years of work in the public mental health sector, are provided with appropriate training related to mental health.
2. To supplement the online training available through MHPOD.

Development Training Program

- Presenters need to be aware the content of the MHPOD sessions and use this to inform the training they present.
- The training should provide a brief overview of their topic, however focus on, reflective, integrative, experiential and practical learning opportunities that are not provided through the online training.

Some notes on ICE and its impact on Mental Health, Treatment and Training Issues

As everyone is aware, methamphetamine, commonly known as ICE or crystal meth, has a significant presence in the media. This issue of 'The News' looks behind these headlines to sort out what the evidence base says versus what is fictional and to consider what is currently occurring in training.

There are several sections to these notes as follows:

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Methamphetamine

Methamphetamine is also referred to as shabu, crystal, crystal meth or d-meth and ICE. ICE will be used in these notes due to recent and future advertising of various projects. It comes as a powder or crystals that are usually snorted, injected or smoked.

What does ICE do?

Ice gives a person a high and uses their natural dopamine to do this. Eventually however, the dopamine production system shuts down and is only stimulated by the use of ICE.

The immediate effects from ice are intense pleasure and clarity. Users say they have lots of energy and can think clearly, feel like they can make good decisions, and plan effectively. This is because methamphetamine dramatically increases the levels of the hormone dopamine – by up to 1,000 times the normal level – much more than any other pleasure seeking activity or drug. Physical effects can include dilated pupils, an increased heart and breathing rate, a reduced appetite and an

increased sex drive. The effects usually last for between 4 and 12 hours, although methamphetamine can be detected in blood and urine for up to 72 hours.

Once users start to take ice at higher doses or to use it more frequently, the pleasurable effects tend to give way to less pleasurable ones. Physically this might involve a racing heart and increased breathing rate, a rise in body temperature, a dry mouth and sometimes nausea and vomiting. At 'critical toxicity' or overdose levels, people can also have stroke or heart failure, and occasionally seizures. Once you start taking higher doses you may also start to feel jumpy or anxious, hostile and aggressive. This can escalate to feelings of intense paranoia or psychotic episodes. This is caused by methamphetamine's release of another neurotransmitter (brain chemical) called noradrenaline, which induces a 'fight or flight' response.

A range of physical issues also present.

Impact on Neurotransmitters

As noted, the main neurotransmitter effected is dopamine but ice also effects serotonin and noradrenaline. In understanding the role these neurotransmitters play we can see how ice use impacts a person's functioning.

Dopamine regulates pleasure, motivation, reward, attention and memory planning. Noradrenaline also regulates attention as well as arousal and mood. Serotonin helps noradrenalin regulate mood and regulates cognition, appetite, learning perception & sleep

When a person takes ICE, the huge surge in dopamine that follows explains the feelings of elation, euphoria, alertness, focus and motivation that a person may feel. It also explains why, in high doses, Meth can keep a person awake for days and in some cases, lead to suspiciousness, paranoia and psychosis.

It is important to understand that not only does ice cause the brain to release these chemicals but it also prevents the brain reabsorbing them so they can't be used again. This creates a short term (about 3 days) shortage of these important neurotransmitters while the brain manufactures more. Low mood, poor attention, irritability, trouble with sleep and difficulty concentrating are common in the days that follow use.

What's more, with longer term use of meth a person's brain may struggle to produce dopamine (and noradrenaline and serotonin), taking longer and longer to produce a smaller amount. This results in chronic long term shortages – essentially the dopamine structure shuts down. In the case of dopamine, even after the use of ice has ceased it can be several months before dopamine levels are restored to normal.

Methamphetamines and psychosis

Almost one quarter of regular methamphetamine users will experience a symptom of psychosis in any given year.

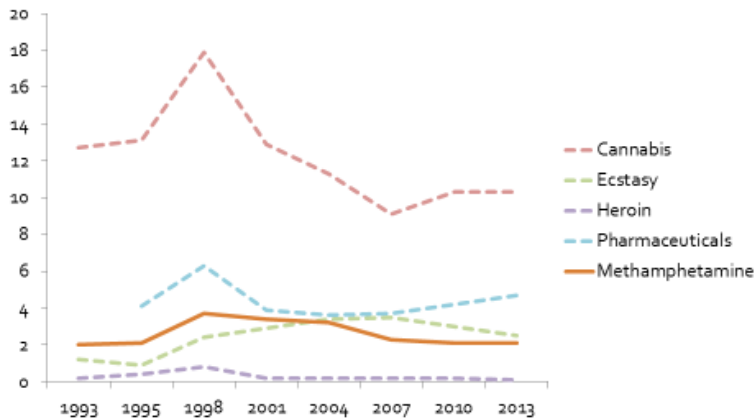
Methamphetamine psychosis typically involves feeling overly suspicious, having strange beliefs about things that are not plausible, or hearing and seeing things that are not there. These symptoms can vary in intensity and usually last up to two to three hours, but sometimes symptoms can be severe and last for days.

People with schizophrenia are far more likely to experience psychosis after using methamphetamine than other users. Source: [National Drug and Alcohol Research Centre](#)

Is there an ICE epidemic?

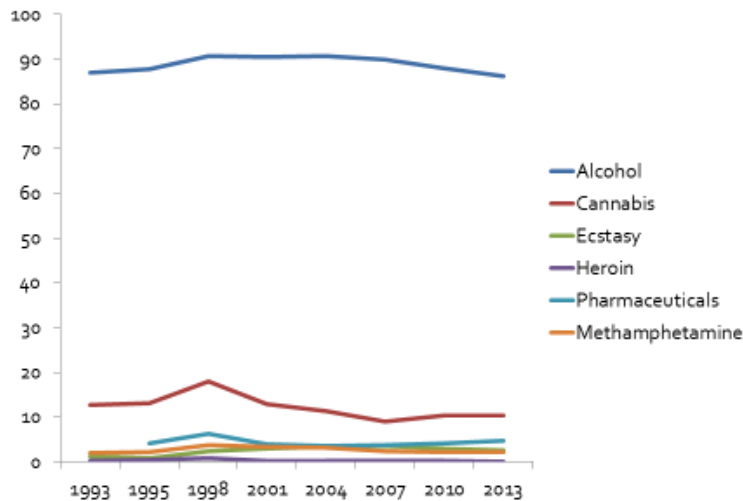
Dr Nicole Lee at the recent TheMHS Summer conference provided the following data.

The following table considers non-alcohol drug use generally from 1993 to 2013 with the vertical graph representing percentage of all drug users. The major drug, alcohol, is not shown in this graph and sugar and caffeine are still not classified as drugs.



NDSHS, 2014

The following table show all major drugs of use including alcohol.



NDSHS, 2014

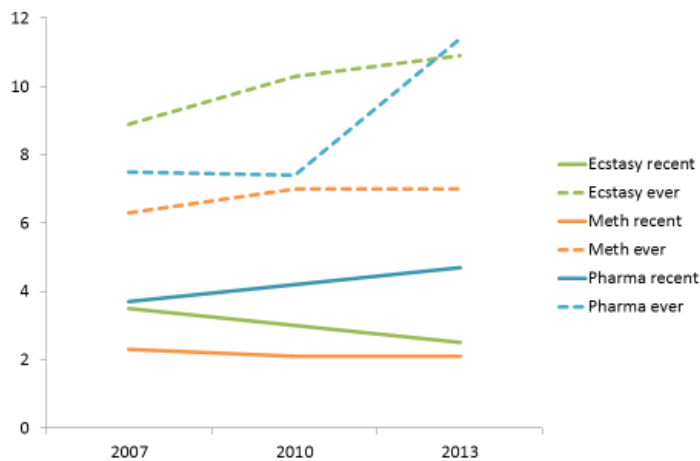
(Incidentally, when considering all data the good news is that current people in the adolescent age range are using less drugs and those that do are starting use of drugs later (by about 1.7 years).)

In regard to ICE use:

- Remote and very remote twice as likely to use
- Inner and outer regional less likely to use
- 65% of users are in capital cities.

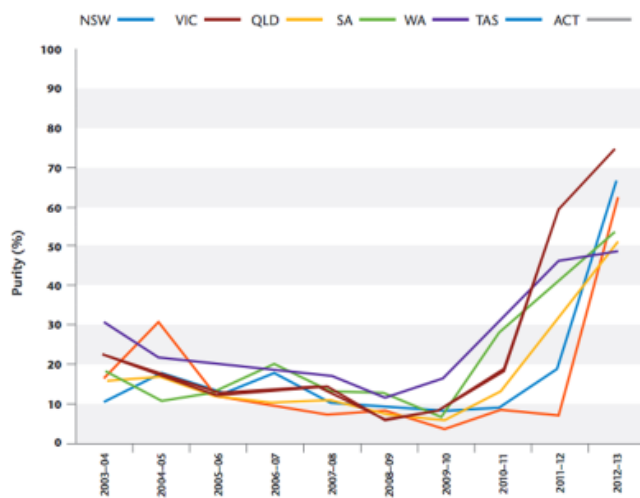
From the following table Nicole Lee suggested that it showed:

- Ecstasy – recent use is slightly down but ever used is up so suggests that a fair proportion of recent users are new users
- Meth – recent and ever used stable so suggests that it’s a stable cohort of users over time
- Pharma – recent use is up and ever used is up a lot so suggests a lot of the current users are new users



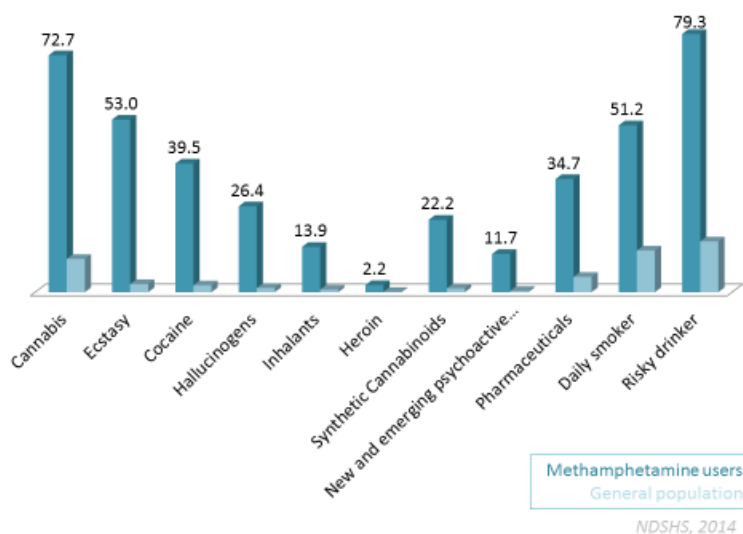
ICE purity

A major issue is that the purity of ICE has increased dramatically.



Australian Crime Commission 2014
Illicit Drug Data Report 2012-13

ICE users use more drugs overall as can be seen in the next table.



Severity versus Numbers

Overall the evidence is that while prevalence stays the same, the severity and frequency of use of people on ICE has increased dramatically and when this is combined with the increased purity of available ICE, a major impact will occur on clinical services.

If prevalence was up Nicole Lee noted that:

“... an epidemic requires a public health/prevention response and increase in severity requires a clinical response. The focus on an epidemic is misdirecting our attention from solving the problem.”

The bottom line:

In regard to ICE and in summary, Nicole Lee noted that the cohort of people using ICE:

- There was no change/little in overall prevalence
- Shift to crystal meth from other drugs is occurring
- High polydrug use in the ICE cohort occurs
- Frequency of ICE use up
- Price of ICE is down (but very profitable by international comparisons)
- Purity of ICE is up

Other points made were:

- Unemployed twice as likely to use
- 1.5-2 times more likely to use other drugs
- Nearly 70% of users are employed

It will be hard but there are successes

The Executive Summary in technical report “Methamphetamine treatment evaluation study (MATES): Three-year outcomes from the Sydney site” (NDARC Technical Report No. 312 (2010)) concluded:

“Methamphetamine treatment entrants showed sustained reductions in methamphetamine use and related harms after drug treatment, but these positive outcomes were largely due to ongoing treatment exposure. The single baseline episode of drug treatment examined in this study was found to have short-term benefits, but no long-term benefit compared to a non-treatment comparison group (in terms of recovery from methamphetamine dependence without further treatment exposure). Particularly poor outcomes were observed for heavier injecting methamphetamine users and those with psychotic symptoms and high levels of psychological distress on entry to treatment. On the other hand, around one-third of methamphetamine users recovered without further drug treatment. Positive outcomes were associated with longer and more intensive treatment programs. These findings highlight the chronic and relapsing nature of methamphetamine dependence for a large proportion of methamphetamine users, and a need for a more intensive and sustained treatment approach for this population, with a particular emphasis on follow-up care and relapse prevention.”

What to do: Counselling works

Amanda Baker notes that counselling works. Her studies in Australia found that 2 sessions of CBT helped a person, and 4 sessions stepped it further. As such it appears brief CBT oriented counselling is a useful tool.

In the presentations made to the 2016 Summer TheMHS conference, no psychotropic drugs are specifically recommended at this stage as none have been found to assist in treatment or reducing relapse.

The main issue then is how to translate this into an action plan. Any broad scale training needs to consider how both ED and Mental health services can use the broad array of services including GP's and mainstream services in order to lighten the load ED and Mental health services are carrying around this issue. This will be discussed more broadly through the LAMPS cluster meeting in the future.

Practical Counselling / CBT Assessment and Treatment Skills

Brief CBT interventions can have positive results and are reported by the Australian researcher Amanda Baker et al (Baker, 2003). This paper has a range of practical assessment and treatment tools and is highly recommended.

This paper is freely available at:

[http://www.health.gov.au/internet/main/publishing.nsf/content/1DEA7F68576F8F16CA257BF0001F3E5C/\\$File/cognitive-intervention.pdf](http://www.health.gov.au/internet/main/publishing.nsf/content/1DEA7F68576F8F16CA257BF0001F3E5C/$File/cognitive-intervention.pdf)

A Commonwealth monograph on psychosocial interventions is available (Baker) and this is freely available at:

[https://www.health.gov.au/internet/main/publishing.nsf/Content/5D6C43E1A64E3EE1CA257BF0001E8D5A/\\$File/mono51.pdf](https://www.health.gov.au/internet/main/publishing.nsf/Content/5D6C43E1A64E3EE1CA257BF0001E8D5A/$File/mono51.pdf)

Further updates to guidelines are expected shortly.

What is happening with training and what will LAMPS do?

As is known, LAMPS through SDDS has been supporting Methamphetamine training in the “Methamphetamines and Mental Health” program for over a year and has also funded the development by SDDS of the group training named “Train the Facilitator – Psychoeducation Group” for staff to be able to run groups for various substance abuse users project currently being rolled out across services at the moment.

LAMPS is supporting with the other two clusters and we have created a NCETA Translation Advisory Group. Secondly, we are also working with Bouverie in developing a Practice Leaders Support Project specifically for mental health managers and clinical supervisors. More will be announced about these type of initiatives in the near future as they develop.

LAMPS is also offering CBT training in the next year at an introductory level and consideration will be given to including a specific section or/and a case example with some discussion what can be offered briefly.

How does SDDS training on ICE compare to the training provided in the NCETA package?

A number of people have undertaken the SDDS methamphetamine training offered. The table below will assist you to make decisions about your baseline training and your future training needs by comparing NCETA training to that offered by SDDS. If in doubt speak to your clinical supervisor or manager.

The following table has been slightly adjusted from information provided to LAMPS by SDDS. It clearly shows some current gaps in training as well which will be discussed locally and at a State level.

NCETA ICE Training Modules Compared to SDDS 6 Hour and 45 minute Inpatient Training Packages

NCETA ICE TRAINING MODULES	SDDS 6 Hour Package	45 Min Inpatient Package
Module 1: About Ice		
1.1 About Ice and other forms of Methamphetamine	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.2 Patterns of Ice and other forms of methamphetamine use in Australia	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.3 How methamphetamine / Ice affects users	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
1.4 Methamphetamine: Legal issues	<input type="checkbox"/>	<input type="checkbox"/>
Module 2: Effects of Ice		
2.1 Ice intoxication	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.2 Ice withdrawal and long term effects	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
2.3 Using Ice with alcohol and other drugs	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
Module 3: Communicating with Ice Users		
3.1 Communicating and engaging with Ice users	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.2 Assessing and managing self-harm and suicide with Ice users	<input checked="" type="checkbox"/>	<input type="checkbox"/>
3.3 Basic mental health responses for Ice users	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Module 4: Ice Users and Critical Incidents		
4.1 Critical incidents involving Ice users	<input type="checkbox"/>	<input type="checkbox"/>
4.2 Managing critical incidents	<input type="checkbox"/>	<input type="checkbox"/>
4.3 Recovery, review, resumption	<input type="checkbox"/>	<input type="checkbox"/>
Module 5: Interventions		
5.1 Overview of interventions	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.2 Brief interventions	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.3 Assessment	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.4 Counselling and cognitive behavioural approaches	<input checked="" type="checkbox"/>	<input type="checkbox"/>

5.5 Withdrawal management	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>
5.6 Relapse prevention and management	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.7 Groups with specific needs	<input checked="" type="checkbox"/>	<input type="checkbox"/>
5.8 Supporting / working with families and carers	<input type="checkbox"/>	<input type="checkbox"/>
Module 6: Prevention		
6.1 Ice prevention models and strategies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
6.2 Harm reduction strategies	<input checked="" type="checkbox"/>	<input type="checkbox"/>
Module 7: Organisational Responses to Ice <i>The information for this section is not available yet.</i>		

References

Baker, A., Kay-Lambkin, F., Lee, N.K., Claire, M. & Jenner, L. (2003). A Brief Cognitive Behavioural Intervention for Regular Amphetamine Users. Australian Government Department of Health and Ageing.999

Baker, Gowing, Lee & Proudfoot, Psychosocial Interventions for Psychostimulant Users, in Baker, Lee & Jenner (eds), Models of Intervention and Care for Psychostimulant Users, National Drug Strategy Monograph Series

What causes autism? What we know, don't know, and suspect

We're finally getting closer to understanding

This readable article was originally written by [Andrew Whitehouse](#) from the [University of Western Australia](#), and was originally published by [The Conversation](#).

[Andrew Whitehouse](#) is the Winthrop Professor, Telethon Kids Institute, [University of Western Australia](#).

One of the great and enduring mysteries of autism is what causes the brain to develop so differently. The behavioural differences of many individuals with autism are so apparent that it seems intuitive that the causes would also be obvious. But research over the past 70 years has indicated this isn't so.

This article goes on to overview the genetics, environmental causes, brain development, and other biological issues.

<http://www.sciencealert.com/what-causes-autism-what-we-know-don-t-know-and-suspect>

The original article in The Conversation can be read here:

<https://theconversation.com/what-causes-autism-what-we-know-dont-know-and-suspect-53977>

Consumer Workforce Conference

The **6th VMIAC Consumer Workforce Conference** will be held on Monday and Tuesday, the 21st and 22nd of March 2016.

The **venue** is Mantra Bell City, 215 Bell Street, Preston

The **theme** of the conference is ***A Changing Landscape***

We are delighted to announce that Mary O’Hagan has agreed to be our keynote speaker. As an initiator of the service user movement in New Zealand, the first chair of the World Network of Users and Survivors of Psychiatry, an advisor to the United Nations and World Health Organization and a Mental Health Commissioner for New Zealand, Mary is uniquely placed to reflect on the challenges and opportunities of working for increased consumer participation in *a changing landscape*. As other guest speakers accept our invitations, we will keep you updated on our conference webpage on the VMIAC website.

The purpose of the Conference is to provide opportunities for exchanging new learnings, sharing experiences, and discussing current developments within the consumer workforce. It will be a great opportunity for networking and socialising with fellow consumer workers in Victoria, as well as reflecting on what has already been achieved and what remains to be done.

It is free of charge to people employed by Victorian government-funded mental health services in designated consumer roles. A limited number of places may be made available for some interested consumers who are not formally employed, as well as interstate consumer workers if numbers permit.

Information about the Conference will be continuously updated on the VMIAC website.

Enquiries about eligibility to attend, or other issues, can be made via email to david.mithen@vmiac.org.au

Please confirm your availability to attend with your line manager before registering.

Call for Papers

Guidelines for submissions of abstracts will also be available on VMIAC’s website. Presentations can be either one hour workshops or 20 minutes papers with an additional 10 minutes for questions from the floor.

The closing dates for abstracts is **Friday 8th January, 2016**, and successful applicants will be notified in February.

Given our theme of *A Changing Landscape*, we expect at least some of the following developments in mental health to be covered in abstracts: the Mental Health Act 2014, changes to the community sector through the new Mental Health Community Support Services, consumer-focussed initiatives in service delivery, Consumer Leadership, the National Disability Insurance Scheme, Consumer Groups, Advocacy, Social media, Dual Diagnosis, the Mental Health Review Tribunal and the Mental Health Complaints Commission.

Successful abstracts will be determined by a panel from the Conference Reference Group, and all those who present an abstract will be notified of the receipt of their abstract, and of the eventual fate of their submission.

We hope you will take the opportunity to register as soon as possible. We look forward to receiving your registration in the very near future.

Registration

You are invited to register for the 2016 Consumer Workforce Conference by emailing david.mithen@vmiac.org.au and filling in the **Registration Information** in the table below.

You can also register on the VMIAC website.

Please fill in the entire table so that arrangements can be made for access, physical disability, dietary or other requirements.

Some accommodation will be available for rural Consumer Workers over the course of the conference.

Successful registration will only take place via an email response to this notice, or through the VMIAC website.

You will be notified when your registration has been processed.

Registration Information

First Name	
Last Name	
Job Title	
Employer	
Suburb employed	
Consumer designated position?	
Contact number	
Attend Monday?	
Attend Conference Dinner?	
Attend Tuesday?	
Special Dietary Requirements?	
Other Special Requirements?	
Accommodation Requirements?	

Thank you for your interest.

Fee for Service Training

PDP Training

PDP offers a range of training options now in Melbourne

PROFESSIONAL PRACTICE SYMPOSIUM

Professional Growth and Identity:

Why They Matter so Much to Your Future.



Presenters include: KEVIN KEITH, GEORGE GINTILAS, CARMEN NICOTRA, CLINTON POWER and an industry discussion/Q&A panel.

MELBOURNE: 19th June 2016 [Click to read more](#) [Click to register](#)

Super Early bird \$158 (full catering included) \$79 with Student and Graduate Code! ([Apply online](#)) Super Early bird ends 4th April.

NARRATIVE THERAPY

Two days of theory coupled with clinical skills training.

Presented by ADRIAN VAN DEN BOK

MELBOURNE: 27th - 28th May 2016 [Click to read more](#) [Click to register](#)

https://gallery.mailchimp.com/38c564ad2e06147e99b9dcc44/files/NARRATIVE_2016_03.pdf

Early bird \$488 (full catering included)

SCHEMA THERAPY

Interventions for change with the Personality Disordered: An introduction to Schema Therapy.

Presented by PROF. BRUCE A STEVENS

SYDNEY: 13th May 2016 [Click to read more](#) [Click to register](#)

https://gallery.mailchimp.com/38c564ad2e06147e99b9dcc44/files/SCHEMA_2016.pdf

MELBOURNE: 20th May 2016 [Click to read more](#) [Click to register](#)

Early bird \$244 (full catering included)

Mindful Self-Compassion Training



Thinking Healthy

Mindfulness training, Mindful Self-compassion, Counselling,
Therapy and Stress Reduction Training

Mindful Self Compassion

Courses & Retreats for Professionals

www.thinkinghealthy.com.au

Mindful Self-Compassion, an empirically-supported training program based on the pioneering research of Kristin Neff and the clinical perspective of Christopher Germer.

The 8-week MSC program provides the science, research and teaches core principles and practices that enable you (and your clients) to respond to life's difficult moments with kindness, care and understanding.

March 30 – 8 x 2.5 hour Weekly Sessions & Day Retreat

Location – Box Hill

Trainers – Leanne Skipsey & Michelle Johnson

Early Bird Special \$580.00 [Registrations](#)

July 12-16 - 5 Day Non-residential Retreat Location - Croydon Hills

Trainers –Michelle Johnson & Leanne Skipsey with a certified teacher, John Julian

Early Bird Special \$750.00

[Register Your Interest](#)

Oct 10-14 - 5 Day [Residential](#) Retreat

Location -Templestowe

Trainers- Michelle Johnson & Leanne Skipsey with certified teacher, John Julian

Early Bird Special from \$1600

[Register Your Interest](#)