

# Welcome to 'The LAMPS News!'

Latrobe regional health, Alfred health, Monash  
health, Peninsula, & South eastern  
Training News

(LAMPS represents the shining effect  
of training and education)

**Date: 17<sup>th</sup> April, 2015**

What's happening in training and in the LAMPS cluster  
John Julian and Debbie Lang



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*"Out beyond the ideas of right-doing and wrong-doing,  
there lies a field. I'll meet you there."*

For the full 2015 Training Calendars please visit the web page:

<http://www.med.monash.edu.au/spppm/research/southern synergy/workforceprogram/cluster/trainingcalendar.html>

### Bouverie Family Consultation/Single Session training – 2 Day Workshop

This 2 day workshop is offered for mental  
health clinicians.

**Trainers:** Hanna Jewell and Rose Cuff

**Time:** 9:30am – 4:30pm

**Venue:** Wed 4<sup>th</sup> = Notting Hill, Rm  
See page 2

### Allied Health Graduate Training

**2015**

See Page 7

### MINDFUL SELF-COMPASSION

An 8 week Mindful Self-Compassion program  
is being offered one more time. This program  
was developed by  
Kristin Neff and Christopher Germer.

This intensive 8 week program is offered by  
the LAMPS senior trainer, and the first trained  
MSC teacher in Australia, John Julian.

The weekly 3 hour sessions will occur for or a  
total of 8 weeks over a 9 week period. The  
program will commence on 19 March at 1pm.

Application forms are available from  
[Debbie.Lang@monash.edu](mailto:Debbie.Lang@monash.edu)

See **page 11** for full course  
description.

## Local Training Workshops

### April

**14<sup>th</sup>**      **Methamphetamines and Mental Health**  
This workshop provides participants with information about methamphetamines, their usage and the impact they have on an individual's mental state. Topics include: Prevalence, and impact of methamphetamines Impact on mental state Current evidence based interventions & guidelines  
**Time:** 9:15am – 4:30pm  
**Venue:** Dandenong Hospital, Seminar Rm 1  
**Register:** [http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop\\_id=1164](http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop_id=1164)

**16<sup>th</sup>**      **RiSCE - Risk identification Safety Communication Environment**  
**Time:** 8:30am – 4:30pm  
**Venue:** Peninsula Health, Blue Rm, 1 West  
**Register:** E: [Imcintyre@phcn.vic.gov.au](mailto:Imcintyre@phcn.vic.gov.au)

**16<sup>th</sup>**      **Dual Diagnosis and Motivational Interviewing**  
**Time:** 1 day  
**Presenter:** NEXUS  
**Register:** <http://www.nevil.org.au/>

### April (Cont.)

**16<sup>th</sup>**      **Introduction to Pharmacotherapy**  
Presented by our Addiction Medicine Consultant and discusses the latest evidence around pharmacotherapy interventions.  
**Time:** 9:15am – 12:30pm  
**Venue:** Dandenong  
**Register:** [http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop\\_id=1172](http://spppm-cf.med.monash.edu.au/southern synergy/form.cfm?workshop_id=1172)

**16<sup>th</sup> & 17<sup>th</sup>**      **ASIST (Applied Suicide Intervention Skills Training)**  
A 2-day interactive workshop in suicide first aid.  
Participants will learn to recognise when someone may be at risk of suicide and respond in ways that help increase their immediate safety and link them to further help. ASIST aims to enhance a caregiver's abilities to help a person at risk avoid suicide.  
In ASIST, you will be better prepared to:

- Recognise when someone may be thinking of suicide
- Respond in ways that clarify and address suicide risk

- Understand why suicide thoughts are present
- Work together to review risk and increase safety
- Facilitate links with further help.

**Time:** 8:30 – 5:00pm

**Presenter:** Monash Health

**Register:** Kristy-Lee Allan

[kristylee.allan@monashhealth.org](mailto:kristylee.allan@monashhealth.org)

mob: 0400 327 687

or Shelley Black

[shelley.black@monashhealth.org](mailto:shelley.black@monashhealth.org)

mob: 0405 494 159

### **Advanced Dual Diagnosis**

A workshop exploring our attitudes, values and understanding of Dual Diagnosis, incorporating:

- Substance use, awareness & its relationship to mental health
- Assessment of substance misuse
- Treatment interventions including pharmacotherapies and Motivational Interviewing
- Harm Minimizations Strategies
- Working within the broader service system & future directions

17<sup>th</sup>

**Time:** 8:30am – 4:30pm

**Venue:** Peninsula Health, Blue Rm, 1 West

**Register:** [lmcintyre@phcn.vic.gov.au](mailto:lmcintyre@phcn.vic.gov.au)

<b>May</b>	
<b>7<sup>th</sup></b>	<p><b>Poly-pharmacy</b> Presented by our medical team around issues relating to poly-pharmacy issues. <b>Time:</b> 9:15am – 12:30pm <b>Venue:</b> Kingston <b>Register:</b> <a href="http://spppm-cf.med.monash.edu.au/southernenergy/form.cfm?workshop_id=1174">http://spppm-cf.med.monash.edu.au/southernenergy/form.cfm?workshop_id=1174</a></p>
<b>12<sup>th</sup></b>	<p><b>Cognitive Behavioural Therapy</b> Cognitive Behavioural Therapy (CBT) is an evidence-based, well validated treatment that can be applied to various mental health problems by changing how we think and perceive the world. Unfortunately, CBT is often seen as a dull, manualised treatment, but this workshop will teach participants that CBT is a dynamic, exciting therapy that is practical, sensible and effective! Help yourself and your clients to master thoughts and take control of life. The first half of the workshop, the basics of CBT, is aimed at an introductory or refresher level. In the afternoon the workshop will concentrate on applying CBT techniques to various scenarios with practical techniques and role plays. The goals of the workshop are to: enhance the mental health clinician’s work with clients and to view CBT as a tool for self-care for the clinician. <b>Time:</b> 1 day <b>Presenter:</b> NEVIL <b>Venue:</b> Notting Hill, Meeting Rm 3 <b>Register:</b> <a href="http://www.nevil.org.au/">http://www.nevil.org.au/</a></p>
<b>21<sup>st</sup></b>	<p><b>Consumer Lived Experience</b> <b>Time:</b> ½ day <b>Presenter:</b> NEVIL <b>Register:</b> <a href="http://www.nevil.org.au/">http://www.nevil.org.au/</a></p>
<b>21<sup>st</sup></b>	<p><b>RiSCE - Risk identification Safety Communication Environment</b> <b>Time:</b> 8:30am – 4:30pm <b>Venue:</b> Peninsula Health, Blue Rm, 1 West <b>Register:</b> E: <a href="mailto:Imcintyre@phcn.vic.gov.au">Imcintyre@phcn.vic.gov.au</a></p>
<b>21<sup>st</sup></b>	<p><b>Families and Children</b> <b>Time:</b> ½ day <b>Presenter:</b> NEVIL <b>Register:</b> <a href="http://www.nevil.org.au/">http://www.nevil.org.au/</a></p>
<b>22<sup>nd</sup></b>	<p><b>RiSCE - Risk identification Safety Communication Environment – REFRESHER</b> <b>For all staff, mandatory for staff working in High Risk areas including NUM’s, ANUM’s</b> <b>Time:</b> 2:00pm – 3:30pm <b>Venue:</b> Peninsula Health, Blue Rm, 1 West <b>Register:</b> E: <a href="mailto:Imcintyre@phcn.vic.gov.au">Imcintyre@phcn.vic.gov.au</a> For all enquiries or to book please send email to: Lorraine McIntyre <a href="mailto:Imcintyre@phcn.vic.gov.au">Imcintyre@phcn.vic.gov.au</a> or phone Lorraine 9784 8236 See your Nurse Unit Manager or the Intranet for application forms.</p>

# Clarifying Advance Statements

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The following video clarifies a number of things about Advance Statements:

[https://www.youtube.com/watch?v=ZvFJATk\\_K5w](https://www.youtube.com/watch?v=ZvFJATk_K5w)

Formal departmental advice is also at:

<http://www.health.vic.gov.au/mentalhealth/mhact2014/recovery/advance-statements.htm>

## Making an advance statement

A person can make an advance statement at any time provided they understand what an advance statement is and the consequences of making an advance statement.

The authorised psychiatrist must have regard to the views and preferences of the patient about their mental health treatment expressed in their advance statement.

An advance statement must:

- be in writing
- be signed and dated by the person making the advance statement
- be witnessed by an [authorised witness](#)
- include a statement signed by an authorised witness stating that -
  - in their opinion, the person understands what an advance statement is and the consequences of making an advance statement
  - the witness observed the person sign the advance statement
  - the witness is an authorised witness.

An authorised witness includes:

- a registered medical practitioner, a mental health practitioner. **or**
- a person who may witness a statutory declaration.

The latter includes (a) any judge or the associate to any judge; (b) an Associate Judge of the Supreme Court or the associate to such Associate Judge; (ba) an Associate Judge of the County Court or the associate to such Associate Judge; (c) a justice of the peace or a bail justice; (d) the prothonotary or a deputy prothonotary of the Supreme Court, the registrar or a deputy registrar of the County Court, the principal registrar of the Magistrates' Court or a registrar or deputy registrar of the Magistrates' Court; (da) the registrar of probates or an assistant registrar of probates; (db) a senior member or ordinary member of the Victorian Civil and Administrative Tribunal who, immediately before the commencement of section 8.2.1 of the Legal Profession Act 2004, was the registrar or a deputy registrar of the Legal Profession Tribunal; (e) a member or former member of either House of the Parliament of Victoria; (ea) a member or former member of either House of the Parliament of the Commonwealth; (f) a public notary; (g) a legal practitioner; (ga) a member of the police force of or above the rank of sergeant or for the time being in charge of a police station; (gb) a person employed under Part 3 of the Public Administration Act 2004 with a classification that is prescribed as a classification to which this section applies; (gc) a senior officer of a Council as defined in the Local Government Act 1989; (gd) a person registered as a patent attorney under Chapter 20 of the Patents Act 1990 of the Commonwealth; (ge) a fellow of the Institute of Legal Executives (Victoria); (h) any officer or person empowered authorized or permitted by or under any Act of Parliament to take affidavits in relation to the matter in question or in the particular part of Victoria in which the affidavit is sworn and taken.

An advance statement will be valid if it meets the requirements outlined above.

A template to make an advance statement is available.

The *Mental Health Act 2014* does not require that a person make an advance statement in consultation with his or her treating team, carer or family. However, it is good practice for a person's treating team, family and carers to be involved in the process of making an advance statement so that they are aware of the person's treatment preferences.

## Content of an advance statement

An advance statement sets out a person's [treatment](#) preferences and may include information about:

- treatment a person finds effective
- treatment that has been less effective in the past
- the person's views and preferences about electroconvulsive treatment.

Non-treatment related preferences can be provided alongside the advance statement for consideration and can be discussed with the person, their nominated person, carer and other support people. However, there is no legal obligation for the authorised psychiatrist to effect these preferences.

An advance statement does not expire unless a new advance statement is made or the person revokes their advance statement.

It is recommended that a person considers whether the preferences expressed in their advance statement remain current. An advance statement cannot be amended. If a person's treatment preferences have changed, they must make a new advance statement. If a person prepares a new advance statement, they should make relevant people including their treating team aware of the new advance statement.

## Using an advance statement

An [authorised psychiatrist](#) must have regard to a person's advance statement whenever they make treatment decisions.

An advance statement will help the authorised psychiatrist make decisions that better align with a patient's treatment preferences.

## Overriding an advance statement

An authorised psychiatrist may make a treatment decision that is not consistent with the patient's treatment preferences as recorded in the advance statement. The authorised psychiatrist must be satisfied that the treatment specified in the advance statement is not clinically appropriate or is not a treatment ordinarily provided by the [designated mental health service](#).

If the authorised psychiatrist overrides a patient's advance statement, they must tell the person, explain their reasons and advise the patient that they can request written reasons for the decision.

If requested the authorised psychiatrist must provide written reasons within 10 business days after the request has been made.

## Revoking an advance statement

Revocation of an advance statement means that the person's advance statement has no further effect.

A person can revoke their advance statement at any time provided they understand what an advance statement is and the consequences of revoking it.

A revocation must:

- be in writing and state that the advance statement is revoked
- be signed and dated by the person revoking the advance statement
- be witnessed by an authorised witness
- include a statement signed by an authorised witness stating that -
  - in their opinion, the person understands what an advance statement is and the consequences of revoking it
  - the witness observed the person revoking the advance statement
  - the witness is an authorised witness.

A revocation will be valid if it meets the above requirements. A template to revoke an advance statement is available.

An advance statement must not be amended. Instead, if a person wants to change his or her preferences expressed in their advance statement they must make a new advance statement.

Making a new advance statement automatically revokes any earlier advance statements made by that person.

## **The role of the authorised witness**

An authorised witness is required to state that the person making or revoking an advance statement understands what the advance statement or revocation is and the consequences of making or revoking the advance statement.

The authorised witness should check the identity of the person making or revoking the advance statement by asking them if they are the person who is making the advance statement.

## **Accessing a person's advance statement**

A person making an advance statement should ensure that the people involved in their treatment and care know that they have made an advance statement and where that advance statement can be located. A person may wish to give a copy of their advance statement to their nominated person, carer and family.

The mental health service provider is responsible for ensuring that the existence of an advance statement is recorded on the CMI/ODS.

## [The failure of the Medicare principle of universality](#)

By Katherine Greenberg on 03 Mar 2015 11:57 am



### **Professor Meadows**

Monash University researchers have revealed for the first time clear and detailed evidence of the inequitable delivery of mental health care services for disadvantaged Australians.

Introduced in 1975, Australia's national health insurance scheme Medicare was envisioned to deliver the most equitable and efficient means of providing health insurance coverage for all Australians.

However Monash-led research published this week in the prestigious *Medical Journal of Australia* demonstrates inequity and a lack of universality of mental health care delivery.

"Our results show we have a multi-tier rather than universal system," said lead author Professor of Psychiatry Graham Meadows.

"People living in disadvantaged and rural areas typically receive a mental health service model characterised by lower volumes of service and provided by less highly trained providers."

The study found that utilisation of psychiatric and clinical psychologist services was 2 to 3 times greater in affluent areas in Melbourne and Sydney (City of Bayside and North Sydney Council compared with disadvantaged suburbs (City of Greater Dandenong and the City of Blacktown).

"Disturbingly, we know there are greater levels of psychiatric disorder in areas with greater socio-economic disadvantage so we should expect a fully equitable mental health care system showing a corresponding usage pattern," added Professor Meadows.

In November 2006, the Australian government introduced an initiative called Better Access to Mental Health Care ('Better Access') consisting of new Medicare Benefit Schedule (MBS) items to improve access to psychiatrists, psychologists, and general practitioners.

"Obtained under Freedom of Information, we undertook a detailed analysis of more than 25 million instances of care from 2007 to 2011 of all Medicare-supported mental health service delivery across Australia," said Professor Meadows.

Evaluation of the Better Access program highlights uptake rates for Psychological Therapy Services (PTS) decrease as levels of socio-economic disadvantage increase.



“Among people with comparable levels of diagnosable mental health problems, it seems easier for the socio-economically advantaged to pass through the filters to specialist care,” said study co-author Dr Joanne Enticott, Deputy Director and Coordinator of Health Services Research, Southern Synergy, Monash University.

“In other words, the criteria for stepping up a level of care may be different, and the disadvantaged may need higher levels of distress or disturbance to secure specialised levels of care. For the more disadvantaged even if they get care, they may get a shorter course of care than someone from a more affluent area.”

While the study does not offer specific solutions to this complex issue, the researchers note the likely influence of co-payments as a disincentive to accessing care. Higher paid specialists such as psychiatrists and clinical psychologists also tend to practise closer to home, resulting in an inequitable distribution of service availability.

“Our findings demonstrate the Better Access initiative, while for many perhaps is providing better access can be seen as failing on tests of equity,” said Professor Meadows.

“We hope our research will contribute to debate and discussion around policy incentives and strategies that work towards universal and equitable delivery of mental health care for all Australians.”

Professor Meadows is Director of Southern Synergy, the Monash Health Adult Psychiatry Research Training and Evaluation Centre, School of Clinical Sciences, Monash University.

## 2015 Allied Health Development Program

Approximately 7 years ago the LAMPS cluster (then called the Southern Cluster) developed and rolled out a highly successful Allied Health Graduate Program. The curriculum was designed and targeted to meet the education and training needs of allied health staff in the first two years of work in the public mental health setting. Back in those days, the sessions were conducted at Monash University Caulfield campus, in their auspicious board room, surrounded by huge portraits of past university chancellors. The program was delivered by John Julian, the cluster coordinator.

Two – three years post commencement, staff from the six area mental health services that comprise the NEVIL cluster were invited to also participate in the program. The synergy and efficiency of conducting a single combined program instead of two separate programs were immediately obvious and allowed a very healthy and encouraging exchange of information and ideas between the two clusters at junior clinician level. At the same time, Greg Coman, coordinator of the NEVIL cluster, became more involved in the program teaching, often co-training with John to provide other perspectives and ideas.

Approximately two years ago the NEVIL and LAMPS clusters negotiated for NEVIL to assume coordination of the program and in these recent years the training has been conducted in and around St Vincent's Fitzroy. At the same time two other important changes occurred. First the name of the program was changed, from Allied Health Graduate Program to Allied Health Development Program. This subtle but important name change reflected the increasing number of non-graduate allied health staff who were enrolling in one or more of the modules as a way to refresh and update their knowledge and skills in particular areas. Second, the range of training staff was increased, so that John and Greg provided minimal input as trainers as they engaged other allied health subject matter experts to deliver many of the program modules.

The program is about to commence its 2015 curriculum, starting on Thursday 19 February, and then every third Thursday of the month. Check the website [www.nevil.org.au](http://www.nevil.org.au) for complete details of each module.

DAY	Topic	MHPOD Topics for Pre reading	Duration	Suggested presenters
<b>Day 1</b> <i>Thursday 19 Feb</i>	Introduction to Victoria's Mental Health Service System and MHPOD	MH Act	½ day	Lina Wilson
	MSE/ Crisis assessment and management	Risk Assessment and Management MH Histories and MSE	½ day	Megan Svenson / Dennis
<b>Day 2</b> <i>Thursday 19 Mar</i>	Assessment /formulation	Formulation Bio-psychosocial factors	½ day	Maria Haydock
	Psychotherapeutic Interventions	Note – this day will be swapped.	½ day	Greg Coman and John Julian
<b>Day 3</b> <i>Thursday 16 Apr</i>	Dual Diagnosis and Motivational Interviewing	Dual Diagnosis Impact of Medical Conditions	1 day	Nexus

DAY	Topic	MHPOD Topics for Pre reading	Duration	Suggested presenters
<b>Day 4</b> <i>Thursday 21 May</i>	Consumer Lived Experience - Consumer Sensitive Practice Consumer Identity and Advocacy MH Care and Human Rights Including Office of Public Advocate, guardianship etc.		½ day	David Brophy/ Peter Humby
	Families and children - Includes FAPMI, KIMS, Family sensitive practice, child protection, conduct family meetings		½ day	Zoe Edmonds
<b>Day 5</b> <i>Thursday 18 June</i>	Personal Recovery		1 day	John Julian
<b>Day 6</b> <i>Thursday 16 July</i>	Professional Resilience		1 day	Elizabeth Mellor

### 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

- Attendees need to be aware that often pre-reading and use of MHPOD is required if this is available to them (all clinical staff have access to MHPO but not MHCSS staff).
- The training will 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.

## MHPOD: new Modules now available

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**MHPOD Victoria has announced that there are 10 new MHPOD topics about to be released.**

The topics are entitled:

1. Reducing and eliminating seclusion and restraint
2. MH peer workforce within the broader MH system
3. Social wellbeing, connection and belonging
4. Skills for promoting physical health
5. Skills for supporting consumers to study or work
6. Social relationships - working with families
7. Living with chronic ill health
8. Working with people who self-harm
9. Eating disorders
10. Citizenship and recovery

Cadre are putting the finishing touches on them. They should be released within the next two weeks.

### **MHPOD Victoria**

Health Workforce Planning and Initiatives | Health Workforce Branch  
Department of Health and Human Services  
Level 21, 50 Lonsdale Street, Melbourne, Victoria, 3000

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### **About MHPOD**

MHPOD is an online professional development resource. MHPOD features fifty eight topics, based on the National Practice Standards for the Mental Health Workforce, each with evidence-based content, multimedia (video and audio), interactive activities, knowledge check questions and suggested reference material. MHPOD offers a convenient way for practitioners to learn more about mental health at a place and time of their choosing; it can be adapted to support group learning activities; or integrated into existing learning program curricula.

Check it out at:

<http://www.mhpod.gov.au/>

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## Research: Rethinking Sex: Sex Redefined

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### Gender and Sexuality Just Got More Interesting

NATURE, VOL 518,19 FEBRUARY 2015, is open access and therefore freely available at:  
(A Podcast is also available on that page.)

### Two sex; five sex; nine sex models

This is not a new claim in the scientific literature. Anne Fausto-Sterling, one of the first commentators on the article, is a Professor of Biology and is a pioneering researcher into sex and gender identities. She has an interesting article published on-line at: <http://capone.mtsu.edu/phollowa/5sexes.html> which outlines her view of there being five sexes.

Of course the sexual identity of athletes has at times been hotly contested and Keith Moore outlined a nine sex model in 1968 in JAMA (Moore, Keith L., THE SEXUAL IDENTITY OF ATHLETES. JAMA.1968;205(11):787-788. doi:10.1001/jama.1968.03140370089020). He noted that "In most individuals the nine components of sexual phenotype (external genital appearance, internal reproductive organs, structure of the gonads, endocrinologic sex, genetic sex, nuclear sex, chromosomal sex, psychological sex, social sex)."

### What are the issues for the people involved?

The link below is a series of 10 short video clips and appears to be extremely informative and sensitively produced:

<http://youtu.be/yKCIWuFB3vE> This series by punk rock singer Laura Jane Grace of Against Me! was published in October last year. The promotional material notes "Laura Jane Grace always felt like an outsider in the suburb where she grew up. In the punk scene she found a home, but Laura was buckling under the pressure of being someone she wasn't. The story of punk rock singer Laura Jane Grace of Against Me! who came out as a woman in 2012, and other members of the trans community whose expectations are woefully underrepresented and misunderstood in the media."

Watch The Next Ep. Here: <http://goo.gl/jQdXuA>

Subscribe for More 'True Trans': [truetransthe.com](http://truetransthe.com)

Watch more 'True Trans' here: <http://goo.gl/Ad0YNC>

### Asexuality and demisexuality

Asexuality has also slowly been coming out of the closet for more than a decade. In 2001, a Wesleyan University student named David Jay created a website called the [Asexual Visibility and Education Network](http://www.asexuality.org/home/). This can be found at: <http://www.asexuality.org/home/>

This site started as a repository of information about all things asexual. When forums were added a year later, members started trickling in. By 2004 there were a thousand. (The word *demisexual* seems to have come into being on an AVEN forum on February 8, 2006. It was coined by somebody who was trying to explain what it was like to be mostly, but not entirely, asexual.) Today there are some 80,000 registered users.

**A new training package in the LAMPS cluster is currently being developed on these issues.**

## Mindful Self Compassion (MSC)

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**Mindful Self Compassion (MSC)** is an empirically-supported, 8-week, program designed to cultivate the skill of self-compassion. Based on pioneering research by Kristin Neff and integrated with the clinical perspective of Chris Germer, MSC teaches core principles and practices that enable participants to respond to difficult emotions with kindness and understanding. This 8 week training will be taught by John Julian, currently the first trained teacher of MSC in Australia.

Christopher Germer, one of the designers of this program, notes "Mindful self-compassion is the foundation of emotional healing - being aware in the present moment when we're struggling with feelings of inadequacy, despair, confusion, and other forms of stress (mindfulness) and responding with kindness and understanding (self-compassion). Mindful self-compassion also means holding difficult emotions - fear, anger, sadness, shame and self-doubt - in loving awareness, leading to greater ease and well-being in our daily lives."

Self-compassion is the emotional attitude of mindfulness when we contact suffering. Whereas mindful awareness is typically directed toward moment-to-moment experience, self-compassion focuses on the experiencer. Mindfulness says, "Open to your suffering with spacious awareness and it will change." Self-compassion adds, "Be kind to yourself in the midst of suffering and it will change." Mindfulness asks, "What do I know?" and self-compassion asks, "What do I need?"

Self-compassion can be learned by anyone, even those who didn't receive enough affection in childhood or who find it embarrassing to be kind to oneself.

It's a courageous mental attitude that stands up to harm, including the discomfort that we unwittingly inflict on ourselves through self-criticism, self-isolation, and self-rumination when things go wrong. Self-compassion provides emotional strength and resilience, allowing us to admit our shortcomings, forgive ourselves, and respond to ourselves and others with care and respect, and be fully human.

Rapidly expanding research has clearly demonstrated that self-compassion enhances emotional wellbeing, reduces anxiety and depression, helps to maintain healthy habits such as diet and exercise, and is related to better personal relationships. You can find out more by visiting the web page for the Center for Mindful Self-Compassion in the USA at <http://www.centerformsc.org/>

### Target Audience.

This program is designed for members of the general public, as well as professionals who wish to integrate self-compassion into their work. **However, in this program only mental health professionals will be allowed and strict confidentiality rules will apply.** Meditation experience is not necessary to participate in this MSC program. All are welcome.

### Objectives

At the completion of this activity, participants should be able to:

- describe the theory and research supporting mindful self-compassion
- motivate themselves with encouragement rather than self-criticism
- relate to difficult emotions with greater moment-to-moment acceptance
- respond to feelings of failure or inadequacy with self-kindness
- begin to transform difficult relationships, old and new, through self-validation
- practice the art of savoring and self-appreciation
- integrate core mindfulness and self-compassion exercises into daily life
- teach simple self-compassion practices to patients, students, or clients

## Training

Program activities include meditation, short talks, experiential exercises, group discussion, and home practices. The MSC program is not group therapy, although participants are encouraged to share their experiences on the path of mindful self-compassion.

**The emphasis of the program is on enhancing emotional resources and personal capacities.** For more information on self-compassion, please see <http://www.centerformsc.org/>

## Participant Guidelines

The MSC program is a journey—an adventure in self-discovery and self-kindness. Compassion has the paradoxical effect of both soothing and comforting as well as opening us to emotional distress that we may have been unconsciously holding inside, often for many years. Therefore, some difficult emotions are likely to surface during the program as we grow in our capacity to embrace and heal them. The teachers are committed to providing an environment of safety, support, privacy, individual responsibility, and a common commitment to developing compassion for oneself and others.

It is recommended, but not required, that participants read the following two books before the training:

1. Self-Compassion: Stop Beating Yourself Up and Leave Insecurity Behind by Kristin Neff
2. The Mindful Path to Self-Compassion by Christopher Germer

## Needs Assessment

Over the past few years, mindfulness has become mainstream in the general population and is being increasingly integrated into professional practice (e.g. mental health, medical care, education, business, law). As the demand grows, the demand for quality professional training in these practices and techniques is growing each year. Self-compassion is a “trending health term” (Reader’s Digest, 2012) and an area of burgeoning research that is following in the wake of mindfulness. However, misunderstandings about self-compassion abound, such as conceptual confusion with self-esteem, self-indulgence, and existing notions of self-care. Despite impressive scientific evidence for the connection between self-compassion and emotional wellbeing, explicit training in the skill of self-compassion is relatively rare. This course is the first empirically-supported self-compassion training offered in Australia for professionals and the general public.

**Instructor:** John Julian MAASW, (BA, BSW, Cert IV Training & Assessment) Medicare registration 4060991K. John is the senior trainer, LAMPS, and is a mindfulness trainer and clinical social worker. John has completed training in MBSR and MBCT (and is on the MBCT faculty at Monash University) and was invited to attend the first train the trainer MSC retreat with Kristin Neff and Christopher Germer and UCSD staff in March 2014, a program that consisted of 30 invited professionals from around the world. He is also a chief investigator in the large Pulsar project, recently commissioned by the State Government, aimed at researching the concept of recovery from mental health and its use by professionals.

**Continuing Education:** A certificate providing the number of hours attended will be provided for professionals requiring evidence of professional development certificates (i.e. nurses, psychologists, social workers, occupational therapists, doctors, etc.)

## Conferences

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### Understanding and Promoting the Mental Health and Wellbeing of Young People

7th to 8th May 2015

Melbourne, Victoria, Australia

**Website:** <http://www.criticalagendas.com.au/National/understanding-promoting-the-mental-health-wellbeing-of-young-people-may-7-15>

**Contact person:** Rick Vagnoni

This 2-day conference will explore new ideas and programs that can promote the mental health and wellbeing of young people through their schooling experience.

### Interprofessional Health, Education & Practice International Conference

5th to 7th October 2015

Melbourne, Victoria, Australia

**Website:** <http://www.ihep.com.au>

**Contact person:** Simiao

Victoria University extends an invitation to the international interprofessional community for the inaugural Interprofessional Health, Education & Practice (IHEP) International Conference.

**Organized by:** Victoria University

**Deadline for abstracts/proposals:** 12th April 2015

### Early Notice: Plan your Paper/s

### 8th World Congress of Behavioural and Cognitive Therapies

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**22-25 June 2016 - Melbourne**

Welcome to the 8th World Congress of Behavioural and Cognitive Therapies 2016, which will be held at the Melbourne Convention and Exhibition Centre, 22-25 June, 2016.

Planning is now well underway and we are preparing an exciting Scientific Program and a varied social schedule that will give you an opportunity to network with colleagues in your field.

**Webpage:** <http://www.wcbct2016.com.au/>



# Babette Rothschild Workshops

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