

PERSONALISED INTEGRATIVE THERAPY FOR DEPRESSION & ANXIETY WORKSHOP

"Depression and anxiety can be caused by an array of psychological, medical, lifestyle, environmental, and dietary factors. It is therefore important that we appropriately target these potential influences in our interventions. This is our best chance of achieving optimal treatment outcomes for our clients"



DR. ADRIAN LOPRESTI
CLINICAL PSYCHOLOGIST

ONLINE WORKSHOP

"Discover How to Integrate Evidence-Driven Dietary, Lifestyle, and Biological Treatments into Your Psychology Practice!"

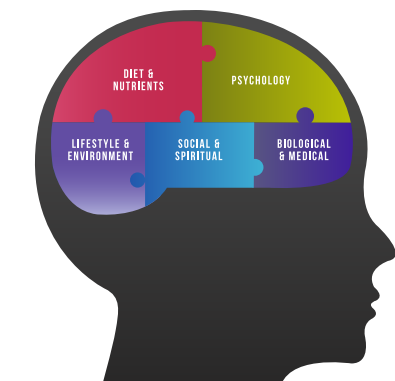
Treat depression and anxiety using a multi-targeted approach!

Psychological and pharmacological interventions for people with depression and anxiety are commonly used in clinical practice. While these interventions can be effective for many of our clients, their influence may be abated by many factors.

For example, there is increasing research confirming the importance of diet, nutrients, exercise, and other lifestyle and environmental factors on mental well-being. If not acknowledged sufficiently in therapy, they can have detrimental effects on the therapeutic potency of both psychological and pharmacological interventions.

Personalised Integrative Therapy (PI Therapy) is a multi-targeted model that utilises research-driven strategies promoting changes in psychological, dietary/nutritional, lifestyle/environmental, physical/medical, and social/spiritual domains.

In this 8-hour online workshop, you will learn about PI Therapy, how to identify areas influencing your clients' mental health, and how to incorporate integrative strategies to complement your psychological therapy. In particular, you will learn about the rapidly expanding field of diet, nutritional status, and natural supplementation as an adjunctive treat-



ment for depression and anxiety disorders. This will be at a level suitable for psychologists and other mental-health practitioners.

By identifying possible causes of each client's mental-health condition, and treating these causes (lifestyle, dietary, and biological, etc.), in conjunction with conventional psychological and pharmacological interventions, you can potentially improve treatment outcomes for your clients.



Who is this training for?

This online workshop is for health practitioners who are interested in adopting an integrative approach to mental healthcare, with its specific application to depression and anxiety disorders (in children and adults). Research on psychological, dietary, lifestyle, social, and biological models on mental healthcare will be reviewed, and practical skills for their identification and application with clients will be covered.

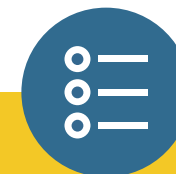
Using Powerpoint slides and informative videos, participants will learn how to integrate PI Therapy into their practice.

This workshop is suitable for mental-health practitioners with novice to advanced knowledge in nutrition, exercise, anatomy, physiology, lifestyle, and environmental interventions.



Learning Objectives:

- Learn about PI Therapy and how it can expand the scope of your treatments with clients of all ages.
- Learn how to assess and apply strategies from the five domains of PI Therapy in your clinical practice. These include: psychological, dietary/nutritional, lifestyle/environmental, biological/medical, and social/spiritual.
- Understand the importance of diet and nutrition on depression and anxiety, the mechanisms behind their effects, and how you, as a mental-health practitioner, can facilitate meaningful changes in this domain with your clients.
- Develop skills to encourage lifestyle and environmental changes with your clients to enhance their mental health.
- Expand your understanding of physiological factors that impact depression and anxiety. These include the influence of hormones, inflammation, and oxidative stress on mental health. Then, discover how to apply PI Therapy strategies to normalise such processes.
- Use a tiered intervention where the intensity of strategies varies according to your clients' individual circumstances, barriers to change, motivation, and your own personal competence.
- Learn about the safe, adjunctive use of evidence-based dietary supplements for the treatment of depression and anxiety.

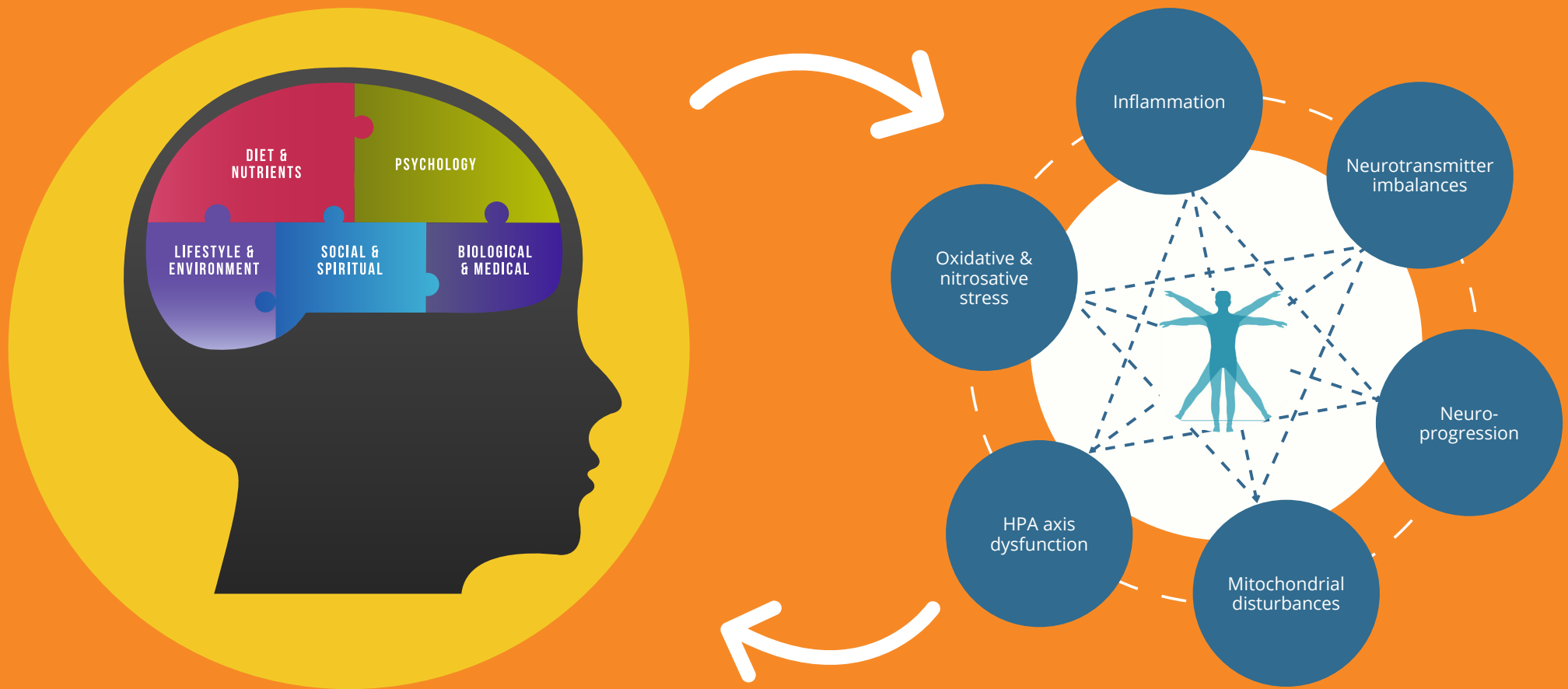


Program Outline:

- **Topic 1:** Physiological disturbances associated with depression and anxiety.
- **Topic 2:** What is Personalised Integrative Therapy (PI Therapy) and how can it influence physiological and psychological markers associated with depression and anxiety?
- **Topic 3:** The five domains of PI Therapy (review the research and strategies):
 1. Psychology
 2. Lifestyle and environment (i.e., exercise, sleep, sunlight, technology, toxins, pleasurable activities)
 3. Diet, nutrition, and natural supplements (including how to read basic blood tests)
 4. Social, community, and spiritual
 5. Biological and medical (i.e., medical illnesses, sex and thyroid hormones, digestive health, pharmaceuticals)
- **Topic 4:** Develop tiered PI Therapy case formulations and treatment plans based on client and practitioner factors.

Registration includes:

1. Six month access to the online videos
2. Comprehensive workshop handouts
3. Access to over 50 practitioner handouts to use with your clients
4. Free access to the online "Identification of Anxiety and Depression Causes Questionnaire (IDAC-Q)" to use with your clients
5. Membership to the PI Therapy Practitioner's Group



PERSONALISED INTEGRATIVE THERAPY MODEL

- 1 PI Therapy proposes that depression and anxiety are influenced by an array of factors associated with psychological and emotional coping skills, diet quality, nutritional status, medical and physical health, environmental exposures, lifestyle habits, social connections, community involvement, and spiritual health and meaning.
- 2 Dysfunction in one or some of these areas causes disturbances in several physiological processes associated with depression, anxiety, and other mental health disorders. These include neurotransmitter imbalances, low-grade inflammation, oxidative and nitrosative stress, hypothalamus-pituitary-adrenal (HPA) axis dysfunction, mitochondrial disturbances, and neuroprogression.
- 3 These physiological disturbances are not mutually exclusive as they influence each other (as depicted by the multiple connected, dashed lines in the image above)
- 4 In turn, these physiological processes can have a negative impact on mental and physical health, leading to an escalation of problems.
- 5 Optimal mental and physical wellbeing is achieved when individualised causes are identified and targeted for change. This is why an integrative approach to treatment is essential.

Why You Should Use Integrative Treatments in Your Practice

- ✓ Only 40 to 50% of adults with depression achieve full remission from their symptoms following treatment with either CBT or antidepressant medications¹
- ✓ Temporal trends have indicated that the effects of CBT for depression have declined linearly and steadily since its introduction²
- ✓ Patients with depression and anxiety suffer from chronic, low-grade inflammation and increased free radical damage³
- ✓ Adults with elevated blood inflammatory markers experience less benefit from CBT or interpersonal therapy compared to adults with lower inflammation (36.3% reduction in depressive symptoms compared to 55.1%)⁴
- ✓ Poor diet, physical inactivity, and sleep problems reduce serotonin levels, increase inflammation, elevate stress hormones, and contribute to neurodegeneration³
- ✓ In a randomised, controlled trial, dietary intervention for adults with major depressive disorder was an effective stand-alone treatment for depression⁵

References:

- 1 Amick, et al (2015) Comparative benefits and harms of second generation antidepressants and cognitive behavioral therapies in initial treatment of major depressive disorder: systematic review and meta-analysis. *BMJ*. 8;351:h6019.
- 2 Johnsen & Friborg (2015) The effects of cognitive behavioral therapy as an anti-depressive treatment is falling: A meta-analysis. *Psychol Bull*, 141(4):747-68
- 3 Lopresti et al. (2013) A review of lifestyle factors that contribute to important pathways associated with major depression: diet, sleep and exercise. *J Affect Disord*. 15;148(1):12-2
- 4 Harley J, Luty S, Carter J, et al. (2010) Elevated C-reactive protein in depression: a predictor of good long-term outcome with antidepressants and poor outcome with psychotherapy. *Journal of Psychopharmacology* 24: 625-626.
- 5 Jacka, F., et al (2017) A randomised controlled trial of dietary improvement for adults with major depression (the 'SMILES' trial). *BMC Med*. 2017 Jan 30;15(1):23.

About the Presenter



Dr. Adrian Lopresti is a Clinical Psychologist in private practice and senior researcher at Murdoch University, Western Australia. He has over 20 years of clinical experience working with children and adults suffering from a range of mental health conditions. Dr. Lopresti has experience in a range of psychological therapies and has received extensive training in nutritional and lifestyle treatments for mental-health disorders. Dr. Lopresti regularly publishes in peer-reviewed and high-impact journals on the effects of diet, nutraceuticals, sleep, and exercise for the treatment and prevention of depression, anxiety, attention deficit hyperactivity disorder (ADHD), and bipolar disorder. He has completed several clinical trials investigating the effects of curcumin, saffron, and ashwagandha for the treatment of anxiety and depression in children and adults. Dr. Lopresti is also the founder of Personalised Integrative Therapy, and regularly conducts workshops both nationally and internationally.

Below is a selection of Dr Lopresti's peer-reviewed publications:

Lopresti, AL, et al. (2018) affron®, a standardised extract from saffron (*Crocus sativus* L.) for the treatment of youth anxiety and depressive symptoms: A randomised, double-blind, placebo-controlled study. *J Affect Disord*.

Lopresti AL. & Drummond P.D. (in press) Lifestyle and Neuroprogression: Diet, Sleep and Exercise. From Neuroprogression in Psychiatry, edited by Kapczynski, F., Berk, M., Magalhães, P. Oxford University Press

Lopresti AL. (in press) Chapter 15: Mitochondrial dysfunction and oxidative stress: relevance to the pathophysiology and treatment of depression. From *Neurobiology of Depression: Road to Novel Therapeutics*, edited by Quevedo, JL, Carvalho, AF, Zarate, CA. Elsevier Inc.

Lopresti AL. (2018) The Problem of Curcumin and Its Bioavailability: Could Its Gastrointestinal Influence Contribute to Its Overall Health-Enhancing Effects? *Adv Nutr*. 2018 Jan 1;9(1):41-50.

Lopresti AL (2017) Cognitive behaviour therapy and inflammation: A systematic review of its relationship and the potential implications for the treatment of depression. *Aust N Z J Psychiatry*. 51(6):565-582.

Lopresti AL. Curcumin for neuropsychiatric disorders: a review of in vitro, animal and human studies. *J Psychopharmacol*. 31(3):287-302.

Lopresti AL, Drummond PD. (2017) Efficacy of curcumin, and a saffron/curcumin combination for the treatment of major depression: A randomised, double-blind, placebo-controlled study. *J Affect Disord*.; 207:188-196.

Lopresti AL. (2017) *Salvia* (Sage): A Review of its Potential Cognitive-Enhancing and Protective Effects. *Drugs R D*. 17(1):53-64.

Lopresti AL, Jacka FN. (2015) Diet and Bipolar Disorder: A Review of Its Relationship and Potential Therapeutic Mechanisms of Action. *J Altern Complement Med*.; 21(12):733-9.

Lopresti AL (2015) Chapter 9: Contribution of Diet and Exercise in the Pathogenesis of Major Depression. From *Diet and Exercise in Cognitive Function and Neurological Diseases*. Edited by Akhlaq A. Farooqui, Tahira Farooqui. Wiley-Blackwell

Lopresti AL. (2015) A review of nutrient treatments for paediatric depression. *J Affect Disord*.; 181:24-32.

Lopresti AL. (2015) Oxidative and nitrosative stress in ADHD: possible causes and the potential of antioxidant-targeted therapies. *Atten Defic Hyperact Disord*; 7(4):237-47.

Lopresti AL, Maes M, Maker GL, Hood SD, Drummond PD. (2014) Curcumin for the treatment of major depression: a randomised, double-blind, placebo controlled study. *J Affect Disord*, 167:368-75.

Lopresti, A.L. & Drummond, P.D. (2014) Saffron (*Crocus sativus*) for depression: a systematic review of clinical studies and examination of underlying antidepressant mechanisms of action. *Hum Psychopharmacol*. 29(6):517-27.

Lopresti AL, Maker GL, Hood SD, Drummond PD (2014) A review of peripheral biomarkers in major depression: the potential of inflammatory and oxidative stress biomarkers. *Prog Neuropsychopharmacol Biol Psychiatry*. 48:102-11.

Lopresti AL, Hood SD, Drummond PD. (2013) A review of lifestyle factors that contribute to important pathways associated with major depression: diet, sleep and exercise. *J Affect Disord*. 148(1):12-27.

Lopresti AL, Drummond PD (2013) Obesity and psychiatric disorders: commonalities in dysregulated biological pathways and their implications for treatment. *Prog Neuropsychopharmacol Biol Psychiatry*. 45:92-9.

Lopresti AL, Hood SD, Drummond PD. (2012) Multiple antidepressant potential modes of action of curcumin: a review of its anti-inflammatory, monoaminergic, antioxidant, immune-modulating and neuroprotective effects. *J Psychopharmacol*. 26(12):1512-24.