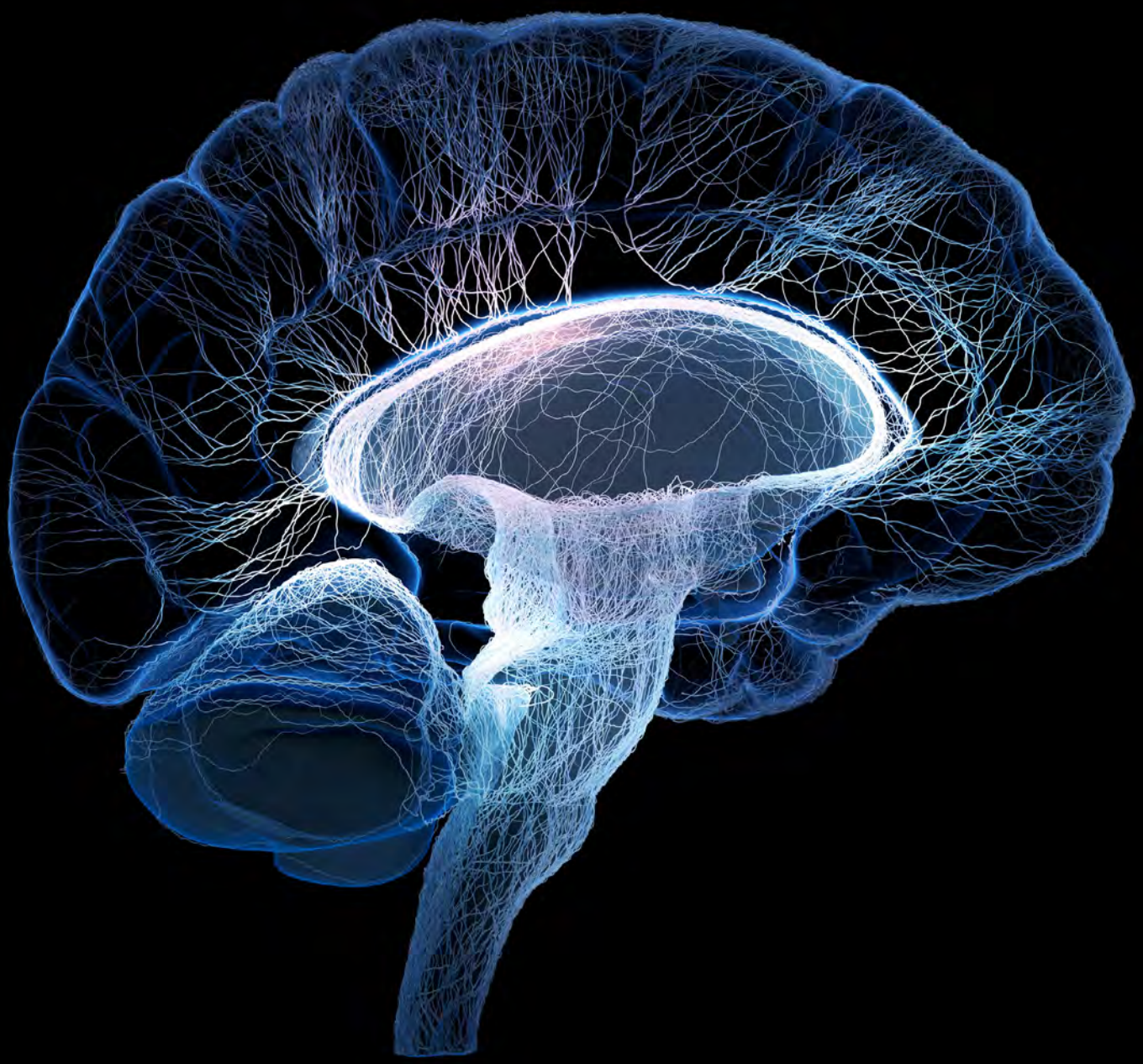
NEUROPSYCHOTHERAPY

NEUROPSYCHOTHERAPY IN CONTINUING PROFESSIONAL DEVELOPMENT: IS IT REALLY HELPFUL IN MENTAL HEALTH PROFESSIONS?



Issue 32 June-August 2015

Editorial

Dr Pieter Rossouw

Welcome to the June-July 2015 edition of Neuropsychotherapy in Australia.

Name change

As result of deliberations we decided to change the name of the Journal from "Neuropsychotherapy in Australia" to "Neuropsychotherapy". The subscription to the Journal has shifted from being Australian based to a much stronger international readership – from a humble 300 subscribers to over 5000 with almost 30% subscribers from outside Australia. We are also publishing research that reflect an international domain - hence the logical change of the name to the new Journal name – *Neuropsychotherapy.*

Research article

This edition feature an article that provides information and data in relation to an important aspect of clinician work – ongoing professional development. It is surprising to note that there is a significant lack of research in this regard on globally and almost no research reviewing the evidence of the efficacy of ongoing professional development in psychology/counselling/mental health. As the trainings in Neuropsychotherapy and applied neuroscience have been running for the past 6 years, we assessed the impact of the training on clinical practice. This is the third (most comprehensive) article analysing data latest from over 4000 clinicians attending some of the Neuropsychotherapy workshops.

Workshops

The Mediros workshops for 2015 are progressing well. A number of workshops have also been presented in New Zealand. The new workshop The Adolescent Brain – Utilizing Neurobiological Information the Enhance Mental health and Learning will commence soon and will run in Brisbane, Sydney, Melbourne and Perth.

Become a Certified Clinical Neuropsychotherapy Practitioner

An exciting new development is taking place with the development of a Master Degree in Neuropsychotherapy (distance education). I am actively involved in this process. In the meantime there will be a 3.5 days Training in 2016 to become a ***Certified Clinical Neuropsychotherapy Practitioner*** through The Neuropsychotherapy Institute. This will provide clinicians with a theoretical model as well as skills to apply the principles in practice and will be available for clinicians who are keen to be recognised as neuropsychotherapy practitioner. There are many service providers and General Practitioners in the country who are keen to refer clients to clinicians who has a clear understanding of neuroscience to assist clients with mental health challenges. This register will provide a handy reference. Clinicians can also continue to develop skills through peer and other supervision as well as ongoing online learning. Trainings will commence in 2016 and will run in Melbourne, Sydney, Brisbane, Adelaide and Bali. There are also plans to run trainings

in Hong Kong, Singapore, The USA and New Zealand. We will keep you posted with information in this regard. You are welcome to fill out the registration of interest form and mail to our office (admin@mediros.com.au) as numbers for the trainings will be limited.

New resources

During the past 5 years we have been developing **Neuropsychotherapy Animations** to assist clinicians to guide clients to understand how the brain is effected as result of various conditions. Currently there are animations on:

- How the brain develops,
- How the brain develop anxiety,
- Depression and the brain
- OCD and the brain and
- The brain and sleep

We also have a Mandarin version of how the brain develops. These animations are available on USB for use for clinicians. An order form is available in this edition or visit the website www.mediros.com.au

Other resources in development

We are developing a **Neuroscience Scale to Assess Resilience**. This is a short scale (17 items) that will provide a snapshot of key domains of tenacity, communication, reasoning, health etc. as well as current patterns of "direction" – indication current patterns of avoidance/approach - towards healing or deteriorating. The scale will be available for clinicians to use in clinical practice. We are currently testing the fields and will have the first edition available in the next few months.

Mediros is also finalising a **Neuropsychotherapeutic tool for clinicians to deal with bullying**. This tool will consist of a manual for clinicians and workbook for clients to deal with the effects of bullying. We aim to have the tool available by the end of the year.

Mediros is also engaged in research and development of a **Neuropsychotherapeutic play therapy tool for clinicians to assist young clients who were victims of domestic violence**. We aim to have the tool ready early in 2016.

The Neuropsychotherapy Institute

Our close collaboration with The Neuropsychotherapy Institute continues with more online Neuropsychotherapy learning modules available – we are pleased to see many clinicians utilizing this pathway to enhance learning as well as clinical skills.

Enjoy the read!

Pieter Rossouw

NEUROPSYCHOTHERAPY IN CONTINUING PROFESSIONAL DEVELOPMENT: IS IT REALLY HELPFUL IN MENTAL HEALTH PROFESSIONS?

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Abstract

Continuing professional development (CPD) is a mandatory requirement in many mental health professions and it is a common practice in Australia. Despite the emphasis placed on CPD within the field of psychology, there is minimal empirical evidence on the impact of CPD on the development of psychologists. CPD training comes in different forms. While neuropsychotherapy is a fairly new paradigm, neurobiological research has shown that it contributes to the enhancement of positive behaviour, brain functioning and brain structure. Understanding the neurobiological effect of talking therapy will in turn create a new tool for psychologists to improve their practice. The multi-pronged research program, undertaken by the authors, is aimed at addressing some of these gaps by looking at the effectiveness of CPD in psychologists' development with a neuropsychotherapy focus. The study found that CPD has an impact on psychologists' knowledge, skills and adeptness in clinical practice. Neuropsychotherapy is a relatively new paradigm in the field of psychotherapy with more than 10 000 clinicians trained in this modality. Present studies are expected to shed some light on the implementation of CPD in Australia and the impact of neuropsychotherapy training on psychologists' clinical practice.

***Key words*: continuing education, continuing professional development, neuropsychotherapy**

To ensure the continuing development of mental health professionals throughout the psychologists' professional working period, it is important for them to take part in continuing professional development (CPD). It is believed that mental health professionals will be able to advance their knowledge, skills and understanding of a diversity of treatment approaches through their participation in CPD activities (Belar & Perry, 1992; Bloom, 2005). According to the Psychology Board of Australia (2012), CPD is also important for mental health professions to foster the incorporation of science into clinical practice and to support the use of evidence-based practices. In order to keep up-to-date with scientific developments, constant participation in CPD is important as it facilitates a greater understanding of client care processes and health outcomes, and enhances practitioners' ability to adapt to the changing needs of clients (Bloom, 2005; Psychology Board of Australia, 2012). CPD ensures the long-term development of the core competencies of a psychologist, as psychologists are required to ensure that their therapeutic approaches are in-line with the current research evidence.

Participation in CPD is a mandatory requirement (Psychology Board of Australia, 2010) for psychologists in Australia who wish to renew their registration. The Psychology Board of Australia utilises a self-directed and self-regulatory CPD model that emphasises psychologists' assessment, monitoring, and evaluation of their own developmental needs–throughout their careers. Encompassed in this model is the expectation that psychologists assess their existing competence, knowledge and skills; that they develop, monitor, and reflect upon their individual learning plans; and that they evaluate the objectives of CPD activities and learning outcomes in light of their individual learning objectives (Psychology Board of Australia, 2010, 2011, 2012). Although it is a mandatory requirement, a recent study has shown that only 80% of registered psychologists attend these professional development activities, including seminars, workshops and conferences (Grenyer, Mathews, Stokes & Crea, 2010). Up to 4% of the current registered psychologists reported that they have not taken part in any professional development training in the last 12 months (Grenyer, Mathews, Stokes & Crea, 2010). The reason cited by the authors is that during the time of the survey, CPD was not a mandatory requirement. However, no follow-up study has been done with regards to this matter since making CPD a mandatory requirement.

The Psychology Board of Australia (2012) acknowledges a wide variety of activities that constitute CPD, including attending seminars, conferences or workshops, conducting presentations, professional reading of peer-reviewed journals, undertaking post-graduate study and research. Informal activities such as discussions with colleagues and case conferences are also recognised by the Psychology Board of Australia. It is understandable that the variety of CPD activities ensure that psychologists are able to choose a suitable form of training for themselves. For instance, it is important to note that for adults, learning is most effective in a supportive environment where learners feel safe to make mistakes without consequences (Clapper, 2010; Kaufman, 2003). However, Grenyer, Mathews, Stokes and Crea (2010) have shown that up to 26% of registered psychologists did not engage in private study/journals or any relevant readings. However, it is hard to track down informal activities and their impact on psychologists. Formal events like seminars, conferences and workshops are still the most popular sources of CPD for most psychologists (Grenyer, Mathews, Stokes & Crea, 2010).

Despite the fundamental role of CPD within psychology, to date there has been remarkably little published research on the area. This dearth of empirical research

highlights a considerable gap in our current understanding of the extent to which psychologists' participation in CPD influences their clinical practices, as it is assumed to do. In line with that, it is assumed that attending CPD is beneficial to them. A small number of North American researchers have considered the role of CPD in psychology, mostly through satisfaction-type studies. Overall, most psychologists in North America reported mid-high satisfaction with the quality of CPD (Fagan, Ax, Liss, Resnick, & Moody, 2007; Neimeyer, Taylor, & Wear, 2009; Neimeyer, Taylor, & Phillip, 2010; Sharkin & Plageman, 2003). While these studies provided some insights into the psychologists' perceptions of, and expectations for CPD, satisfaction ratings provide little information about the motivation for the selection of CPD activities or the extent of new learning that occurred through CPD participation.

Furthermore, and perhaps more importantly, satisfaction ratings provide little, if any, understanding of the impact of CPD on clinical practice or on client outcomes (Neimeyer, Taylor, & Philip, 2010). To the best of our knowledge, it appears that only four published studies to date have investigated the extent to which CPD participation facilitates psychologists' knowledge and skill development. These studies both reported moderate to high levels of learning through CPD activities (Neimeyer, Taylor, & Phillip, 2010; Neimeyer, Taylor, & Wear, 2009; Rossouw, & Hatty 2013; Rossouw & Hatty 2013a).

Moreover, psychologists who participated in CPD activities also believed that this could improve their clinical practices (Neimeyer et al., 2009; Neimeyer et al., 2010; Sharkin and Plageman, 2003). According to Daniels and Walter (2002), the lack of formal evaluation of CPD has resulted in the difficulty to determine to what extent competence, knowledge, and skills are being developed through CPD, and to what extent such learning has an impact on a psychologist's clinical practice.

The idea of CPD is still an innovation in Australia, and it has only recently become a mandatory requirement for psychologists. Martin (2014) reported that mental health professions still struggle in accepting the importance of CPD. Reports have shown that financial constraints are one of the reasons stopping psychologists from being constantly involved in CPD (Grenyer, Mathews, Stokes & Crea, 2010). Furthermore, many mental health professions do not understand what to expect from CPD (Martin, 2014). Promoting the effectiveness of attending CPD might perhaps encourage more psychologists to attend the training

Every psychologist adopts different therapeutic approaches in their daily practice. Neuropsychotherapy as an independent theoretical approach is no different from all other theoretical models, and has increasingly been widely practised among psychologists. Neuropsychotherapy looks at mental well-being from a multidisciplinary perspective that focuses not merely on neuroscience but also on human biology and psychology in order to enhance the clinical practice of talking therapy. Neuropsychotherapy training provides psychologists with a foundational understanding of the neurobiology of mental life. Knowledge obtained from such trainings may increase the effectiveness of psychology practices across different types of psychotherapies.

This present study aims to validate the effectiveness of CPD on psychologists' practice. Building on that, it also aims to understand the impact of neuropsychotherapy training, and whether it is applicable to psychologists without a background in neuroscience. It is hypothesized that (i) CPD will increase the knowledge of psychologists in current contemporary psychotherapy, (ii) neuropsychotherapy training will be effective to psychologists with or without a background in neuroscience.

Method: Stage One

Stage one data was collected between March 2013 and January 2015. Following participation in a neuropsychotherapy CPD workshop, mental health professionals were invited to complete a one page paper-based questionnaire. A total of 3501 participants completed the questionnaire. Participants provided self-assessed ratings of their knowledge, ability, comfort, and understanding of the structure, neurotransmitters and neurophysiology of the brain before and after the workshop. Available demographic data for stage one participants are shown in Table 1.

Table 1: Available demographic data for Stage One participants.

		N	% of sample
Workshop type	Depression	849	24.3
	BrainAnxiety	1154	33.0
	DevelopingBrain	579	16.5
	DepressionSkills	152	4.3
	AnxietySkills	197	5.6
	Relationships	367	10.5
	AgeingBrain	144	4.1
	BrainBasedTherapies	31	.9
	AnxiousAdolescent	28	.8
Year	2010	415	11.9
	2011	802	22.9
	2012	1225	35.0
	2013	609	17.4
	2014	416	11.9
	2015	34	1.0
Location	Adelaide	274	7.8
	Brisbane	628	17.9
	Canberra	288	8.2
	Melbourne	929	26.5
	Perth	391	11.2
	Sydney	809	23.1
	Hobart	60	1.7
	Launceston	29	.8
	Cairns	31	.9
	Mackay	62	1.8

Results

Data was analysed using IBM® SPSS® v21 (Statistical Package for the Social Sciences, IBM Corporation) (IBM Corp., 2012). Data was checked for normality and outlying cases were removed. Descriptive statistics are in Table 5. While the three "after workshop" variables were negatively skewed, data was not transformed as doing so would make interpretation more difficult. The analysis focused on comparisons of self-reported before and after workshop ratings of knowledge, ability, and comfort in using the information. Paired sample t-tests were used to conduct total sample comparisons with effect sizes calculated using equation 8 outlined by Morris and DeShon (2002).

Table 2: Descriptive statistics for before and after workshop questions assessing knowledge, ability and comfort in using information (do you need to refer people to Figure 1 for an understanding of what 1,2,3,4,5 mean?)

	% of responses							
	n	1	2	3	4	5	m	SD
Overall knowledge of the topic covered...								
before the workshop	3493	13	33	44	9	1	2.53	0.87
after the workshop	3484	-	1	16	58	25	4.08	0.67
Ability to counsel clients about the topic covered...								

before the work-shop	3485	17	35	36	11	1	2.44	0.83
after the workshop	3472	-	2	22	53	22	3.95	0.74
Comfort level in providing services to clients in relation to the topic covered...								
before the work-shop	3465	18	29	33	16	4	2.58	1.07
after the workshop	3467	-	3	18	48	30	4.05	0.79

Total sample analyses suggested statistically significant increases in average ratings of knowledge (t (3483) = -120.99, $p < 0.001$, 95% CI [-1.58, -1.53], d = -2.00), ability to counsel clients (t (3471) = -113.48, $p < 0.001$, 95% CI [-1.53, -1.48], d = -1.92), and comfort in providing services (t (3456) = -100.61, $p < 0.001$, 95% CI [-1.49, -1.44], d = -1.56) after workshop participation compared to before workshop scores.

Figure 1: Results of overall learning before and after the workshop

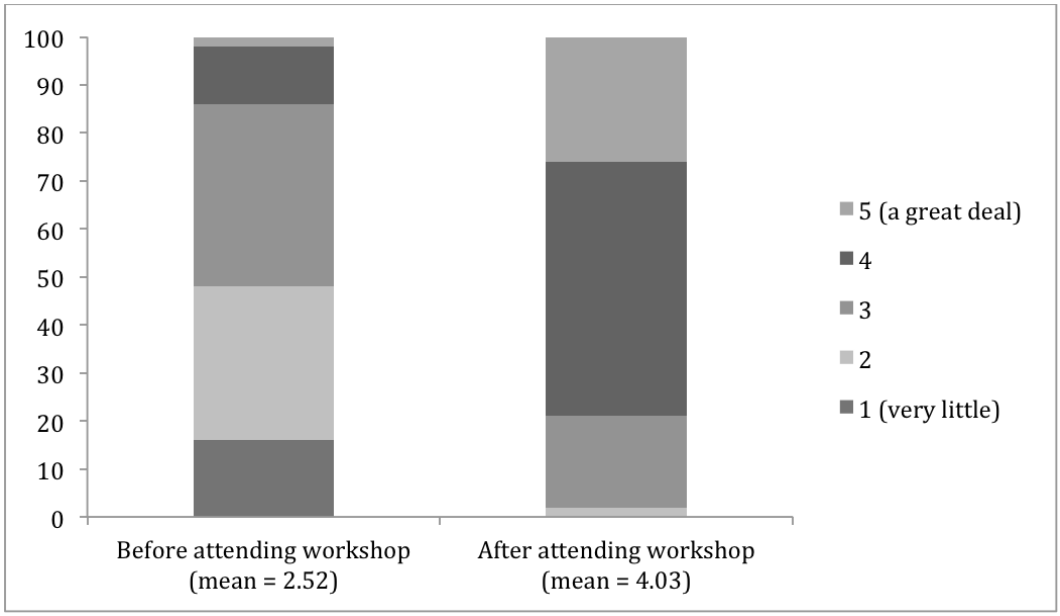
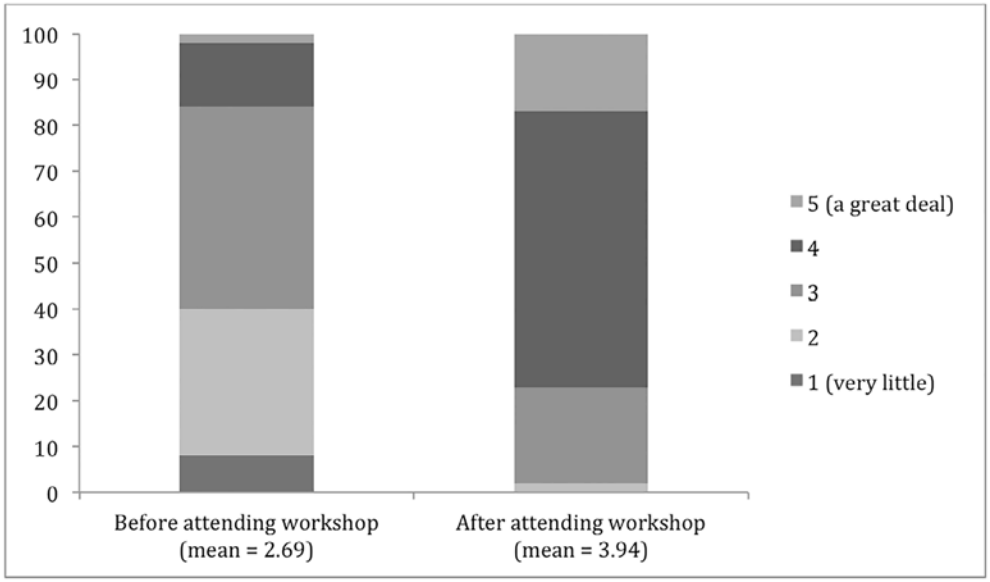


Table 3: Descriptive statistics for before and after workshop questions assessing understanding of structure, role of neurotransmitters, and neurophysiology of the brain

	% of responses							
	n	1	2	3	4	5	m	SD
The structure of the brain								
before the work-shop	674	7	30	46	16	2	2.76	0.85
after the workshop	676	-	2	20	61	17	3.94	0.66
The role of neurotransmitters in brain functioning								
before the work-shop	675	9	32	43	14	2	2.67	0.89
after the workshop	676	-	2	21	60	17	3.96	1.39
The neurophysiology – or functioning – of the brain								
before the work-shop	673	9	34	43	12	2	2.64	0.88
after the workshop	674	-	2	21	57	18	3.93	0.70

Figure 2: Results of overall neuropsychotherapy knowledge before and after the workshop



Total sample analyses suggested statistically significant increases in average understanding of the structure of the brain (t (1050) = -56.27, $p < 0.001$, 95% CI [-1.22, -1.14], d = -1.55), the role of neurotransmitters in brain functioning (t (1049) = -30.21, $p < 0.001$, 95% CI [-1.37, -1.20], d = -1.11), and the neurophysiology (or functioning) of the brain (t (1048) = -58.43, $p < 0.001$, 95% CI [-1.33, -1.24], d = -1.62) after workshop participation compared to before workshop scores.

Table 4: Average differences of before and after workshop questions assessing knowledge, ability and comfort in using information

	Depression	Brain Anxiety	Developing Brain	Depression Skills	Anxiety Skills	Relationships	Ageing Brain	Brain Based Therapy	Anxious Adolescent
before the workshop	2.46	2.45	2.51	2.66	2.69	2.64	2.77	2.48	2.2
after the workshop	4.04	4.07	4.01	4.04	4.05	3.93	3.96	3.74	3.67
differences	1.58	1.62	1.5	1.38	1.36	1.29	1.19	1.26	1.47

Results showed that the Brain and Anxiety workshop has the highest significant differences before and after participants attending the workshop. This is probably due to the fact that this is the first workshop presented in the series and facilitated the biggest impact.

Table 5: Average differences of before and after workshop questions assessing understanding of structure, role of neurotransmitters, and neurophysiology of the brain

	Depression	Brain Anxiety	Developing Brain	Depression Skills	Anxiety Skills	Relationships	Ageing Brain	Brain Based Therapy	Anxious Adolescent
before the workshop	2.68	2.43	2.59	N/A	2.64	2.75	2.88	2.86	2.97
after the workshop	3.93	3.85	3.98	N/A	3.92	3.92	3.94	3.88	4.08
differences	1.25	1.42	1.39	N/A	1.28	1.17	1.06	1.02	1.11

Results showed that the BrainAnxiety workshop has the highest significant differences before and after participants attending the workshop – again underlining the effect of the introduction of the new paradigm in the field.

Table 6: Average differences of before and after workshop questions assessing all questions

	Depression	Brain Anxiety	Developing Brain	Depression Skills	Anxiety Skills	Relationships	Ageing Brain	Brain Based Therapy	Anxious Adolescent
before the workshop	2.57	2.44	2.55	2.66	2.67	2.7	2.83	2.67	2.59
after the workshop	3.98	3.96	4.00	4.04	3.98	3.92	3.95	3.81	3.88
differences	1.41	1.52	1.45	1.38	1.31	1.22	1.12	1.14	1.29

Results showed that the Brain and Anxiety workshop has the highest significant differences before and after participants attending the workshop – underling the trend described earlier.

Discussion

The first aim of the present study was to examine the effectiveness of CPD on a psychologist's development. Most participants reported that the CPD workshop was easy to understand and follow, and that it increased their learning and attention. This data has demonstrated the effectiveness of CPD on psychologists, as participants reported that they were very likely to implement knowledge that they have learnt from the workshop in their practice. CPD also keeps psychologists updated with current research, which may in turn be more effective to their clients than the previous practice. Compared to previously reported data (Sharkin & Plageman, 2003), our results have shown higher ratings on participants' confidence in translating what they have learnt into their practice, suggesting that CPD has a higher impact on psychologists as compared to the past. CPD training has provided a different dimension from the current psychotherapy method used by psychologists. The present study used a neuropsychotherapy approach in the CPD training, as a combination of scientific and therapeutic talking approaches may be a possible reason why participants feel as if they have gained more benefits from CPD.

Neuropsychotherapy as a new form of psychotherapy has been found to be useful for most participants. Although many participants started out with limited understanding, it was found that after the workshop, most of the participants developed a better sense of the role of neuroscience in their practice, and became better at explaining these concepts to their clients, which would in turn enhance their current practice. Psychologists often encounter different clients in their practice; a better understanding of neuroscience might be a great addition to their practice to help with the treatment of clients.

The brain and anxiety workshop has the highest outcome across all workshops. The key indicator is that

this workshop was the first to introduce a new paradigm/ approach and had the most significant impact on the clinician community. Another possible explanation for the findings could be the extensive training provided in the workshop, as this workshop is a two-day workshop and some of the other workshops are only one-day long. Another explanation is that this workshop has been conducted the most and has since undergone a number of revisions to improve the program. A third possible explanation could be that this workshop had the highest number of participants, which may have increased the power of the study.

This present study has found that CPD can certainly enhance learning and development in psychology, particularly about neuropsychotherapy. Future studies could compare the difference between self-study and attending CPD in order to further examine the effect of CPD on professional development. This may perhaps strengthen the importance of CPD, as the variable of self-study is often hard to measure in terms of continuing competency, thus whether it should be included in the CPD requirement should be reconsidered. From our data, we have found that many psychologists come in with fairly low confidence in their knowledge of neuropsychology and of the structure of the brain.

The present study has demonstrated the importance of CPD towards the development of psychologists and other mental health practitioners. Neuropsychotherapy as a fairly new approach was found to be user-friendly to most psychologists. It is also very important to note that most of the CPD workshops included in the present study are neuroscience-based, and future research should look at the effectiveness of CPD with a focus on other psychotherapies in psychologists' development.

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Perth 23 & 24 November 2015
St Catherine's College, Uni WA, Nedlands

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Continuing Professional Development Hours – 12 hours specialised training

Sydney 30 April & 1 May 2015
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The Developing Brain & the Neuroscience of Memory and Trauma
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Melbourne 23 & 24 April 2015
Royal Melbourne Hospital, Grattan Street, Parkville

The Social Brain & the Neuroscience of Relationships
Continuing Professional Development Hours – 12 hours specialised training

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RBW Hospital, Herston Rd, Herston, Brisbane

The Ageing Brain & Neuropsychotherapy
Continuing Professional Development Hours – 6 hours specialised training

Sydney 20 November 2015
Portside Centre, Level 5, 207 Kent Street, Sydney

Melbourne 5 December 2015
Royal Melbourne Hospital, Grattan Street, Parkville

Master Class – Applied Strategies for the Treatment of Anxiety
Continuing Professional Development Hours – 6 hours specialised training

Brisbane 27 November 2015
RBW Hospital, Herston Rd, Herston, Brisbane

About the Presenter

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Pieter is the Director of the Mediros Unit for Neuropsychotherapy – a company that provides training in Neurobiology and Neuropsychotherapy. He also teaches at the University of Queensland in the School of Psychology and the School of Social Work and Human Services. Currently he is involved in full time teaching and research in the fields of neurobiology and neuropsychotherapy as well as clinical training for clinicians, psychologists and general practitioners.

Pieter is a member of the Australian Psychological Society and the APS College of Clinical Psychologists. Pieter was a Professor in Clinical Psychology at in South Africa and also taught at Universities in Canada and Holland. He also spearheaded a Psycho-Therapeutic Assistance Program to support people being exposed to trauma. He provided Mental Health training for GP's for the Royal Australian College of General Practitioners. In Sydney (1999 - 2010) he worked as Senior Clinical Psychologist - Department of Health and he was the Clinical Director of both St John of God Psychiatric Hospitals (Burwood and Richmond).

Pieter specialises in Neuropsychotherapy and is an expert in anxiety and mood disorders. He has published 7 Scientific Books and 60 scientific articles. He has been involved in research in extensive clinical trials and presented research papers at 50 International Conferences worldwide. Pieter's latest book – ***Neuropscyhotherapy. Theoretical underpinnings and clinical applications***, was published in November 2014. He is passionate about teaching – and was the recipient of The University of Queensland Faculty of Behavioural Sciences prestigious award for Excellence in Teaching. He provides global leadership in counselling and is invited on regular basis as keynote speaker at leading international conferences.

He is a member of the Global Association for Interpersonal Neurobiology Studies, the International Society for Traumatic Stress Studies, the International Association for Family Therapy and the Professional Association for Drug and Alcohol Workers, the Australasian Cognitive Neuroscience Society and the Board of the Neuropsychotherapist with fellow researchers Allan Shore, Louis Cozolino, Todd Feinberg and Georg Northoff. He is the director of the Institute for Neuropsychotherapy and the chief editor of the International Journal for Neuropsychotherapy and on the editorial board of The Neuropsychotherapist, Journal Psychology and Clinical Psychiatry and Journal of Psychiatry.

OTHER WORKSHOPS by Dr Pieter Rossouw - not organized by Mediros

03 and 04 September 2015 – **DUNEDIN** – New Zealand
The Adolescent Brain – Utilising Neurobiological Information to enhance mental health and learning
Dr Pieter J. Rossouw
Contact: - Sallie Dawa – sallie.dawa@psychologyassociates.co.nz – Ph.: +64 3 477 7120

07 November 2015 – **CAIRNS** – Australia
The Brain and Persistent Pain
Dr Pieter J. Rossouw
Contact: - Simone Fischer – simone.fischer@rocketmail.com – Ph.: 0412 470 735

12 and 13 November 2015 – **BATHURST** – Australia
The Adolescent Brain – Utilising Neurobiological Information to enhance mental health and learning
Dr Pieter J. Rossouw
Contact: - Melinda Tabone – melinda@centacarebathurst.com.au – Ph.: 02 6331 8944

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Sydney	20 November 2015	Portside Centre, Level 5, 207 Kent Street, Sydney	☐
Melbourne	5 December 2015	Royal Melbourne Hospital, Grattan Street, Parkville	☐

Master Class – Applied Strategies for the Treatment of Anxiety
Continuing Professional Development Hours - 6 hours specialised training

Brisbane	27 November 2015	RBW Hospital, Herston Rd, Herston, Brisbane	☐

2015 - NEW RELEASE WORKSHOP — Mark with X

The Adolescent Brain – Utilizing Neurobiological Information to Enhance Mental Health and Learning.
Continuing Professional Development Hours - 12 hours specialised training

Brisbane	27 & 28 August 2015	RBW Hospital, Herston Rd, Herston, Brisbane	☐
Sydney	10 & 11 Sept 2015	Portside Centre, Level 5, 207 Kent Street, Sydney	☐
Melbourne	16 & 17 Oct 2015	Royal Melbourne Hospital, Grattan Street, Parkville	☐
Perth	23 & 24 Nov 2015	St Catherine's Coll, Uni WA, 2 Park Rd, Nedlands, Perth	☐

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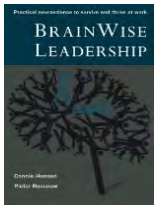
☐ 

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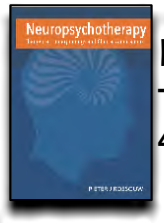
☐ 

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