CHALLENGES OF CHANGE:

For Our Patients and Profession

2014 Scientific Conference & Annual General Meeting

March 27 - 30, 2014

The Rimrock Resort Hotel, Banff, Alberta

Conference Guide

ALBERTA PSYCHIATRIC ASSOCIATION

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The Alberta Psychiatric Association is the not-for-profit professional organization that represents the psychiatrists of Alberta. The Alberta Psychiatric Association has stood for more than fifty years as an advocate for its psychiatrist members, providing leadership and support for their role in the provision of quality mental health care in Alberta by promoting effective professional relationships and influencing health policy and clinical practice.

The Alberta Psychiatric Association has close ties to the Canadian Psychiatric Association and its committee structure mirrors that of the federal body addressing Science and Research, Psychiatric Education, Standards of Practice and Economics.

The Alberta Psychiatric Association allies with the Alberta Medical Association sharing executive membership with the Sections of General Psychiatry and Child and Adolescent Psychiatry through which it elects members to the Representative Forum and works to achieve equitable fees and schedule of medical benefits.

This event is an accredited group learning activity (section 1) as defined by the Maintenance of Certification Program of the Royal College of Physicians and Surgeons of Canada, approved by the Canadian Psychiatric Association (CPA). The specific opinions and content of this event are not necessarily those of the CPA, and are the responsibility of the organizer(s) alone.

Please note, a Credit Tracking Log Form is located inside your conference portfolio. This form can be used to keep track of the presentations attended throughout the conference. The SCAP Annual General Meeting and the APA General Meetings are not eligible for CPD credits.

Conference Learning Objectives

1. To examine, consider and appraise current diagnostic and clinical guidelines and practices to enhance patient care.

2. To explore, consider and interpret the meaning of change from biological, psychological and social perspectives for our patients and in our professional relationships with them.

3. To reflect upon and discuss integrating change in our personal and professional lives as well as in the systems within which we work.

To receive your attendance certificate, please complete the conference evaluation form:
https://www.surveymonkey.com/s/PB8FPB7

Digital downloads of a number of the 2014 presentations will be available via secure login on the APA website.

Go to http://albertapsych.org/events/conference/2014, use login conf2014 and password he5c2014 to access these presentations in PDF format. Please note, some presentations may not be available until a few days following the conference. Thank you for your patience.

CHALLENGES OF CHANGE:

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2014 Scientific Conference & Annual General Meeting

BRING YOUR FAMILY!

Banff has much to offer as a vacation destination location, including:

- Skiing and snowboarding (Mount Norquay, Lake Louise and Sunshine)
- Hiking and snowshoeing
- Ice skating
- Sledding and tobogganing
- Shopping
- Fine dining
- Hot Springs
- The Banff Centre
- ….and much more!

Family Fun Night will take place on Friday, March 28th. Join colleagues and their families for a light meal, refreshments and entertainment guaranteed to appeal to all ages.

Visit albertapsych.org to stay informed on conference program updates

EXECUTIVES' WELCOME RECEPTION

Allow us to welcome you to this year's exciting and educational Scientific Conference & AGM.
Enjoy desserts, coffee and tea while you get to know the APA Executive Team and your fellow conference attendees. (Cash bar will be open)

PRESIDENT'S GALA

Join us in toasting the outgoing APA President and welcoming the incoming President at the annual President's Gala. This year we are excited to be featuring Calgary's Rowdy Pianos!

Rowdy Rock & Roll, sing-along, silly gags and audience participation are all part of the act. Top players spar off with their best chops and have a wild time getting the whole room singing, dancing and laughing along. Just request a song and see what happens!

RESIDENT'S NIGHT

Calling all Residents!! Join your fellow Residents for a night of cocktails, hors d'oeuvres, music and mingling. The party will get underway at 10:00 PM on Friday night in the Yarrow Room - with no need to shut down early!

A Message from the President

Dear Friends and Colleagues,

It is my pleasure to welcome you to the Rimrock Hotel, to Banff and to the 2014 Scientific Program and Annual General Meeting (AGM) of the Alberta Psychiatric Association (APA). This year, the Scientific Committee has chosen the theme "Challenges of Change: For Our Patients and Profession" as we continue to educate ourselves in an ever evolving field.The AGM Planning and Scientific Program Committees have worked hard over the last year. The combined efforts of Dianne Maier, Serdar Dursun, Janet DeGroot, Maryana Duchcherer, Rob Tanguay and Anisa Khaliq have produced a program that is full of educational, recreational and social opportunities. We've also had the benefit of having Karen Batchelor, from Associations Plus, provide the administrative support an event like this requires. Please take the time to thank each of them if you have the chance; their dedication to providing a first rate conference has been remarkable.

One of the things we've tried hard to do as an Executive is to make sure we are both representing and listening to the concerns of the entire APA. As part of this effort, we've introduced an Executives' Welcome Reception on Thursday night. We encourage you to come by and meet the members of the APA Executive and enjoy some light refreshments with us.

The scientific portion of our meeting starts on Thursday evening and extends until Saturday afternoon. Our Scientific Committee has assembled a group of outstanding speakers representing local, national and international expertise. They have once again involved the Alberta Medical Association's Physician and Family Support Program (PFSP) and the Canadian Psychiatric Association Continuing Professional Development (CPA CPD) program to round out the rest of our scientific program.

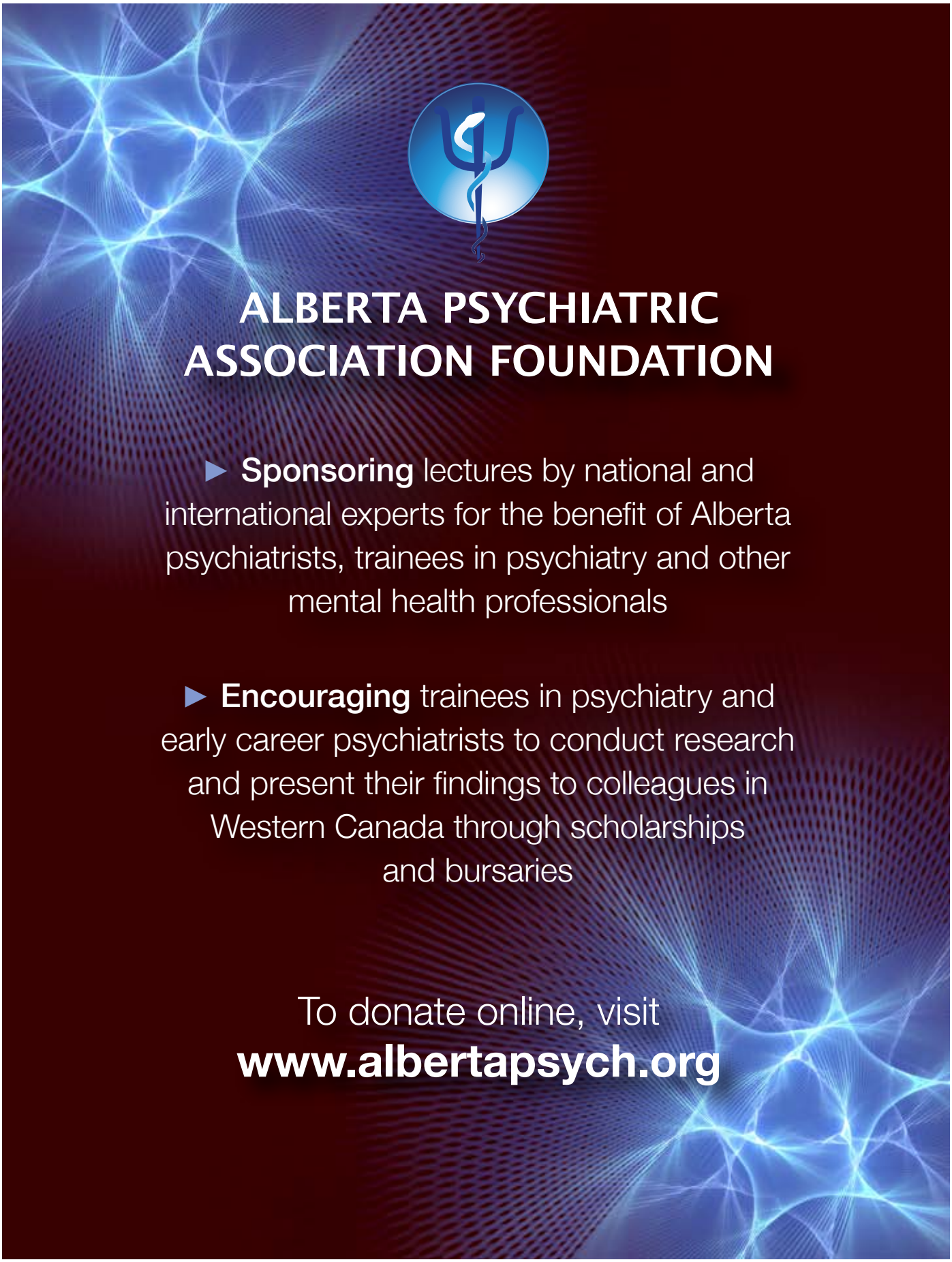
We are pleased to welcome a couple special guests to this year's event. Dr. Richard Johnston, President-Elect of AMA, will be our guest at our Annual General Meeting on Sunday morning. We also welcome Dr. Michael Teehan, President of the Canadian Psychiatric Association who will be joining us all weekend and will be an honored guest at our Gala.

Besides the Executives' Welcome on Thursday evening, we hope you get the chance to join us at the Family Fun Night on Friday; an event that gets more popular each year. This will be followed by another favorite event: the Residents' Reception. Then on Saturday there is the President's Gala which will guarantee a good time with The Rowdy Pianos out of Calgary.

Of course there will be the chance to enjoy the shopping, dining and recreational opportunities that Banff has to offer.

Thank you for joining us for what promises to be an informative, educational and even inspirational few days and I look forward to getting to spend time with my fellow APA members.

Gordon Kelly, APA President, 2013-2014


ALBERTA PSYCHIATRIC ASSOCIATION FOUNDATION
► Sponsoring lectures by national and international experts for the benefit of Alberta psychiatrists, trainees in psychiatry and other mental health professionals
► Encouraging trainees in psychiatry and early career psychiatrists to conduct research and present their findings to colleagues in Western Canada through scholarships and bursaries
To donate online, visit
www.albertapsych.org

FRIDAY, MARCH 28 | Breakfast Symposium | 8:00 | Salon A/B

Update on the Acute and Maintenance Treatment of Schizophrenia

Christoph U. Correll, MD

Schizophrenia is one of the most severe and often relapsing mental disorders that is characterized by abnormal thinking, affect, drive, cognition and behaviors that can dramatically impair functioning. Since the etiopathology is still largely unknown, treatments are generally symptomatic and response predictors are mostly clinical in nature. Antipsychotics have been the mainstay of treatment for the last 6 decades, but many different agents have been developed over the years. Recent studies and meta-analyses shed further light on the comparative efficacy, effectiveness and safety of antipsychotics for the acute and maintenance treatment in schizophrenia. This presentation will highlight methodological issues in the interpretation of these results and will place them into the context of clinical care. To optimize subjective well-being, functionality and medical stability, efficacy, safety and patient acceptability all require consideration when choosing specific antipsychotics. Furthermore, illness phase and adherence are important when developing individualized treatment plans. Since side effect differences among antipsychotics are generally larger and more predictable than efficacy differences, short and long-term risk-benefit considerations are relevant to optimize outcomes for patients who need to integrate their illness and treatments into their daily life routine. In the future, etiology-guided treatments and biomarker based interventions need to be developed.

Learning Objectives:

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

- Review the most recent evidence base for the efficacy of antipsychotics in the acute and maintenance treatment of schizophrenia
- Discuss the most recent evidence for acute and long-term tolerability of antipsychotics in the treatment of schizophrenia
- Implement appropriate antipsychotic selection, safety monitoring and management strategies to optimize outcomes

Literature References:

1. Leucht S, Cipriani A, Spineli L,et al. Comparative efficacy and tolerability of 15 antipsychotic drugs in schizophrenia: a multiple-treatments meta-analysis. Lancet. 2013 Sep 14;382(9896):951-62.

2. Kane JM, Correll CU. Past and present progress in the pharmacologic treatment of schizophrenia. J Clin Psychiatry. 2010 Sep;71(9):1115-24.

FRIDAY, MARCH 28 | 9:00 | Salon C

The Evidence-Based Psychotherapist: Practical Applications

Molyn Leszcz, M.D., FRCPC, DFAGPA

Contemporary psychotherapists are increasingly aware of the importance of practicing in an evidence-based fashion. This presentation will identify key principles related to evidence-based practice with an emphasis on the ways in which the evidence-based psychotherapist can utilize empirical research to guide the practice of psychotherapy across a range of modalities. Emphasizing the relational elements that contribute to therapeutic success significantly improves therapists' effectiveness with a broad range of patients. This approach expands our understanding of evidence-based practice, moving beyond the confines of empirically supported therapies alone into the robust evidence that shows that, although models of psychotherapy are generally equivalent in effectiveness, psychotherapists are not always equivalently effective.

Key elements that can improve therapist effectiveness will be addressed emphasizing the importance of the therapeutic alliance and the therapeutic relationship; the role of empathy and the ways in which therapists can enhance their effectiveness as a therapeutic tool through the effective use of self in the therapeutic arena. In addition, the presentation will describe the judicious use of self-disclosure, therapist transparency and utilizing countertransference as valuable data and as a resource for effective psychotherapy.

Learning Objectives:

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

- Identify the key factors that distinguish more effective from less effective psychotherapists
- Utilize the empirical evidence regarding psychotherapists' effectiveness and relevant clinical applications
- Articulate the principles of judicious therapist self-disclosure, therapeutic meta-communication and processing within the therapeutic relationship

Literature References:

1. Leszcz, M. Psychotherapy Supervision and the Development of the Psychotherapist. In: Klein RH, Bernard, HS, Schermer V, .editors, On Becoming a Psychotherapist: The Personal and Professional Journey. Oxford University Press, 2011 p.114-143
2. Norcross JC, & Wampold BE. Evidence-Based Therapy Relationships: Research Conclusions and Clinical Practices. Psychotherapy 48(1):98-102, 2011.

FRIDAY, MARCH 28 | 10:30 | Salon C

Living Stories for Hope and Change - Meeting the Challenge of Change Through the Arts in Medicine

Cheryl L. McLean

Identifying deeply with the lives of other practitioners or addressing one's own personal health challenges through an embodied experience with the arts can be transformative, even life changing. Stories embodied through the arts can help offer opportunities for deep personal reflection, insight and healing. Research has also shown the arts to be helpful in medical student learning improving clinical and relational skills such as reflection and insight. How can I use the creative arts for change for my own personal wellness? How do the creative arts in medicine help practitioners enhance clinical and relational skills?

This presentation features stories, performed monologues and the leading research in the field to illustrate how the creative arts can contribute toward improved quality of life for the practitioner and a more empathic and humane practice for those they serve. This talk will set the stage for an experiential "Remembering and Living Stories" group workshop to follow on Saturday morning which will give participants opportunities to embody, remember, write and perform a living story for change.

Learning Objectives:

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

- Recognize how the creative arts lived and embodied through drama and story can lead to personal discovery, healing and change for the practitioner
- Identify how creative arts methods can enhance clinical and relational skills
- Understand, through illustrative stories, how history plays an important role in understanding behaviour

Literature References:

1. Denzin, Norman K., 2003, Performance Ethnography, Critical Pedagogy and the Politics of Culture, The Call to Performance (pp. 3 - 24) Sage, Thousand Oaks.
2. Gold, Muriel, 2000, Therapy through Drama: The Fictional Family. Training Family Therapists: The Fictional Family Approach (pp 40 - 65) Springfield, Il: Charles C. Thomas.
3. McLean, Cheryl L. 2013, Creative Arts in Humane Medicine, Remember Me for Birds: An ethnodrama about aging, mental health and autonomy (pp 24 - 37), Brush Education, Edmonton (distributed by University of Toronto Press)
4. McLean, Cheryl L., Kelly, Robert, 2010, Creative Arts in Interdisciplinary Practice, Saldana, Johnny, Ethnodramas about Health and Illness, Staging Human Vulnerability, Fragility and Resiliency (pp. 167-184) , Detselig Enterprises, Calgary.
5. Myers, Michael, 2003, Getting better at being well, CMA Guide to Physician Health and Wellbeing.

FRIDAY, MARCH 28 | 13:00 | Salon C

New Therapeutic Mechanisms in Schizophrenia Arising from Neurobiological Research

Dost Öngür, MD, PhD

Schizophrenia is a common and severe condition but its pathophysiology remains poorly understood. Emerging MRI technologies offer new windows into brain function that have enabled investigators to study brain abnormalities in major mental illnesses, including schizophrenia. In this presentation, I will review recent MRI studies from our lab and others that focus on GABAergic and glutamatergic neurotransmission in schizophrenia, as well as bioenergetic processes that support neurotransmission.

These studies are painting a picture of dynamic changes in energy production and neurotransmission during the evolution of the disorder. As a result, certain interventions may be more or less effective at specific phases of the illness. I will discuss the implications of these studies for novel therapeutics. I will highlight several recent advances that promise to deliver treatment options that do not act on the dopamine system. This is a highly promising area of research because the novel treatments would be expected to have different efficacy and side effect profiles than the currently available ones.

Learning Objectives:

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

- Discuss recent findings in brain bioenergetics and neurotransmission abnormalities in schizophrenia
- Discuss the role of MRI approaches to probe neurobiological abnormalities in schizophrenia
- Name two novel therapeutic approaches to schizophrenia arising from the recent literature

Literature References:

1. Du F, Cooper AJ, Thida T, Sehovic S, Lukas SE, Cohen BM, Zhang X, Ongür D (2014) In Vivo Evidence for Cerebral Bioenergetic Abnormalities in Schizophrenia Measured Using 31P Magnetization Transfer Spectroscopy. JAMA Psychiatry 71(1):19-27.
2. Hallak JE, Maia-de-Oliveira JP, Abrao J, Evora PR, Zuardi AW, Crippa JA, Belmonte-de-Abreu P, Baker GB, Dursun SM (2013) Rapid improvement of acute schizophrenia symptoms after intravenous sodium nitroprusside: a randomized, double-blind, placebo-controlled trial. JAMA Psychiatry 70(7):668-76.

FRIDAY, MARCH 28 | 15:30 | Salon C

Brain Development, Experience, and Behaviour

Dr. Bryan Kolb

Brain development progresses through a series of stages beginning with neurogenesis and progressing to neural migration, maturation, synaptogenesis, pruning, and myelin formation. The developing normal brain shows a remarkable capacity for plastic changes in response to a wide range of pre and postnatal experiences. This review will examine the ways in which early experiences alter brain development, including environmental events such as sensory stimuli, early stress, psychoactive drugs, parent-child relationships, peer relationships, intestinal flora, diet, and radiation. This sensitivity of the brain to early experiences has important implications for understanding neurodevelopmental disorders as well as the effect of medical interventions in children.

Learning Objectives:

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

- Describe how brain development unfolds
- Identify pre and postnatal factors that will alter brain development
- See how early experiences are related to neurodevelopmental disorders

Literature References:

1. Kolb, B. et al. Brain plasticity in the developing brain. Prog Brain Res, 2013, Dec 17, epub ahead of print.
2. Kolb, B. et al. Experience and the developing prefrontal cortex. PNAS, 2012, 109, Suppl2, 17186-93

FRIDAY, MARCH 28 | 16:30 | Salon C

Promoting Indigenous Health: Finding Solutions for Health Issues Through Partnerships in Research, Education and Health Service Delivery with First Nations, Métis and Inuit Communities

Dr. Catherine Cook, MD, MSc., CCFP, FCFP

The value of conducted research is often measured by its applicability to the general public – in Indigenous (First Nations, Métis and Inuit) communities the questions asked were not always the ones that were the most important for the community. As the communities at large were not always engaged in the decisions about the research question, it appeared that research was something that was 'done to' communities. There was little apparent value, and the results frequently portrayed the Indigenous community in a negative light.

Indigenous health research takes place on many levels and involves investigators from many fields of academia. The ability to administer the CIHR funded ACADRE and NEAHR grants through the University of Manitoba has provided an opportunity to work with First Nations and Métis for research focused capacity growth in the First Nations and Métis communities. The process of engagement, through partnerships, has supported the mobilization of knowledge that recognizes the active role that First Nations, Métis and Inuit take in defining and guiding relevant research within the province of Manitoba.

Learning Objectives:

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

- Recognize the historical issues that impact authentic relationships with First Nations, Metis and Inuit Communities
- Evolution of Indigenous Health relationships in health research, health education and health service delivery
- Current models and promising practice

Literature References:

1. Ermine, W., Sinclair, R., Jeffery, B. (2004). The Ethics of Research involving Indigenous Peoples. Report of the Indigenous Peoples Health Research Centre to the Interagency Advisory Panel on Research Ethics. Saskatoon, SK: Indigenous Peoples Health Research Centre.
2. IPAC (2008). IPAC-AFMC First Nations, Inuit, Metis Health Core Competencies: A Curriculum Framework for Undergraduate Medical Education, February 2008

FRIDAY, MARCH 28 | 16:30 | Hawthorn B/C

We Are Not in Kansas Anymore!

Dr. Laura Calhoun, FRCPC, MAL(H)

In traditional models of care, psychiatrists are expert in diagnosing and treating patients with mental illness. This medical expert role is one psychiatrists have become comfortable in and remains the back bone of our day to day work.

However, psychiatrists are being asked to look at additional roles now: roles such as advocate, manager, leader and collaborator. These roles are less familiar to most psychiatrists and we are generally less comfortable inside them. Discomfort can lead to anxiety which is best dealt with by avoidance and it is tempting to avoid these roles all together. Hospital and University committees, provincial working groups, department and zone medical directorships, site chiefs are some of the leader/manager roles familiar to Alberta psychiatrists.

Without the right people in these roles there can be disgruntlement and job dissatisfaction, but taking on these roles can mean giving up our autonomy and letting go of control.

How can psychiatrists maintain their clinical autonomy and work inside the system at the same time? How can we balance the needs of our patients with the needs of the system? How can we ensure we are at the table when decisions that affect us get made? This workshop will explore answers to these questions by drawing on concepts from organizational leadership such as polarity management and complex adaptive systems, and also by discussing the unique training of psychiatrists in empathy (AKA emotional intelligence), family systems (similar to health systems) and the art of listening and asking questions (the basics for any leader). Participants should come prepared to discuss, listen and debate.

Learning Objectives:

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

- Have a better appreciation of leadership concepts and language
- Connect with other psychiatrists in Alberta who are interested in leadership
- Appreciate the value of psychiatrists as leaders

Literature References:

1. Dickson et al. 2012, June. Evidence Informed Change Management in Canadian Healthcare Organizations. Canadian Health Services Research Foundation

2. Denis J-L et al. April, 2013. Exploring the Dynamics of Physician Engagement and Leadership for Health System Improvement. Canadian Institute of Health Research.

SATURDAY, MARCH 29 | Breakfast Symposium | 8:00 | Salon A/B

Measurement Based Care: Can Scales & Structured Interviews Change the Course of Treatment?

Dr. David Sheehan, MD, MBA

Validated rating scales and structured diagnostic interviews are commonly used in research to aid in the diagnosis and assessment of severity of psychiatric disorders and to provide a framework for measuring response and remission.

Structured diagnostic interviews provide precisely worded clinical guidance to help elicit and operationalize the DSM IV and ICD-10 criteria. Rating scales have been developed to provide both clinicians and patients with a means of measuring symptoms and functional impairment and to track change in these outcomes over time. Despite this, their integration into clinical practice is variable even though there are benefits to such measurement-based care. The aim of this presentation is to demonstrate how rating scales and structured diagnostic interviews can be effectively used to assess and monitor treatment outcomes in depression, as well as measuring impairment.

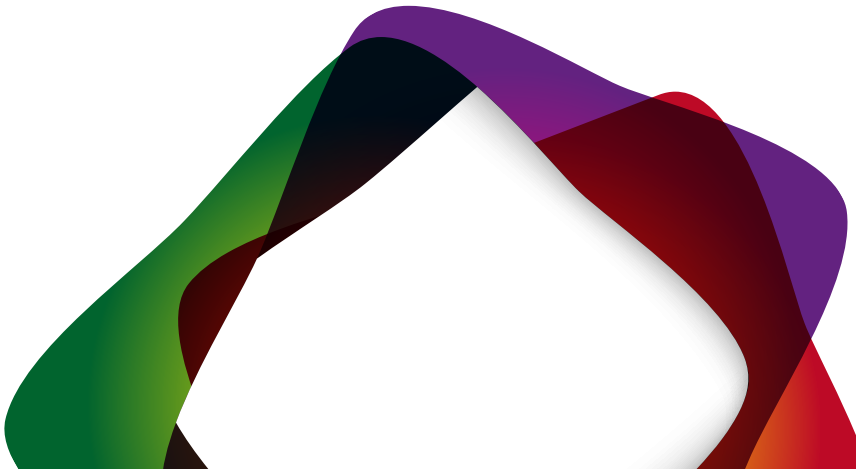
Learning Objectives:

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

- Utilize rating scales in order to effectively identify and implement specific treatment options that address residual symptoms
- Utilize structured diagnostic interviews in order to improve diagnostic precision and to develop computerized databases in health care facilities

Literature References:

1. Sheehan DV, Lecrubier Y, Sheehan KH, Amorim P, Janavs J, Weiller E, Hergueta T. Bonora LI, Lepine JP, Baker R, Knapp E, Sheehan M: Appendix I. The Mini International Neuropsychiatric Interview (M.I.N.I). Journal of Clinical Psychiatry. 1999; 60 (suppl 18): 39-62.
2. Sheehan KH; Sheehan DV, Assessing treatment effects in clinical trials with the discan metric of the Sheehan Disability Scale. International Clinical Psychopharmacology 2008;23(2):70-83.



SATURDAY, MARCH 29 | 9:00 | Salon C

From IV to 5: What Psychiatrists Need to Know About DSM-5

Dr. Abraham Nussbaum

In May 2013, the American Psychiatric Association released the fifth edition of the Diagnostic and Statistical Manual of Mental Disorders, DSM-5. APA leaders have described the publication of DSM-5 as the arrival of the future, but critics complain that DSM-5 is an unnecessary revision. In a sense, both the APA and its critics are correct: DSM-5 is an important step towards a neuroscience diagnostic manual, but it is a subtle step whose most important innovations are not immediately apparent. In this address, we will discuss the history of the DSM, how each iteration of the DSM offers an account of where psychiatric services are delivered, and the increasing social and cultural pressures on psychiatric diagnosis. We will see how these forces are reflected in the new definition of a mental disorder. We will review both the deep structure of DSM and the significant criteria changes from DSM-IV-TR. Finally, we will explore the limits of DSM-5 by discussing the surprisingly low inter-rater reliability for major depressive disorder in the DSM-5 field trials. We will conclude with a discussion of how to use DSM-5 while remaining aware of its strengths and limitations.

Learning Objectives:

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

- Appreciate the historical and social forces shaping DSM-5
- Understand the DSM-5 definition of a mental disorder
- Describe the major organizational and criteria changes in DSM-5
- Recognize the strengths and limitations of DSM-5

1. Aragona M. The role of comorbity in the crisis of the current psychiatric classification system. Philosophy, Psychiatry, and Psychology 2009 16(1):1-11
2. Aragona M. The concept of mental disorder and the DSM-V. Dialogues in Philosophy, Mental and Neuro Sciences 2009 2(1):1-14
3. Bentall RP. A proposal to classify happiness as a psychiatric disorder. Journal of medical ethics 1992:94-98
4. Carpenter W, van Os J. Should attenuated psychosis syndrome be a DSM-5 diagnosis? American Journal of Psychiatry 2011 168:460-463
5. Clarke DE, Narrow WE, Regier DA, Kuramoto SJ, Kupfer DJ, Kuhl EA, Greiner L, Kraemer HC: DSM-5 Field Trials in the United States and Canada, part I: study design, sampling strategy, implementation, and analytic approaches. American Journal of Psychiatry 2013 170:43–58
6. Drew T et al. The invisible gorilla strikes again: Sustained inattentional blindness in expert observers. Psychol Sci 2013 Jul 17; http://dx.doi.org/10.1177/0956797613479386
7. First MB, Frances AJ. Issues for DSM-V: unintended consequences of small changes: the case of paraphilias. American Journal of Psychiatry 2008 165:1240-1241
8. Fischer B. A review of American psychiatry through its diagnoses: the history and development of the Diagnostic and Statistical Manual of Mental Disorders. Journal of Nervous and Mental Diseases 2012 200: 1020-1033
9. Frances AJ. Problems in defining clinical significance in epidemiological studies. Archives of General Psychiatry 1998 55:119
10. Frances AJ, Egger HL. Whither psychiatric diagnosis. Australia New Zealand Journal of Psychiatry 1999 33(2):161-5
11. Freedman R, Lewis DA, Michels R, Pine DS, Schultz SK, Tamminga CA, Gabbard GO, Gau SS-F, Javitt DC, Oquendo MA, Shrout

PE, Vieta E, Yager J. The initial field trials of DSM-5: New Blooms and Old Thorns. American Journal of Psychiatry 2013 170:1-5

12. Grob GN. Origins of DSM-I: a study in appearance and reality. American Journal of Psychiatry 1991 148(4): 421-431
13. Hasin DS, O'Brien CP, Auriacombe M, Guilherme B, Bucholz K, Budney A, Compton WM, Crowley T, Ling W, Petry NM, Schuckit M, Grant BF: DSM-5 criteria for substance use disorders: recommendations and rationale. Am J Psych 2013 170:834-51
14. Houts AC. Fifty years of psychiatric nomenclature: reflections on the 1943 War Department Technical Bulletin, Medical 203. Journal of Clinical Psychology 2000 56 (7): 935 – 967
15. Insel T, Cuthbert B, Garvey M, Heinssen R, Pike DS, Quinn K, Sanislow C, Wang P. Research Domain Criteria (RDoC): toward a new classification framework for research on mental disorders. American Journal of Psychiatry 2010 167:748-751
16. Insel T. Director's blog: transforming diagnosis. April 29, 2013 accessed at http://www.nimh.nih.gov/about/director/index.shtml#p145045 on May 13, 2013
17. Kendell R, Jablensky A. Distinguishing between the validity and utility of psychiatric diagnoses. American Journal of Psychiatry 2003 160:4-12
18. Kendler KS, First MB. Alternative futures for the DSM revision process: iteration v. paradigm shift. British Journal of Psych 2010 197:263-265
19. Kinghorn WA. Whose disorder?: a constructive MacIntyrean critique of psychiatric nosology. Journal of Medicine and Philosophy 2011 36(2):187-205
20. Kupfer DJ, Regier DA. Neuroscience, clinical evidence, and the future of psychiatric classification in DSM-5. American Journal of Psychiatry 2011 168(&):672-674
21. Kupfer DJ, Regier DA. Why all of medicine should care about DSM-5. JAMA 2010 303:1974-1975
22. McHugh P. Striving for coherence: psychiatry's efforts over classifications. JAMA 2005 293:2526-2528
23. McHugh P, Slaveny PR. The perspectives of psychiatry, 2nd ed. Baltimore: Johns Hopkins UP, 1998
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25. Neugeboren J, Friedman MB, Sederer LI. The diagnostic manual of Mishegas: pot-chkied together and com.piled. CreateSpace Independent Publishing Platform, 2013
26. Regier DA, Kaelber CT, Rae DS, Farmer ME, Knauper B, Kessler RC, Norquist GS. Limitations of diagnostic criteria and assessment instruments for mental disorders: implications for research and policy. Archives of General Psychiatry 1998 55:109-115
27. Regier DA, Narrow WE, Kuhl EA, Kupfer DJ. The Conceptual development of DSM-V. American Journal of Psychiatry 2009 166:645-650
28. Regier DA, Narrow WE, Clarke DE, Kraemer HC, Kuramoto SJ, Kuhl EA, Kupfer DJ: DSM-5 Field Trials in the United States and Canada, part II: test-retest reliability of selected categorical diagnoses. Am J Psychiatry 2013; 170:59–70
29. Schaffer D. A participant's observations: preparing DSM-IV. Canadian Journal of Psychiatry 1996 41:325–329
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31. Shorter E. How everyone became depressed. New York: Oxford UP, 2013.
32. Spiegel A. The dictionary of disorder. The New Yorker 2005 (Jan 3): 56-63
33. Spitzer RL. Diagnosis and need for treatment are not the same. Archives of General Psychiatry 1998 55: 120
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35. Sirgiovanni E. The mechanistic approach to psychiatric classification. Dialogues in Philosophy, Mental and Neuro Sciences 2009 2(2):45-49
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37. Wilson M. DSM-III and the transformation of American psychiatry: a history. American Journal of Psychiatry. 1993 150(3):399-410

SATURDAY, MARCH 29 | 13:30 | Salon C

The Coach Approach to Leading Change Utilizing LEADS in a Caring Environment

Bruce Swan, B.Comm, DHA, FCCHL, CEC, PCC

Health care leaders today who wrestle with mammoth change are finding the coach approach to leadership and building a coaching culture a way to engage their leaders in creating the journey and destiny that will work for them and the organization. The following quote from Jim Collins author of "Good to Great" on building coaching cultures summarizes a way to build individual leadership capacity: "A coaching culture is a business or other environment in which most people use coaching principles as a way to lead, manage, influence, or communicate with one another. In coaching cultures, almost everyone knows what coaching is and many people – including all of the leaders and managers - have training in coaching methods, know how to coach, and are able to lead through coaching".

The model of coaching that will be presented is the Excelerator Coaching™ System which forms the core curriculum of Royal Roads Universities Graduate Studies in Executive Coaching. The coach approach to leadership is the most effective way to assist leaders in moving through whatever change is affecting them. LEADS in a Caring Environment "leadership capabilities framework provides excellence in leadership that is necessary to navigate change.

This is an interactive session where the majority of the time participants will be learning how to use the coach approach to leadership with other participants through practical exercises. They will also observe a coaching session with a professional certified coach demonstrating the principles of coaching.

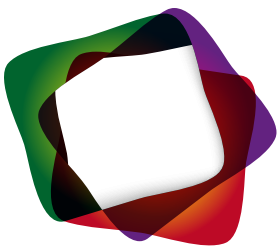
Learning Objectives:

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

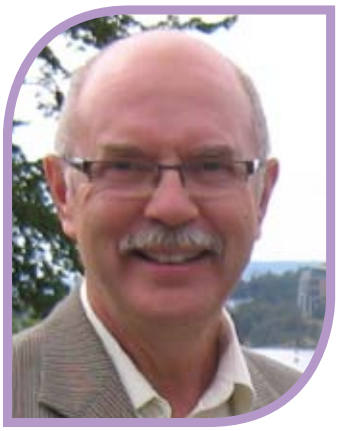
- Understand the Coach Approach to LEADS and Leadership
- Practice and experience the use of Coaching Skills
- Experience firsthand the value of coaching in moving a change forward

Literature References:

1. Executive Coaching with Backbone and Heart - A system approach to engaging Leaders with their challenges, Mary Beth O'Neill
2. The Heart of Coaching – Using Transformational coaching to create a high-performance coaching culture, Thomas G. Crane
3. LEADS in a Caring Environment "leadership capabilities framework" Canadian College Health Leaders.



Bruce Swan, B.Comm, DHA, FCCHL, CEC, PCC



With over thirty years Senior Health Care Executive experience. While President and CEO he utilized the coach approach to leadership and saw firsthand leaders step up to the plate and fulfill the roles of the positions they held title to. He is a Professional Certified Coach with the International Coach Federation and holds an undergraduate degree in Commerce, a Graduate Diploma in Hospital Administration and Graduate Diploma in Executive Coaching.

A qualified coach and facilitator of the LEADS in a Caring Environment Capabilities Framework through the Canadian College of Health Leaders. Published an article in Qmentum Quarterly by Accreditation Canada titled "A Systems Approach to Mental Health and Service Integration". He is President of B. H. Swan & Associates and an Associate Partner of Essential Impact Coaching. Over the past 13 years, his coaching and leadership experience has been focused in Mental Health and Addictions organizations. He has taken the coach approach to Leadership utilizing LEADS in a Caring Environment framework into mental health organizations in Ontario.

Dr. Molyn Leszcz

Professor and Vice Chair, Clinical, Department of Psychiatry,
University of Toronto

Dr. Molyn Leszcz is the Psychiatrist-in-Chief at Mount Sinai Hospital, Professor and Vice Chair, Clinical, Department of Psychiatry, University of Toronto. Dr. Leszcz's academic and clinical work has focused on broadening the application of psychotherapy within psychiatry. Dr. Leszcz's research has focused on group psychotherapy for individuals with cancer, and genetic or familial predisposition to cancer; group psychotherapy for patients with schizophrenia; geriatric depression; evidence-based approaches to group therapy; modified interpersonal group psychotherapy for patients with substance abuse; and in acute care inpatient units. He co-authored with Irvin Yalom, the 5th edition of the Theory and Practice of Group Psychotherapy (2005), also translated into Mandarin, German, Hebrew, Greek, Polish, Czech, Spanish, French, Italian, Russian and Portuguese editions.

Dr. Leszcz co-chaired the American Group Psychotherapy Association (AGPA) Science to Services Task Force leading to publication of Clinical Practice Guidelines for Group Psychotherapy, which received the 2009 Alonso Award for Outstanding Contributions to Psychodynamic Group Psychotherapy. Dr. Leszcz was awarded Fellowship in the Canadian Group Psychotherapy Association and was recognized in 2012 as a Distinguished Fellow of the American Group Psychotherapy Association. Dr. Leszcz also has been the recipient of a number of teaching awards at the University of Toronto.

Dr. Catherine Cook, MD, MSc., CCFP, FCFP

Dr. Catherine Cook received her medical education at the University of Manitoba (1987), certified in Family Medicine in 1989, with a MSc. through the Department of Community Health Sciences, in 2003. Dr. Cook has a joint role with the University of Manitoba as the Associate Dean, First Nations, Métis and Inuit Health, Faculty of Medicine at the University of Manitoba and the Winnipeg Regional Health Authority as Vice-President of Population and Aboriginal Health. She is engaged at the University of Manitoba, Faculty of Medicine in the areas of teaching, student supports and research.

In July 2009, she was appointed by the Province of Manitoba as the Aboriginal Health Advisor on H1N1 issues for Manitoba – to work with First Nations communities, leadership organizations and the federal government to further strengthen communication, coordination and response to H1N1 influenza.

Dr. Cook practiced as a family physician in remote northern nursing stations for several years before focusing on public health practice. She has held positions of Associate Director of the J.A. Hildes Northern Medical Unit, Regional Director of Health Programs for First Nations and Inuit Health, Manitoba Region, Regional Medical Officer of Health for the Nor-Man and Winnipeg Regional Health Authorities, Director of the Center for Aboriginal Health Education and Co-Director of the Manitoba First Nations Center for Aboriginal Health Research and Co-Chair of the 'Changes for Children' Implementation Team – a process for systemic change within the Child Welfare system in Manitoba stemming from the AJI-CWI Initiative and a series of reviews of the child welfare system. Dr. Cook is on several national boards and committees, and has actively engaged in board and committee membership throughout her career.

Dr. Bryan Kolb

Professor of the Department of Neuroscience,
University of Lethbridge

Bryan Kolb is a native of Calgary and is currently a Professor in the Department Neuroscience at the University of Lethbridge, where he has been since 1976. He received his PhD from Pennsylvania State University and did postdoctoral work at the University of Western Ontario and the Montreal Neurological Institute. His recent work has focused on the development of the prefrontal cortex and how neurons of the cerebral cortex change in response to various pre and postnatal developmental factors including hormones, experience, stress, drugs, neurotrophins, and injury, and how these changes are related to adult behaviour. Bryan Kolb has published 5 books, including two textbooks with Ian Whishaw (Fundamentals of Human Neuropsychology, Sixth Edition; Introduction to Brain and Behavior, Fourth Edition), and over 350 articles and chapters. Kolb is a Fellow of the Royal Society of Canada and a Killam Fellow of the Canada Council. He is currently a member of the Canadian Institute for Advanced Research program in the Child Brain Development.

Dr. David V. Sheehan

Distinguished University Health Professor Emeritus

University of Florida College of Medicine

David V. Sheehan, M.D., M.B.A. is Distinguished University Health Professor Emeritus at the University of South Florida College of Medicine. He was Professor of Psychiatry, Director of Psychiatric Research and Director of the Depression and Anxiety Disorders Research Institute at the University of South Florida College of Medicine and Professor of Psychology at the University of South Florida College of Arts and Sciences.

Dr. Sheehan was born and educated in Ireland. He completed his residency training in psychiatry at Massachusetts General Hospital and Harvard Medical School. At Harvard Medical School, where he was Assistant Professor of Psychiatry, he was on the full-time faculty for 12 1/2 years. He was the Director of Anxiety Research and Director of the Psychosomatic Medicine Clinic at Massachusetts General Hospital. He received his MBA (summa cum laude) from the University of South Florida. He served as Director of Psychiatric Research for the Department of Psychiatry and Behavioral Medicine at the University of South Florida College of Medicine from 1985-2007. He has written over 500 abstracts, 250 publications and edited/served on the editorial board of 8 books/monographs. Cumulatively, his publications have been cited over 10,000 times in major peer reviewed journals. He has been awarded over $20 million for 120 research grants. He was awarded a patent by the United States Patent Office in 1996. He has given expert testimony to the Unites States Congress. He has been invited to give lectures in 67 countries on anxiety and mood disorders, psychopharmacology and biological psychiatry.

Dr. Laura Calhoun

Dr. Laura Calhoun started as Medical Director for Addictions and Mental Health at AHS in October 2013. She does her clinical work at the Sturgeon Hospital in St. Albert. Dr. Calhoun grew up in Edmonton but has lived in Winnipeg for the past 20 years. She worked and was Medical Director in many areas in Winnipeg including psychiatric ICU, outpatients and Emergency. Her main area of clinical interest is Reproductive Psychiatry. She is most proud of her role in helping to organize the first mental health Crisis Response Centre in Winnipeg, which is a stand alone facility for patients in mental health crisis. Dr. Calhoun completed a Masters of Arts in Leadership through Royal Roads University in 2012.

Dr. Christoph U. Correll

Professor of Psychiatry and Molecular Medicine,
Hofstra North Shore-LIJ School of Medicine

Christoph U. Correll is a professor of psychiatry and molecular medicine at Hofstra North Shore-LIJ School of Medicine in New York. He is further the Medical Director of the Recognition and Prevention (RAP) Program at the Zucker Hillside Hospital located in Queens, New York.

Prof. Correll completed his medical studies at both the Free University of Berlin, Germany, and Dundee University Medical School in Scotland. After finishing his general psychiatry residency, he also trained in child and adolescent psychiatry, both at The Zucker Hillside Hospital in Queens, New York.

Prof. Correll's research and clinical work focuses on the identification and treatment of patients with severe psychiatric disorders. His areas of expertise include schizophrenia-spectrum, mood-spectrum and aggressive-spectrum disorders, ranging from the prodrome to first episode, multi-episode and refractory illness patients. He is further an expert in the risk-benefit evaluation of psychotropic medications, including the interface between psychiatry and medicine and the assessment of comparative effectiveness, both in prospective studies and meta-analytic evaluations.

Prof. Correll has authored over 250 journal articles. He has served on a number of expert consensus panels, is a reviewer for over 70 peer-reviewed journals and an editorial board member of ten scientific journals. Prof. Correll is the principal investigator or Steering Committee member of several large, federally funded grants and has received over two dozen national and international research awards and fellowships for his work.

Dr. Dost Öngür, MD, PhD

Associate Professor of Psychiatry
Harvard Medical School

A native of Istanbul/Turkey, Dr. Öngür obtained his MD/PhD from Washington University in St.Louis, and then completed adult psychiatry residency training at the MGH/McLean program. He is currently Associate Professor of Psychiatry at Harvard Medical School and the Chief of the Psychotic Disorders Division at McLean Hospital. His research has used brain imaging approaches to examine neurobiological abnormalities in schizophrenia and bipolar disorder, focusing on brain bioenergetics and neurotransmission in particular. He has published over 80 scientific articles, and has won several teaching and mentoring awards.

Dr. Abraham M. Nussbaum, MD

Abraham M. Nussbaum, MD is the author of The Pocket Guide to the DSM-5 Diagnostic Exam, the only interview guide designed specifically for DSM-5. The book was developed out of his work teaching medical students, psychiatry residents, social workers, and psychology students the psychiatric interview. Dr. Nussbaum directs the adult inpatient service at Denver Health and is an Assistant Professor of psychiatry at the University of Colorado. In addition to his interest in psychiatric interviewing and diagnosis, Dr. Nussbaum has participated in schizophrenia research trials, authored Cochrane reviews on the use of antipsychotics for people with schizophrenia, and the use of medical marijuana among persons with mental illness. At present, he receives grant funding from the University of Chicago's Program on Medicine and Religion to explore the physician-patient relationship.

Cheryl McLean

Professor of the Department of Neuroscience,
University of Lethbridge

Recognized as an international leader and contributor to the field of the creative arts in health and interdisciplinary research, Cheryl McLean is founder and publisher of the open access peer reviewed journal, The International Journal of the Creative Arts in Interdisciplinary Practice and editor of the books Creative Arts in Humane Medicine (2014), Creative Arts in Research for Community and Cultural Change (2011), Creative Arts in Interdisciplinary Practice, Inquiries for Hope and Change (2010), Brush Education, Edmonton (dist. by University of Toronto Press).

She has taught the course Creative Responses to Death and Bereavement at The University of Western Ontario and has developed and designed Living Stories for Hope and Change workshops for health professionals held at The Windermere Manor, London. She has special interests in arts in medicine and creativity in education, practitioner wellness and narrative and ethnodrama for personal change and in raising awareness about aging and mental health. She wrote and performed the research based ethnodrama "Remember Me for Birds" about aging, mental health autonomy, for academic and professional audiences across Canada. She is a passionate educator as well as a storyteller, actor and drama therapist. A believer in the arts for health, hope and change, Ms. McLean was a guest presenter for the American Medical Student Association's Medical Humanities Scholars' Program, Perceptions of Physicians in Literature and the Arts, and has been a featured keynote speaker and performer at medical schools, health organizations and universities across Canada and in the U.S. http://www.cherylmclean.com

FRIDAY, MARCH 28 | 11:30 | Salon A/B

CPA CPD Institute: Advances and Controversies in Managing Inadequate Response in Depression

Dr. Roumen Milev, MD, PhD, FRCPsych, FRCPC

Overall learning objective: Use strategies to manage inadequate response to antidepressants and residual symptoms of major depressive disorder, including adding or switching antidepressants and the role of atypical antipsychotics.
Dr. Milev graduated medicine in Sofia, Bulgaria in 1983, obtained Specialty of Psychiatry in Bulgaria, MRCPsych in England and FRCPC in Canada. Defended his PhD in Forensic Psychiatry. In 1995 he moved to Regina, Canada where he became Medical Director of the Mental Health Clinic. In 2001 he was appointed Clinical Director of the Mood Disorder Research and Treatment Service in Kingston. In 2007 he became the Head of Department of Psychiatry at Queen's University.

He is actively involved in research with patients with Depression, Bipolar Disorder, Anxiety Disorders, and other Affective Disorders. Main areas of his research include issues of Stigma and ways of dealing with it, Sleep Architecture, Psychopharmacological and rTMS treatments.

Dr. Milev has many publications and significant teaching experience. He lead workshops and panel discussions at conferences and has presented numerous lectures to Psychiatrists, Family Physicians and other health professionals. Dr. Milev is involved actively in both undergraduate and postgraduate teaching, including supervision of masters and PhD students. He has been involved with CANMAT guidelines for management of patients with Bipolar Disorders, and with Depression. He has won several prizes and awards.

FRIDAY, MARCH 28 | 14:00 | Salon C

CPA CPD Institute: Current and Future Directions in the Diagnosis and Treatment of Alzheimer's Disease

Dr. Ron Keren, MD, FRCPC

Overall learning objective: Appreciate novel therapeutic approaches to the diagnosis of Alzheimer's disease.

Dr. Ron Keren is the Medical Director of the Geriatric Rehabilitation Program at the Toronto Rehabilitation Institute and the Co-Director for the University Health Network Memory Clinic. Dr. Keren is also involved with the Psychogeriatric programs at the University Health Network as a psychogeriatric consultant and staff psychiatrist. He is an attending psychiatrist on the Toronto Rehab Dementia inpatient service where patients with responsive behaviours are assessed and treated.

In addition to these appointments, Dr. Keren is an Assistant Professor with the Department of Psychiatry at the University of Toronto. Dr. Keren was the principal investigator for a number of clinical drug trials assessing novel therapeutics for Alzheimer's disease. In 2009, he was awarded the Alzheimer Society of Canada Special Recognition Award for his work in developing a national conference on dementia known as the Canadian Conference on Dementia.

SATURDAY, MARCH 29 | 12:00 | Salon A/B

CPA CPD Institute: Addressing the Domains of Depression

Dr. Ash Bender, MD, FRCPC

Overall learning objective: Translate the symptom and functional domains of depression to develop targeted treatment strategies for their patients.

Dr. Bender is a staff psychiatrist at the Centre for Addiction and Mental Health (CAMH). He is the Medical Head of the Work, Stress and Health (WSH) which is a multidisciplinary program specializing in assessment, treatment and research of occupational disability.

He is also the co-Founder of Workplace Insight Ltd, which is dedicated to provided evidence-based mental health training to organizations and managers.

Dr. Bender is an Assistant Professor with the Faculty of Medicine at the University of Toronto and has several publications in the area of workplace mental health. He has conducted research focused on the management of acute trauma in the workplace and is actively involved in education and training to health care providers, insurers, government and corporations.

Dr. Bender has performed numerous assessments for Worker's Compensation, private insurers, and the Criminal Courts and has consulted to several organizations regarding workplace mental health issues. As part of his practice, Dr. Bender is involved in the management of a number of common mental disorders affecting working adults.

THURSDAY, MARCH 27 | 20:00 | Salon C

Transgender Issues in the Movies – Albert Nobbs

Dr. Chris Wilkes

Psychiatry is increasingly consulted by our medical colleagues on topics other than diagnosis, disease management and treatment. One emerging area has been the sensitive issue of our patients' and families' sexuality, gender roles and orientation. The key issue of identity and sexuality is central to our adaptation and fulfillment in life. One way to address some of the contemporary challenges in these areas is through the lens of depth psychology reviewing the personal, collective and archetypal themes that emerge in this work.

Glenn Close gave a powerful and stellar performance in the movie, Albert Nobbs. She portrayed a woman working as a man in order to survive in 19th century Ireland. Albert archetypally represents a persona or false adapted self who worked diligently as a hotel waiter. He secretly saves his money representing symbolically the unlived life of libido energy, to buy a tobacco shop and realize his true self sometime in the future. However, fate intervenes with a chance encounter with a visiting painter, Hubert. He must room in with Albert and thus discovers Albert's secret. The schizoid defense is challenged and a new way of living becomes apparent to Albert. Then a flirtatious, alcoholic boiler maker, Joe, a shadowy Animus figure, arrives and sweeps Helen, the Anima maid figure off her feet. These new relationships triangulate Albert and the only solution that emerges is a tragic sacrifice of these highly adapted but inauthentic roles. A new balance is achieved between power, intimacy and love following death, grieving and the birth of a baby boy. The issue of existential authenticity, schizoid defense and individuation is amply illustrated in this tragic story.

Learning Objectives:

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

- Examine the collective pressures on people regarding stereotyped gender roles
- Examine the psychology of trauma, sexuality and love in the pursuit of individuation
- Examine the archetypal roles of the feminine and the masculine

Literature References:

1. Gender Identity Disorders & Psycho-Sexual Problems in Children and Adolescents, by Zucker & Bradley, 1995
2. Trauma and the Soul, Donald Kalsched, Routledge, 2013

THURSDAY, MARCH 27 | 20:00 | Hawthorn A

Everyday Mindfulness: Practice and Evidence

Dr. Vincent Hanlon, MD

Mindfulness is an activity that can change your mind--perhaps change your life. Dr. Hanlon will define moment to moment mindfulness and briefly highlight some recent literature on the health benefits of mindfulness. Learn how the practice of mindfulness can complement your practice of medicine. This 60 minute experiential session includes daily exercises in mindfulness along with opportunities to sit quietly and walk slowly (as a no-stress introduction to the APA weekend). Some unexpected benefits of showing up will be distributed at the end of the session.

Learning Objectives:

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

- Describe the practice of everyday mindfulness
- Identify opportunities to incorporate mindfulness in your practice
- Be familiar with some of the evidence for mindfulness as a therapeutic modality

Literature References:

1. http://www.mindfulexperience.org/
2. Nhat Hanh, Thich. Peace is Every Step: The Path of Mindfulness in Everyday Life. New York, Bantam Books, 1991.
3. Kabat-Zinn, Jon. Mindfulness for Beginners. 2 CDs. www.soundstrue.com. 2006.

FRIDAY, MARCH 28 | 14:00 | Hawthorn C

The Changing Face of Multicultural Healthcare

Dr. Oyedeji Ayonrinde FRCPsych, MBA

Health services in many Western countries have a multicultural and multinational workforce. The multinational nature of these workforces add further diversity to multidisciplinary clinical services. The patient population also presents a wealth of cultural, ethnic and social diversity.

Multinational and multidisciplinary teams experience a complex interplay of variables such as professional status, age, gender, years of experience and the complexity of roles. Against this backdrop are the individual cultures, language competencies, countries of origin, values and beliefs of the staff. This study explores the challenges experienced by multinational teams and the benefits experienced. A number of theoretical frameworks are also applied. While teams work towards a common and shared goal, differences within the team may require additional skills and abilities from managers.

Through analysis of organizational and group behaviour in different cultures, the study asks if nationality and culture influence team functioning in healthcare delivery, whether high levels of cultural heterogeneity affect team cohesiveness and if managers experience culture-related challenges in their multinational teams?

The findings indicate that multinational teams do affect healthcare delivery in both challenging and positive ways. Hybrid teams are ultimately formed with their own unique characteristics. Awareness of cultural changes is beneficial to patient care and, ultimately health outcomes.

Learning Objectives:

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

- Recognize the challenges of multicultural changes in clinician groups
- Reflect on cultural intelligence and its influence on healthcare
- Consider value added multicultural healthcare initiatives

Literature References:

1. Ayonrinde OA. Importance of cultural sensitivity in therapeutic transactions: considerations for healthcare providers. Disease Management and Health Outcomes 2003; 11 (4) 233-248.
2. Ayonrinde O.A. Managing Multicultural and Multinational Teams in Healthcare (MBA Thesis, Imperial College London, 2012)

SATURDAY, MARCH 29 | 10:30 | Salon C

Putting DSM-5 to Work for Your Practice

Dr. Abraham M. Nussbaum

In this workshop, we will show how to screen for each category of DSM-5 mental disorder. We will use DSM-5 assessment tools and rating scales to both assess for the presence of mental illness and to follow a person's progress in treatment. We will illustrate key differences in DSM-5 by using several common presentations. We will learn to use DSM-5 assessment tools and rating scales that can help account for cultural differences and degrees of disability, while providing more objective measures of clinical function.

Learning Objectives:

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

- Understand how to screen for DSM-5 disorders
- Appreciate the benefits of DSM-5 assessment tools and rating scales
- Apply DSM-5 criteria to case presentations
- Use DSM-5 to track clinical function
- Explore DSM-5 emerging models and anticipate future revisions

Literature References:

1. Barnhill JW, ed. DSM-5 Clinical Cases. Arlington, VA: American Psychiatric Press, 2013
2. Clarke DM. "Depression, demoralization, and psychotherapy in people who are medically ill." In: The psychotherapy of hope: the legacy of Persuasion and Healing. Eds: Alarcon RD, Frank JB. Baltimore, MD: Johns Hopkins UP, 2012: 125-57
3. Frank JB. "Restoring meaning in the age of evolutionary biology." In: The psychotherapy of hope: the legacy of Persuasion and Healing. Eds: Alarcon RD, Frank JB. Baltimore, MD: Johns Hopkins UP, 2012: 67-87
4. Nussbaum AM. The pocket guide to the DSM-5 diagnostic exam. Arlington: American Psychiatric Publishing, 2013
5. Nussbaum AM. Interpreters or teachers? JAMA 2013 310(3): 165-6

SATURDAY, MARCH 29 | 10:30 | Hawthorn A

Ready or Not, Here Comes Retirement!

Dr. Vincent Hanlon, MD

Over half of the 4500 psychiatrists practicing in Canada are over the age of 55. Of the psychiatrists who responded to the 2013 National Physician Survey more than 10% indicated they planned to retire within the next 2 years. In this interactive session we will use some of this demographic information to initiate a reflection on personal attitudes and plan towards retirement. Come along to add to and benefit from the wisdom of the group, as we work on our pre-retirement checklists. Enjoy unexpected benefits of showing up.

Learning Objectives:

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

- Understand that a life in medicine is a series of transitions
- Be familiar with a 4 part framework for thinking about retirement
- Begin a pre-retirement checklist
- Try not to think about money for an hour

Literature References:

1. Psychiatry—A Recent Profile of the Profession. Linda Buske. Canadian Collaborative Centre for Physician Resources, Canadian Medical Association. 2012.
2. Putting Away the Stethoscope for Good? Toward a New Perspective on Physician Retirement. R. W. Pong, PhD. Ottawa, Ont.: Canadian Institute for Health Information, 2011.
3. Retirement Rx. F.T. Fraunfelder & J.H. Gilbaugh, Jr. Avery Publishing. 2008

SATURDAY, MARCH 29 | 10:30 | Hawthorn B

Remembering and Living Stories for Hope and Change: An Experiential Group Workshop

Cheryl L. McLean

In this workshop, using a few simple methods, you will have an experience with the arts and powerful forms of communication. Using creative arts methods, participants will engage the body and senses in a story making process while experiencing their potential for personal healing, relationship building and enhanced empathy and understanding. The method can be applied in groups or in one-and-one practice. This is a group workshop with peers in which there will be opportunities to embody, remember, write and perform a living story.

Learning Objectives:

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

- Experience the wellness benefits of taking part in an energizing, healing and transformative group workshop accessing, creating and expressing a personal story through the arts in a supportive and safe group environment for peer witness, validation and group reflection
- Apply new arts methods in group or clinical practice to help others embody, remember, write and perform their personal stories

Literature References:

1. Emunah, Renee, 1994, Acting for Real, Drama Therapy Process, Technique, and Performance, Sources, Conceptual Bases in Drama Therapy (pp. 3 - 33) Brunner/Mazel, Taylor & Francis Group, Levittown, PA.
2. McIntyre, Maura, Reader's Theatre and Sharing the Experience of Caregiving: Home is Where the Heart Is, CCAHTE Journal, January 20, 2009, Is. 7
3. Saldana, Johnny, 2011, Ethnotheatre, Research from Page to Stage, Left Coast Press.

2014 Conference Program

Thursday, March 27, 2014

	SALON C	HAWTHORN A	HAWTHORN B	HAWTHORN C	BLUEBELL	YARROW	LAUREL
17:00 - 19:00	Registration/Information Desk Open (Wildrose Prefunction)						
19:00 - 21:30	Executives' Welcome Reception (Salon A/B)						
20:00 - 22:00	**Transgender Issues in the Movies: "Albert Hobbs"** Dr. Chris Wilkes	**Everyday Mindfulness: Practice and Evidence** Dr. Vincent Hanlon					

Friday, March 28, 2014

	SALON C	HAWTHORN A	HAWTHORN B	HAWTHORN C	BLUEBELL	YARROW	LAUREL
07:00 - 17:00	Registration/Information Desk Open (Wildrose Prefunction)						
07:30 - 08:00	Hot Breakfast Buffet (Salon A/B)						
08:00 - 09:00	Breakfast Symposium (Salon A/B) **Update on the Acute and Maintenance Treatment of Schizophrenia** - Dr. Christoph Correll, Zucker Hillside Hospital						
09:00 - 10:00	Keynote Speaker (Salon C) **The Evidence-Based Psychotherapist: Practical Applications** - Dr. Molyn Leszcz, University of Toronto						
10:00 - 10:30	Refreshment Break (Wildrose Prefunction)						
10:30 - 11:30	Keynote Speaker (Salon C) **Living Stories for Hope and Change: Meeting the Challenge of Change through the Arts in Medicine** - Cheryl McLean						
11:30 - 13:00	CPA CPD Institute Lunch Symposium (Salon A/B) **Advances and Controversies in Managing Inadequate Response in Depression** - Dr. Roumen Milev						
13:00 - 14:00	Keynote Speaker (Salon C) **New Therapeutic Mechanisms in Schizophrenia Arising from Neurobiological Research** - Dr. Dost Ongur, McLean Hospital						
14:00 - 15:00	**CPA CPD Institute: Current and Future Directions in the Diagnosis and Treatment of Alzheimer's Disease** - Dr. Ron Keren			**The Changing Face of Multicultural Healthcare** Dr. Oyedeji Ayonrinde	SCAP Annual General Meeting		
15:00 - 15:30	Refreshment Break (Wildrose Prefunction)						
15:30 - 16:30	Keynote Speaker (Salon C) **Brain Development, Experience, and Behaviour** Dr. Bryan Kolb, University of Lethbridge						
16:30 - 17:30	Keynote Speaker (Salon C) **Promoting Indigenous Health Research: Finding Solutions for Health Issues through Partnerships with First Nations, Métis and Inuit Communities** Dr. Catherine Cook, University of Manitoba		Keynote Speaker (Hawthorn B/C) **We Are Not in Kansas Anymore!** Dr. Laura Calhoun				
18:30 - 22:00	Family Fun Night						
22:00 - 24:00	Residents' Reception (Yarrow Room)						

Saturday, March 29, 2014

	SALON C	HAWTHORN A	HAWTHORN B	HAWTHORN C	BLUEBELL	YARROW	LAUREL
07:00 - 16:00	Registration/Information Desk Open (Wildrose Prefunction)						
07:30 - 08:00	Hot Breakfast Buffet (Salon A/B)						
08:00 - 09:00	Breakfast Symposium (Salon A/B) **Measurement Based Care: Can Scales & Structured Interviews Change the Course of Treatment?** - Dr. David Sheehan, University of South Florida						
09:00 - 10:00	Keynote Speaker (Salon C) **From IV to 5: What Psychiatrists Need to Know About DSM-5** - Dr. Abraham Nussbaum, Denver Health Medical Centre						
10:00 - 10:30	Refreshment Break (Wildrose Prefunction)						
10:30 - 12:00	**Putting DSM-5 to Work for Your Practice** Dr. Abraham Nussbaum	**Ready or Not, Here Comes Retirement!** Dr. Vincent Hanlon	**Remembering and Living Stories for Hope and Change: An Experiential Group Workshop** Cheryl McLean				
12:00 - 13:30	CPA CPD Institute Lunch Symposium (Salon A/B) **Addressing the Domains of Depression** - Dr. Ash Bender						
	Workshops	**Resident Presentations**		**Presentations/Workshops**			
13:30 - 13:50	Keynote Speaker (Salon C) **The Coach Approach to Leading Change Utilizing LEADS in a Caring Environment** Bruce Swan, Canadian College of Health Leaders	**Psychobiotics: Probiotics as an Adjunctive Treatment to Depression?** Dr. Andrea Yu	**Internet Gaming Disorder: An Overview** Dr. Neil Parker	**The Role of Endothelial Dysfunction in Major Depressive Disorder** Dr. Arjun Dhoopar	**Incorporating Psychosocial Interventions for ADHD into Clinical Practice – Youth Patients** Dr. Geraldine Farrelly and Dr. Michael Zwiers	**Newer Trends in Insomnia Treatment** Dr. Atul Khullar	**Scandal and the Media, How Change Happens** Dr. Doug Urness
13:50 - 14:10		**Assessment of Social Cognition in Bipolar Disorder** Dr. Jacqueline Bobyn	**Cognitive Dysfunction Due to Metabolic Syndrome** Dr. Sudhakar Sivapalan	**Exploring Biomarkers for Psychosis** Dr. Katherine Aitchison			
14:10 - 14:30		**Finding Insight on fMRI: The Neuroscience of Mindfulness Meditation** Dr. Mark Corie	**Bupropion as a Drug of Abuse** Dr. Gloria Lee	**Story of a Fighter In & Outside the Ring** Dr. Salim Hamid			
14:30 - 14:50		**Examination of the Diagnostic Radioalogic Efficacy in Transitional Adults Diagnosed with Early Psychosis: A Retrospective Cohort Study** Dr. Michael Papimy	**Anti-NMDA Receptor Encephalitis: An Increasingly Recognized Cause of Unexplained Psychiatric Symptoms** Dr. Ray Purdy	**Clinical Trials in Psychiatry: Good, Bad or Just Unnecessary?** Dr. Thomas Raedler	**Incorporating Psychosocial Interventions for ADHD into Clinical Practice – Adult Patients** Dr. Geraldine Farrelly and Dr. Michael Zwiers	**Transitional Youth: A Time for Change** Dr. Michael Stubbs, Dr. Teresa Coker, Dr. Rob Manning, Dr. Amanda Richardson, & Dr. Natalie Young	**The Shift from Institution to Community: Are the Mentally Ill Being Well Served?** Dr. Roger Bland
14:50 - 15:10		**Excessive Video Gaming and Aggression: A Unique Withdrawal Symptom or Media Hype?** Dr. Ben Grintuch	**Ayahuasca: Amazonian Hallucinogenic Cocktail as Addiction Treatment?!** Dr. Jonathan Hamill				**Hearts and Minds Recovery after Southern Alberta Flood: a Springboard to Higher MH Profile in Alberta** Dr. Michael Trew
15:10 - 15:30		**The Suicide Contagion** Dr. Kristina Birkholz	**Changes in Mental Health with Opioid Analgesia for Chronic Non-Cancer Pain** Dr. Rob Tanguay				**South to North** Dr. Lorella Ambrosano
15:30 - 15:50		**Interactions between Physicians and the Pharmaceutical Industry: A Study into the Perceptions of the Early Career Psychiatrist** Dr. Thomas Stark		**Development of New Rating Scale for Bipolar Depression** Dr. Aisha Shaukat			**Screening for Psychopathology at a Youth Rehabilitative Centre in Guyana** Dr. Nevicia Case

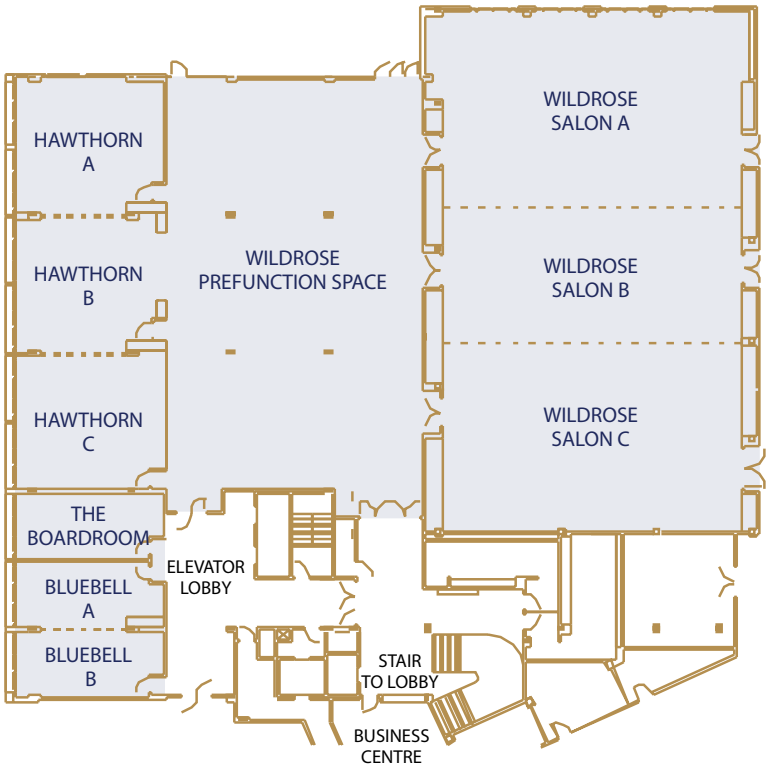
Continued...

2014 Conference Program Continued...

15:30 - 16:10	Refreshment Break (Wildrose Prefunction)
16:10 - 17:10	Section of General Psychiatry and APA Annual General Meeting (Salon C)
18:30 - 24:00	President's Gala (Salon A/B)

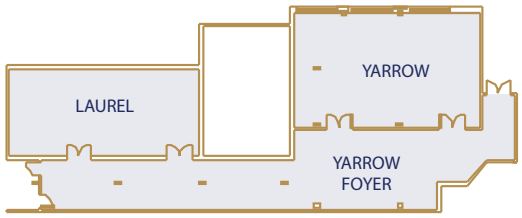
Sunday, March 30, 2014

07:00 - 12:00	Information Desk Open (Wildrose Prefunction)
08:00 - 08:30	Continental Breakfast (Salon A/B)
08:30 - 10:30	Annual General Meeting (Salon C)
10:30 - 11:00	Refreshment Break (Wildrose Prefunction)
11:00 - 12:00	Annual General Meeting Continued (Salon C)



Rimrock Resort Hotel Conference Floorplan

LEVEL 6 SOUTH WING



LAUREL & YARROW

LEVEL 5 – SOUTH WING

Plan ahead! Mark your calendar for the 2015 conference...

March 19 – 23, 2015 | Rimrock Resort Hotel

Additional upcoming conference dates:

- March 17 – 21, 2016
- March 30 – April 3, 2017
- March 22 – 26, 2018

SATURDAY, MARCH 29 | 13:30 | Hawthorn C

The Role of Endothelial Dysfunction in Major Depressive Disorder

Dr. Arjun S Dhoopar, MD

Major Depression affects 8% of adults at some point in their lives. There are an estimated 70,000 heart attacks each year in Canada, equaling one heart attack every seven minutes. There is a growing body of literature suggesting that depression increases the risk of developing cardiovascular disease by two to four folds. One of the hypothesized mechanisms is an elevation in inflammatory markers; these markers are also implicated in pathogenesis of atherosclerosis. Endothelial dysfunction is an emerging early marker for cardiovascular disease and has been shown to have predictive value for future cardiovascular events.

We have previously shown that subjects with schizophrenia under the age of 45 have high rates of endothelial dysfunction. So far, little is known about endothelial function in subjects with major depression.

We are currently recruiting 25 subjects under the age of 45 with major depressive disorder of at least 5 years duration. We are comparing this group to 25 age, gender and smoking status matched control volunteers. Endothelial function will be assessed non-invasively at the brachial artery via ultrasound.

We will present first results of this study and discuss whether this approach will help to identify people with major depressive disorder who are at particular high risk of cardiovascular complications. We will also discuss how we can improve medical care in people with mental illness in general.

Learning Objectives:

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

- Recognize physical health issues in people with major depression
- Understand the role of endothelial dysfunction in cardiovascular risk assessment
- Appreciate the interface of mental and physical health

Literature References:

1. Karen E. Joynt, David J. Whellan, Christopher M. O'Connor. Depression and Cardiovascular Disease: Mechanisms of Interaction. Society of Biological Psychiatry. 2003;54:248-261.
2. Martin BJ, Anderson TJ. CJC SYMPOSIUM 2008 Risk prediction in cardiovascular disease : The prognostic significance of endothelial dysfunction. Canadian Journal of Cardiology. 2009;25(June):15-20.

SATURDAY, MARCH 29 | 13:50 | Hawthorn C

Exploring Biomarkers for Psychosis

Dr. Katherine Aitchison

This presentation will outline the potential utility of biomarkers to assist the treatment of individuals with severe mental illness, including facilitating early diagnosis and effective, targeted health care innovations. I will then focus on the use of biomarkers in psychosis to identify: transition to illness, weight gain during treatment, and vulnerability to psychosis associated with cannabis use. Lastly, sampling challenges and how these may be overcome will be described.

The first category of biomarkers includes markers in inflammatory pathways and overlaps with the third category. The second category includes genetic variants in the serotonin-2C receptor, in genes regulating satiety such as leptin and its receptor, and in related pathways including the melanocortin-4 receptor. A study investigating genetic variants associated with weight gain on antipsychotic treatment will be presented. Studies investigating genetic predictors of vulnerability to psychosis associated with cannabis use will be outlined.

Sampling methods for genetic biomarkers - including in relatively difficult to sample patient groups – will be presented.

Learning Objectives:

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

- Describe the potential utility of biomarkers to aid the treatment of individuals with severe mental illness
- List the major cause of mortality and morbidity for individuals with schizophrenia
- Describe a type of sample that may be collected in order to facilitate genetic analysis

Literature References:

1. Foley DL, Morley KI. Arch Gen Psychiatry. 2011;68(6):609-616.

SATURDAY, MARCH 29 | 14:10 | Hawthorn C

Story of a Fighter In & Outside the Ring

Dr. Salim Hamid

We already know that from a Psychiatric point of view depression is the most common presentation to outpatient psychiatry. The treatment outcome is usually very good with early intervention which is very rewarding to the treating physicians.

It is estimated that today depression affects about 350 million individuals as there are one in twenty people who report having episodes of depression in the previous year (survey done by World Mental Health conducted in 17 countries) this is one of the leading causes of disability worldwide in terms of total lost due to disability. Other than the total year lost due to this disability, the other major impact is individuals lost due to suicide. It is estimated that one million lives are lost yearly due to suicide which translates to three thousand suicide deaths every day (WHO, 2012).

Physicians at primary care level can play a key role in identifying and treating depression. Depression in family care is feasible, affordable, identifiable and a very cost effective way.

Learning Objectives:

- Recognition on mental illness
- Stigma and destigmatizing mental illness
- Excellent outcome with treatment

SATURDAY, MARCH 29 | 14:30 | Hawthorn C

Clinical Trials in Psychiatry – Good, Bad or Just Unnecessary?

Dr. Thomas J Raedler, MD

Many subjects fail to respond to currently available psychopharmacological treatments or experience severe side-effects from these treatments. From a clinical perspective there is an urgent need for better pharmacological treatment-options across the range of psychiatric disorders. 'Translational research' and 'From bench to bed-side' are popular slogans that focus on the process of developing new therapeutic treatment-options for different brain-diseases.

However, the final step of testing promising new compounds in humans has become increasingly difficult. New psychopharmacological agents need to be evaluated in clinical trials before being approved by regulatory agencies (e.g. Health Canada, FDA, EMEA). Over the past years it has become increasingly difficult to conduct clinical trials. Potential difficulties include administrative and regulatory hurdles as well as increasing difficulties recruiting subjects to participate in clinical trials.

This presentation will review the different phases of clinical trials as well as the advantages and disadvantages of participation in clinical trials. The discussion will focus on ways to improve the current situation.

Learning Objectives:

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

- Have a better understanding of the role of clinical trials
- Understand the challenges associated with clinical trials
- Understand the legal frame-work of clinical trials

Literature References:

1. Tri Council Policy Statement: Ethical Conduct for Clinical Research Involving Humans (http://www.ethics.gc.ca/pdf/eng/tcps2/TCPS_2_FINAL_Web.pdf)

Development of New Rating Scale for Bipolar Depression

Dr. Aisha Shaukat

Background: It is established that bipolar patients spend anywhere between one third to half of their lifetime in depression. Patients with bipolar mood disorder are misdiagnosed and might take up to 10 years to make an accurate diagnosis. There are very few rating scales that have been designed to address bipolar depression. A practical approach is to develop a valid and reliable instrument targeted to rate bipolar depression, based on several distinguishers other than just relying on manic or hypomanic episode.

Methods: An extensive search of literature was done using MeSH terms. Retrieved articles were reviewed for relevance. Nineteen instruments were then identified, obtained either from the literature or by contacting authors of the scale.

Results: Our findings were reflective of the hypothesis. All the scales were designed to measure unipolar depression and only few of them measured bipolarity as a separate item. Key symptoms of bipolar depression for example earlier age of onset and family history were often missed out by these scales. Scale items were compiled together and averaged out. Resulting items were included in scale development along with incorporating physician interviews and focus groups.

Limitation: Single research assistant working on the literature and collaborations might be a limiting factor. Apart from the MINI International neuropsychiatric interview that was derived from DSM5, all the other scales were from DSM 4.

Conclusion: Development of a separate instrument for detection of bipolar depression will enhance early detection and improve the management of bipolar mood disorder.

Learning Objectives:

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

- Understand problems in management of patients with bipolar disorder
- Existing literature and scales in use for bipolar depression
- Distinguishing features in presentations with bipolar depression

Literature References:

1. Adler, M., Liberg, B., Andersson, S., Isacsson, G., & Hetta, J. (2008). Development and validation of the affective self rating scale for manic, depressive, and mixed affective states. Nordic Journal of Psychiatry, 62(2), 130-135. doi: http://dx.doi.org/10.1080/08039480801960354
2. Benazzi, F. (2001). Major depressive episodes with hypomanic symptoms are common among depressed outpatients. Comprehensive Psychiatry, 42(2), 139-143.
3. Benazzi, F. (2003). Depressive mixed state: Dimensional versus categorical definitions. Progress in Neuro-Psychopharmacology & Biological Psychiatry, 27(1), 129-134.
4. Benazzi, F. (2006). Symptoms of depression as possible markers of bipolar II disorder. Progress in Neuro-Psychopharmacology and Biological Psychiatry, 30(3), 471-477. doi: http://dx.doi.org/10.1016/j.pnpbp.2005.11.016
5. Cavanagh, J., Schwannauer, M., Power, M., & Goodwin, G. M. (2009). A novel scale for measuring mixed states in bipolar disorder. Clinical Psychology & Psychotherapy, 16(6), 497-509. doi: http://dx.doi.org/10.1002/cpp.633
6. Ghaemi, S. N., Miller, C. J., Berv, D. A., Klugman, J., Rosenquist, K. J., & Pies, R. W. (2005). Sensitivity and specificity of a new bipolar spectrum diagnostic scale. Journal of Affective Disorders, 84(2-3), 273-277. doi: http://dx.doi.org/10.1016/S0165-0327%2803%2900196-4

continued on page 41...

SATURDAY, MARCH 29 | 13:30 AND 14:30 | Bluebell

Incorporating Psychosocial Interventions for ADHD into Clinical Practice – Youth and Adult Patients

Dr. Geraldine Farrelly, MD, FRCPC, DCH, DObst
and Dr. Michael Lee Zwiers, Ph.D., R.Psych

Research has shown that multimodal therapy using medication and psychosocial interventions is the most effective response to ADHD symptoms and resulting impairments. However, busy clinicians may be challenged to implement psychosocial interventions, perceiving them to be elaborate and time consuming. These two workshops will help to bridge the gap between research and clinical practice by presenting psycho-social interventions that can readily be implemented in daily clinical practice with child and adolescent patients (13:30) and adult patients (14:30) diagnosed with ADHD. Strategies will be organized into clear categories for ease of use.

Presenters will share examples of common clinical challenges and offer practical responses. Attendees will learn how to identify and prioritize problem areas and then tailor specific interventions to the needs of individual patients and their caregivers. The session will also briefly review common patient misconceptions about psychosocial treatments and share strategies to help overcome patient resistance. Time-saving handouts and clinic forms will be provided.

Learning Objectives:

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

- Be aware that multimodal treatment (combined medication and psychosocial intervention) is best practice for ADHD management of children and youth(13:30) and adults(14:30)
- Improve understanding of what psychosocial treatment is and its importance and relevance for critical practice
- Learn practical guidelines for providing psychosocial treatments, and to acquire easy to use strategies and tools to implement in the busy clinician's practice

Literature References:

1. Farrelly, G. (2011). The CADDRA guidelines: Psychosocial interventions - a practical resource. ADHD in Practice, 3(4), 8-12.

2. CADDRA Editorial Board, Zwiers, M. L., & Forand, K. (2011). Psychosocial interventions and treatments. In M. Weiss & A. Vincent

SATURDAY, MARCH 29 | 13:30 | Yarrow

Newer Trends in Insomnia Treatment

Dr. Atul Khullar MD MSc FRCPC DABPN

There has been a significant shift in the view of insomnia, which is reflected in the new diagnostic criteria published in the Diagnostic and Statistical Manual 5(DSM-5).It removes the assessment of causal relationship between insomnia onset and other mental/medical disorders and also recognizes interactions and bi-directional relationships between them. This symposium will also outline the DSM-5 criteria for insomnia and compare them with the DSM-IV criteria. It will also highlight newer research on the burden of insomnia in Canada.

Although insomnia can be a symptom of undertreated and misdiagnosed psychiatric illness (especially mood and anxiety disorders), as well as improper psychopharmacological regimens, the prevailing view now is that insomnia should be treated simultaneously with the concomitant conditions. Other comorbid disorders must be considered in the pharmacological treatment algorithm of insomnia. An optimized approach to this will be discussed with a focus on practically integrating non-medication strategies for insomnia treatment in general psychiatric practice.

Treatment options for insomnia either enhance the sleep system or suppress the arousal system. The concept of insomnia as a disorder of hyper-arousal is more recent and will be reviewed. The symposium will conclude with a discussion of newer compounds recently brought to market and in development that target the arousal system through the histamine and orexin systems. Advantages and disadvantages in comparison to traditional GABA related insomnia treatments will also be outlined.

Learning Objectives:

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

- Understand the new classification of insomnia in DSM-V and how it differs from DSM-IV-TR
- Gain an appreciation for newer arousal system paradigms (ie. orexin and histamine) of insomnia and how they relate to treatment
- Review practical new ways of integrating cognitive behavioral therapy for insomnia into general psychiatric practice

Literature References:

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mental disorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
2. Morin CM, LeBlanc M, Bélanger L, Ivers H, Mérette C, Savard J. (2011). Prevalence of insomnia and its treatment in Canada, Canadian Journal of Psychiatry, 56 Sept(9): 540-8.

SATURDAY, MARCH 29 | 14:30 | Yarrow

Transitional Youth: A Time for Change

Dr Michael Stubbs, Dr. Teresa Coker, Dr. Rob Manning, Dr. Amanda Richardson and Dr. Natalie Young

The age group now identified as transitional youth, 16-24 years old, marks a time of important change in terms of personal development, interpersonal discovery, novel occupational and educational experiences and individuation. However, young adults with major mental disorders face unique and significant challenges when transitioning into adulthood including accepting responsibility for themselves, making independent decisions and becoming financially independent. A transitional youth program for mental health is one model of care that can assist young adults during this challenging phase as there can be significant challenges in addressing the needs of youth with mental health disorders in a continuous fashion from childhood through adulthood.

At our unique program, Transitional Youth Services (TYS), it has been noted that our patients have a distinct clinical profile in relation to an age-matched population enrolled in other services. Current findings validate that these youth require substantial support in making the transition to adulthood. While working with this population can be challenging, there are also a number of helpful “tips and tricks” which may promote greater engagement in resource utilization and success in therapeutic interventions. This mixed media workshop will focus on research findings regarding this unique population and an innovative program design that addresses service capacities, service gaps, promising practices, skills based learning and future directions. The workshop will be interactive in nature, promoting discussion and allowing for group based skill development and activities. Future research should continue to evaluate the unique needs of this population in order to assist in further program development.

Learning Objectives:

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

- Have an improved awareness of the Transitional Youth Service (TYS) program in Calgary
- Identify the factors that make transition-aged youth (16-24yo) a unique population
- Learn some literature-based and practical "tips and tricks" to work with this population

Literature References:

1. Cawthorpe, D. ,Wilkes, T. C., Guyn, L., Li, B., Lu, M. (2011). Association of mental health with health.

SATURDAY, MARCH 29 | 13:30 | Laurel

Scandal and the Media - How Change Happens

Dr. Doug Urness

The 1928 death of a patient within mental health services led to massive media and government attention on mental health services and resulted in an external review and substantive changes. In 1967 and 1968 a series of media reports dramatizing deficiencies within the system also led to political change and a new direction for services. The 2009 revision of the Mental Health Act was influenced by the tragic death of an RCMP officer which triggered media attention, a legal review and the development of community treatment orders.

These changes will be reviewed and discussed in the context of the challenges for change and improvement in our current system.

Learning Objectives:

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

- Appreciate the history of change in mental health services in Alberta
- Be aware of the power of the media and political influence in effecting change
- Be aware that advances in science and social initiatives alone have limited effectiveness in driving change at the systems level

Literature References:

1. Lajeunese, Ron. Political Asylums in Alberta, The Muttart Foundation, 2002
2. Clarke, I C (1973) Public provisions for the mentally ill in Alberta 1907- 1936, Master of Arts, University of Calgary

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7. Gonzalez, J. M., Bowden, C. L., Katz, M. M., Thompson, P., Singh, V., Prihoda, T. J., & Dahl, M. (2008). Development of the bipolar inventory of symptoms scale: Concurrent validity, discriminant validity and retest reliability. International Journal of Methods in Psychiatric Research, 17(4), 198-209.
8. Shabani, A., Akbari, M., & Dadashi, M. (2010). Reliability and validity of the bipolar depression rating scale on an iranian sample. Archives of Iranian Medicine, 13(3), 217-222.
9. Skjelstad, D. V., Malt, U. F., & Holte, A. (2010). Symptoms and signs of the initial prodrome of bipolar disorder: A systematic review. Journal of Affective Disorders, 126(1-2) (pp 1-13), ate of Pubaton: Otober 2010. doi: http://dx.doi.org/10.1016/j.jad.2009.10.003
10. Trivedi, M. H., Rush, A. J., Ibrahim, H. M., Carmody, T. J., Biggs, M. M., Suppes, T., Kashner, T. M. (2004). The inventory of depressive symptomatology, clinician rating (IDS-C) and self-report (IDS-SR), and the quick inventory depressive symptomatology, clinician rating (QIDS-C) and self-report (QIDS-SR) in public sector patients with mood disorders: A psychometric evaluation. Psychological Medicine, 34(1), 73-82. doi: http://dx.doi.org/10.1017/S0033291703001107
11. Youngstrom, E. A., Findling, R. L., Danielson, C. K., & Calabrese, J. R. (2001). Discriminative validity of parent report of hypomanic and depressive symptoms on the general behavior inventory. Psychological Assessment, 13(2), 267-276.

SATURDAY, MARCH 29 | 14:30 | Laurel

The Shift from Institution to Community: Are the Mentally Ill Being Well Served?

Dr. Roger Bland

Introduction: The last 50 years have seen the substantial elimination of mental hospitals with care provided in the community and in general hospital settings in most Western countries. While this has also been a period of rapid pharmacological developments, the question remains of whether patients are better served in this system.

Method: Review of the number of beds available for the mentally ill in Canada, observations regarding growth of homelessness, the mentally ill in the prison system and the outcome for people with severe persistent mental illness.

Results: The reduction in the number of psychiatric beds with a decreasing length of stay associated with some expansion of community services has corresponded with growth in homelessness and incarceration in prisons with no improvement in outcome for people with schizophrenia, which has changed little with modern management. Despite the fact that mental illnesses account for up to 40% of disability in developed countries, in Canada only 5% of the health budget is spent on mental health.

Conclusions: Deinstitutionalization has been a mixed blessing. Most people appreciate the additional freedom of being able to live in the community, but the anticipated improvement in outcomes is not being achieved. Increasing numbers of the mentally ill are to be found in the prisons and the homeless population. The recent evidence that the lives of those with schizophrenia, even when treated, are bleak, suggests that a review of the way in which we do things is in order.

Learning Objectives:

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

- Appreciate the changes in care of the chronic mentally ill over the last 50 years
- Understand the comprehensive needs of this group
- Better understand the needs of the mentally ill homeless and prisoners

Literature References:

1. Thompson AA,Newman SC,Orn H, Bland RC. Improving reliability of the assessment of the life course of schizophrenia. Can J Psychiatry 2010;55(11):727-735
2. Imprisoning the mentally ill. www.cmaj.ca on January 21, 2013.

SATURDAY, MARCH 29 | 14:50 | Laurel

Hearts and Minds: Recovery After Southern Alberta Flood: A Springboard to Higher MH Profile in Alberta

Dr. Michael Trew MD, FRCPC

In June 2013, floods swept through southern Alberta, displacing over 100,000 people, leaving 5 dead and thousands out of their homes. The impact of such a disaster on the psycho-social well-being will be reviewed, with reference to other disasters such as the Slave Lake fire and hurricanes Katrina and Sandy.

The Chief Addiction & Mental Health Office (CAMHO) was created to help coordinate the psycho-social response to this disaster, but also to raise the profile of addiction and mental health concerns in Alberta. The immediate response, and plans for future disaster response will be reviewed. A discussion of possible future directions for the CAMHO will consider how this Office might best help improve addiction and mental health care in Alberta.

Learning Objectives:

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

- Know the common mental health responses after floods
- Understand how resources have been allocated for psychosocial recovery in Alberta
- Appreciate the position of the Chief Addiction & Mental Health Officer with Alberta Health and discuss possible futures

Literature References:

1. Kulig, J., Pujadas Botey, A., Townshend, I., Awosoga, O., Shepard, B., Reimer, W., Edge, D., & Lightfoot, N. (2012). Families and Children: Responses to Wildfires—Links to Community Resiliency. Lethbridge: University of Lethbridge. Retrieved from ruralwildfire.ca
2. Manitoba 2011 Flood Review Task Force Report (April 2013). Report to the Minister of Infrastructure and Transportation. Retrieved from http://www.gov.mb.ca/asset_library/en/2011flood/flood_review_task_force_report.pdf 3. North CS, Pfefferbaum B. Mental health response to community disasters: a systematic review. JAMA.2013 Aug 7; 310(5):507-18

SATURDAY, MARCH 29 | 15:10 | Laurel

South to North

Dr. Lorella Ambrosano

The presentation looks at a personal experience and point of view, having moved from the southern tip of Africa to northern Alberta in 2008.

An overview of the challenges and experiences in psychiatric practice are reviewed. The differences and similarities across continents, climates and cultures are discussed.

Parallels and diversities in practice and pathology are reviewed.

Participants are invited to share their experiences.

Learning Objectives:

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

- Better understand challenges of relocation
- Consider differences & similarities between urban & rural practices
- Consider differences & similarities of psychiatric practice in 2 very different environments

Literature References:

1. Pope A.,Grams G.,Whiteside C.,Kazanjian A.: Retention of rural physicians:Tipping decision-making scales. CJRM 1998; 3(4) 209-16.
2. Weich S.,Twigg L., Lewis G. : Rural/non-rural differences in rates of common mental disorders in Britain. BJP 2006; 188: 51-57
3. Emsley R. : Focus on Psychiatry in South Africa. BJP 2001; 178: 382-386

Screening for Psychopathology at a Youth Rehabilitative Center in Guyana

Dr. Nevicia Case

Youth offenders in Guyana are usually incarcerated without being screened for psychological illnesses and disorders.

In February and March, 2013, the authors investigated youth offenders in a rehabilitative center in Guyana for psychopathology.

Method: Of 163 youth (12-17 years old), 109 (66.9%) comprised a sample of convenience for the study. There were four phases of structured screening as shown in the table below. All 109 youth were initially screened with the Reynolds Adolescent Adjustment Screening Inventory (RAASI). In phases 2-4 youth were screened according to their elevated scores on the RAASI.

Results: Thirty-five (38.15%) who were followed up were shown to possess the following: internalized anger n=7 (6.4%), externalized anger n=10 (9.2%), anxiety n=9 (8.3%), and depression n=9 (8.3%). There were 35 (38.15%) youth with significant psychopathology.

These results have implications for cognitive behaviour therapy and pharmacotherapy interventions in youth rehabilitative centers.

Learning Objectives:

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

- Screen youth offenders for psychological illnesses and disorders
- Recognize the need of youth offenders for cognitive behavioural interventions
- Recognize the need for acquiring pediatric psychopharmacological drug treatments for youth offenders

Literature References:

1. DiGieuseppe, R., Tafrate, R. C. (2011). Anger regulation and expression scale: Technical manual. North Tonawanda, NY: Multi-Health Systems Inc.
2. Gretton, H.M., Hare, R., Catchpole, R.E.H. (2004). Psychopathy and offending from adolescence to adulthood: A 10-year follow-up. Journal of Consulting and Clinical Psychology, 72(4), 636-645.
3. O'Shaughnessy, R.J. (2004). Violent adolescents: Psychiatry, philosophy, and politics. The Journal of the American academy of Psychiatry and Law, 32, 12-20.
4. Reynolds, W. M. (2000). Reynolds adolescent adjustment screening inventory: Professional Manual. Odessa, FL: Psychological Assessment Resources.
5. Kovacs, M. & MHS Staff. (2011). Children's depression inventory (2nd ed.). North Tonawanda, NY: Multi-Health Systems Inc.
6. March, J. S. (1997). Multidimensional anxiety scale for children. Multi-Health Systems Inc. North Tonawanda, NY: Multi-Health Systems Inc.

SATURDAY, MARCH 29 | 13:30 | Hawthorn A

Psychobiotics: Probiotics as an Adjunctive Treatment to Depression?

Dr. Andrea Yu

Depression is known to be associated with immunological abnormalities, including impaired cellular immunity with lymphocytes producing neuromodulators and cytokines. In fact, higher levels of inflammation appear to increase the risk for the development of depression. For example, studies demonstrate endotoxin infusions in healthy patients trigger the release of cytokines and classical depressive symptoms emerge. Intriguingly, antidepressants exert significant negative immunoregulatory effects, decreasing the overall production of proinflammatory cytokines.

If depression results from an inflammatory response, what are the sources of this inflammation? Literature has suggested there may be many factors including poor diet, altered gutpermeability, and an alteration in the microbiota. This presentation focuses on the gut, examining a comprehensive review provided by Dinan et al. who examines the microbiome–gut–brain axis and summarizes the evidence for the anxiolytic and antidepressant action of probiotics, live bacteria that help maintain a healthy digestive system, in rodents and humans. Dinan et al. proposed the term "psychobiotic" for single bacterial species with psychotropic properties. Psychobiotics are thought to have the potential to increase microbial diversity and treat the symptoms of depression, possibly by producing and delivering neuroactive substances such as gamma-aminobutyric acid (GABA) and serotonin, which act on the brain-gut axis. Data support the notion that nurturing gut bacteria may reduce circulating levels of pro-inflammatory cytokines and also improve mood. Furthermore, if probiotics are effective, it may offer an alternative treatment option particularly for patients that are reluctant to take antidepressants.

Learning Objectives:

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

- Have a basic understanding of how inflammatory processes may contribute to depression
- Identify factors that increase the risk for systemic inflammation and the development of depression
- Consider the role of probiotics as an adjunctive treatment for depression

Literature References:

1. Dinan TG, Stanton C, Cryan JF (2013): Psychobiotics: A novel class of psychotropic. Biol Psychiatry 74:720–726.
2. Berk M, Williams LJ, Jacka FN, O'Neil A, Pasco JA, Moylan S, Allen NB, Stuart AL, Hayley AC, Byrne ML, Maes M (2013): So depression is an inflammatory disease, but where does the inflammation come from? BMC Medicine, 11:200. doi:10.1186/1741-7015-11-200.

Assessment of Social Cognition in Bipolar Disorder

Dr. Jacqueline Bobyn

Background: Impairment in social cognition may contribute to deficits in social functioning in patients with bipolar disorder (BD). In this study, a complex social cognition task was administered during a neuroimaging session. The behavioral and neural correlates of social cognition in patients with BD were compared to healthy comparison (HC) subjects.

Methods: The task was administered to 25 HC and 25 patients with depression scores ranging from euthymic to depressed at the time of assessment. The task required participants to evaluate situations that were "enhancing" or "threatening" to self-esteem, directed at both oneself, and at other people. For instance, self-esteem enhancing scenarios involved vignettes of activities such as receiving praise during a sports game, while a threatening scenario involved, for example, receiving criticism at a party. Participants were then required to evaluate characters in the scenarios on the basis of positive ("kind") or negative ("mean") descriptors.

Evaluations were classified from extremely negative to extremely positive. The frequencies of behavioral responses were analyzed using chi-square tests and fMRI data were analyzed using Statistical Parametric Mapping software.

Results: Patients differed significantly from HCs in their evaluation of threatening scenarios, directed at both oneself and at other people ($p<0.001$). Patients had a lower proportion of responses in the neutral category, and more responses in the positive and negative categories, relative to HCs. Neuroimaging results reveal differential patterns of prefrontal-cortical and limbic-subcortical activation in BDs throughout the task [$p<0.05$ (unc.)].

Conclusion: Findings will contribute to understanding difficulty in interpersonal functioning in patients with BD.

Learning Objectives:

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

- Acknowledge the relationship that exists between impairment in social cognition in patients with bipolar disorder and deficits in interpersonal functioning
- Understand the behavioral correlates of impaired social cognition in bipolar patients
- Understand the neural correlates of impaired social cognition in bipolar patients

Literature References:

1. Cusi, A. M., Nazarov, A., Holshausen, K., MacQueen, G. M., & McKinnon, M. C. (2012). Systematic review of the neural basis of social cognition in patients with mood disorders. Journal of Psychiatry & Neuroscience, 37, 154-169.

SATURDAY, MARCH 29 | 14:10 | Hawthorn A

Finding Insight on fMRI: The Neuroscience of Mindfulness Meditation

Dr. Mark Corie

The principles underlying the practice of mindfulness meditation have been present in multiple cultures and traditions for thousands of years. While the numerous benefits have long been touted, only more recently has science and technology advanced sufficiently to begin to understand the neurological and psychological mechanisms at work. This session will provide an overview of the most recent scientific literature on the subject with emphasis on the anatomical and functional data on the practice of mindfulness meditation. Both short and long term cognitive consequences of mindfulness practice will be discussed, emphasizing implications for both clinicians and patients alike.

Learning Objectives:

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

- Identify regions of the brain implicated in the practice of mindfulness meditation
- Understand potential short and long term cognitive benefits of its practice
- Suggest therapeutic implications for mindfulness meditation

Literature References:

1. Chiesa, A., Serretti, A. A systematic review of neurobiological and clinical features of mindfulness meditation. Psychological Medicine (2010), 40, 1239–1252.
2. Didonna, F. et al. Clinical Handbook of Mindfulness, Springer Science+Business Media, LLC 2009, New York.

Examination of the Diagnostic Radiologic Efficacy in Transitional Adults Diagnosed with Early Psychosis: A Retrospective Cohort Study

Dr. Michael Papirny

It is already well established that magnetic resonance imaging (MRI) gives a more detailed evaluation of the brain. The advent of 3T magnets and numerous sequences for obtaining images have given MRI a definitive role in determining structural neuropathology. Computerized tomography (CT) is also a well-supported tool when excluding acute intracranial pathology. There exist multiple drawbacks when considering CT including radiation risk to the patient, as well as poor visualization of the posterior fossa and less precise spatial resolution.

While low dose CT protocols are considered standard to address the greater sensitivity to ionizing radiation in the younger population, the trade-off is a poor signal-to-noise ratio resulting in degradation in image quality.

Clinical neurologic examination would be expected to capture significant structural neuropathology which manifest as a disturbance in CNS function. Likewise, unremarkable physical neurologic evaluation is much less likely to coincide with a markedly abnormal neuroradiology study.

The prototypical psychosis disorder is schizophrenia. This medical condition results in significant morbidity and mortality which can be mitigated to a large extent with early intervention and a treatment maintenance regimen. The prevalence of this condition in the general population is an estimated 1% and its chronicity leads to significant utilization of medical resources. Psychotic symptoms are also well described in mood and anxiety disorders. It is standard to only make a psychiatric diagnosis if general medical conditions or drugs are excluded.

The main purpose of this study is to examine the indication for radiologic resources in the younger population.

Learning Objectives:

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

- Appreciate indications for neuroimaging in patients with psychosis.
- Compare and contrast the limitations of a CT vs an MRI.
- Be aware of the radiation risk with CT in the younger population.

Literature References:

1. Katzman et al. JAMA 1999; 82:36-9.
2. Gewirtz et al. Br J Psychiatry 1994;164:789-95.

SATURDAY, MARCH 29 | 14:50 | Hawthorn A

Excessive Video Gaming and Aggression - A Unique Withdrawal Symptom or Media Hype?

Dr. Benjamin Grintuch

In 2007 Daniel Petric, a 16 year-old from Wellington, Ohio was convicted of killing his mother and critically injuring his father after they confiscated his game Halo 3 for the Xbox 360. In 2010 a 16 year old boy Kendall Anderson bludgeoned his mom to death with a claw hammer after she took away his Playstation. In 2011 Anders Behring Breivik claims to have used Call of Duty: Modern Warfare 2 to plan multiple attacks where he killed 77 people in Norway. Video Game use has become so prevalent that 97% of American youth aged 12-17 report playing them regularly (Rideout, Foehr and Roberts, 2010, Lenhart et al., 2008). Currently the Video game industry surpasses both the movie and music industry in worldwide sales totalling 65 billion dollars in 2011.

Recent research has identified behavioral and structural changes associated with excessive use of video games. These include poorer sleep quality, increased suicidal ideation, increased school truancy, decreased mood, concentration and school performance (Gradisar et al, 2013, Rehbein, Kleimann and Mossle, 2010).

Further, excessive video game use has been shown to alter neurotransmitters in the brain leading to dopaminergic sensitization, causes craving responses in fMRI studies and decreases gray matter similar to other drugs of abuse (Weinstein, 2010, Sun et al., 2012, Han, Lyoo & Renshaw, 2012 & Han et al., 2011).

With this increasing body of literature the DSM 5 now includes a condition for further study called Internet Gaming Disorder. There remains significant questions of whether there is a relationship between excessive video game use and aggression. It has been reported in the media and in some studies that aggression increases in people who play video games in excessive amounts.

Through a review of the literature, we hope to clarify current knowledge about the link between Internet Gaming Disorder and aggression and separate fact from fiction. By comparing to other behavioral and substance use disorders, we also hope to propose theories to account for this link.

Learning Objectives:

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

- Increase awareness of video game use and addiction
- Identify the consequences of excessive video game use
- Understand the withdrawal syndrome associated with Internet Gaming Addiction

Literature References:

1. American Psychiatric Association. (2013). Diagnostic and statistical manual of mentaldisorders (5th ed.). Arlington, VA: American Psychiatric Publishing.
2. Gradisar, M., Wolfson, A.R., Harvey, A.G., Hale, L., Rosenberg, R. & Czeisler, C.A. (2013). The sleep and technology use of Americans: Findings from the National Sleep Foundation's 2011 Sleep in America Poll. Journal of Clinical Sleep Medicine, 15, 1291-1299.
3. Han, D.H., Lyoo, I.K. & Renshaw, P.F. (2012). Differential regional gray matter volumes in patients with on-line game addiction and professional gamers. Journal of Psychiatric Research, 46, 507-515.

continued on page 51...

SATURDAY, MARCH 29 | 15:10 | Hawthorn A

The Suicide Contagion

Dr. Kristina Birkholz

Suicide contagion, copycat suicides and the Werther effect are terms that we have heard throughout the last few decades. The purpose of this session is to take a closer look at the evidence behind the suicide contagion, its relevance to society today and the path ahead for postvention strategies. Featured in this session will be the recent research published in the CMAJ by Swanson and Colman on the "Association between exposure to suicide and suicidality outcomes in youth".

Learning Objectives:

At the end of this session participants will be able to:

- Be informed on the most up-to-date suicide statistics
- Gain an understanding of the most recent literature on suicide contagion
- Contemplate the future of postvention strategies.

Literature References:

1. Sonja A. Swanson ScM, Ian Colman PhD. Association between exposure to suicide and suicidality outcomes in youth. CMAJ. 185 (10): 870-877.

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4. Han, D.H., Bolo, N., Daniels, M.A., Aranella, L., Lyoo, I.K. & Renshaw P.F. (2011). Brain activity and desire for Internet video game play. Comprehensive Psychiatry, 52, 88-95.

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7. Rideout, V.J., Foehr, U.G. & Roberts, D.F. (2010). Generation M2: Media in the lives of 8 to 18 Year Olds: A Kaiser Family Foundation Study. Menlo Park, CA: Henry J. Kaiser Family Foundation 8. Sun, Y., Ying, H., Seetohul, R.M., Xuemei, W., a, Z., Qian, L., Guoqing, X. & Ye, S. (2012). Brain fMRI study of crave inducedby cue picturesin online game addicts. Behaviour and Brain Research, 233, 563-76.

9. Weinstein A.M. (2010). Computer and video game addiction-a comparison between game users and non-game users. American Journal of Drug and alcohol abuse, 36, 268-76.

SATURDAY, MARCH 29 | 15:30 | Hawthorn A

Interactions Between Physicians and the Pharmaceutical Industry: A Study Into the Perceptions of the Early Career Psychiatrist

Dr. Thomas Stark

Background: The pharmaceutical industry has very successfully engaged physicians through supporting medical education, patient care and medical research. New conflict of interest policy has highlighted some of the challenges to these relationships. It is not known how physicians view and manage their interactions with industry.

Objectives: To explore the perceptions that early career psychiatrists have regarding their relationship with the pharmaceutical industry.

Methods: Data were collected through semi-structured interviews with psychiatrists practicing in Calgary. Data were analysed using a grounded theory methodology and iterative approach. Theory was generated around the factors that impact on participants' interactions with the pharmaceutical industry and the strategies used to manage the relationship.

Results: Factors that inhibit interactions with the pharmaceutical industry include: 1) Fear of being stigmatized by peers; 2) Symbols of industry excess; 3) Concern that the interaction will compromise the physician; and 4) Inexperience in managing the interaction as training programs limit access to industry representatives. Factors used by industry to promote interactions include: 1) Gifting-reciprocity; 2) Creating a role for industry within the healthcare system; and 3) Controlling the information regarding its products. Psychiatrists ensured their "Professional Integrity" by: 1) Understanding industry and its materials; 2) Modelling peers; 3) Considering the expectations of gifting-reciprocity and industry influence; and 4) Managing the interactions between industry and the healthcare environment.

Conclusions: Maintaining one's professional integrity is the underlying driver managing the relationship between early career psychiatrists and industry. This has implications for residency education to optimally prepare trainees for these interactions.

Learning Objectives:

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

- Appreciate the perceptions of early career psychiatrists on the interactions between physicians and the pharmaceutical industry
- Describe how early career psychiatrists manage their relationship with the pharmaceutical industry
- Illustrate the process in which strategies at managing their relationships is defined by the one variable 'Physician Integrity'

Literature References:

1. Jain S. Key aspects of physician and pharmaceutical industry relationships for trainees. Academic Sah S, Fugh Berman A.
2. Physicians under the influence: Social psychology and industry marketing strategies. The Journal of Law, Medicine & Ethics. 2013;41(3):665-72.Psychiatry. 2010;34(2):98-101.

SATURDAY, MARCH 29 | 13:30 | Hawthorn B

Internet Gaming Disorder - An Overview

Dr. Neil Parker

One of the new additions to section III of the DSM-5 (Conditions for Further Study) is "Internet Gaming Disorder." Having gained entry to section III it is likely that Internet Gaming Disorder will become an official diagnosis in one of the upcoming DSM 5 updates. As this disorder is relatively unknown, this talk will go over the basics of epidemiology, etiology, diagnosis, co-morbidities and current treatments. I will also cover the arguments for and against the disorder's inclusion in the main text of the DSM 5.

Learning Objectives:

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

- Identify why Internet Gaming Disorder is being considered for entry into the DSM 5
- Know the arguments for and against adding the disorder to the DSM 5
- Know the basics of epidemiology, etiology, diagnosis and treatment options for Internet Gaming Disorder

Literature References:

1. Should DSM-V Designate "Internet Addiction" a Mental Disorder? Ronald Pies Psychiatry (Edgmont) 2009 February; 6(2): 31–37.
2. Issues for DSM-V: Internet Addiction, Jerald J. Block, M.D. Am J Psychiatry 2008;165:306-307.

SATURDAY, MARCH 29 | 13:50 | Hawthorn B

Cognitive Dysfunction Due to Metabolic Syndrome

Dr. Sudhakar Sivapalan

There are many factors that contribute to the development of cognitive dysfunction. Dyslipidemia, hypo and hyperglycemia, obesity, and hypertension are a few of the factors that are individually associated with cognitive dysfunction. Elements of these together also form the criteria for metabolic syndrome. Metabolic syndrome is present in about 24% of the general population, and its prevalence increases with age. It is directly associated with an increased risk of developing cardiovascular disease and diabetes, both of which in turn again impact cognitive function.

The relevance of metabolic syndrome to the psychiatric population has also been established, especially amongst those being treated with antipsychotic medications. However, more recent studies seem to indicate that simply having severe mental illness(SMI) may also put one at increased risk of developing metabolic syndrome. Given this association, it is important to consider the cognitive impact on these individuals. Executive functioning, attention and memory have been implicated as affected areas of cognitive functioning . Deficits in these areas affect the ability of the individual to maintain their own mental well-being. Individuals presenting with SMI are usually relatively young, and these complications are life-long, leading to increased mortality and morbidity. In this presentation, the current literature looking at the cognitive impact due to metabolic syndrome will be reviewed.

Learning Objectives:

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

- Know the criteria for metabolic syndrome
- Appreciate the connection between severe mental illness and metabolic syndrome
- Appreciate the impact that developing metabolic syndrome has on cognitive dysfunction

Literature References:

1. Van den Berg E et al. Type 2 diabetes, hypertension, dyslipidemia and obesity: A systematic comparison of their impact on cognition. Biochimica at Biophysica Acta 2009; 1792:470-481
2. Ford ES et al. Prevalence of metabolic syndrome among US adults: findings from the third National Health and Nutrition Examination Survey. JAMA 2002; 287 (3):356–359
3. Toalson P et al. The metabolic syndrome in patients with severe mental illness. Prim Care Companion J Clin Psychiatry 2004; 6:152-158
4. Elias MF et al. Obesity, diabetes and cognitive deficit: The Framingham Heart Study. Neurobiology of Aging 2005; 26(Suppl. 1):11–16.
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6. Yates K et al. Impact of metabolic syndrome on cognition and the brain. Arterioscler Thromb Vasc Biol 2012; 32:2060-2067

SATURDAY, MARCH 29 | 14:10 | Hawthorn B

Bupropion as a Drug of Abuse

Dr. Gloria Lee

Bupropion is a commonly used antidepressant (wellbutrin) with smoking cessation properties (zyban). There is a growing number of case reports in the literature as well as the popular media about the misuse of this medication as an intravenous drug of abuse, especially among medical professionals. We will explore the limited literature available on bupropion abuse as well as examine some of the physical signs patients may present with.

Learning Objectives:

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

- Enhance awareness of bupropion's potential for abuse
- Recognize signs of bupropion abuse
- Understand the limitations of research in this area

Literature References:

1. Baribeak D. and Araki K.F. Intravenous Bupropion: A Previously Undocumented Method of Abuse of Commonly Prescribed Antidepressant Agent. J. Addict Med. 2013; 7: 216-217

SATURDAY, MARCH 29 | 14:30 | Hawthorn B

Anti-NMDA Receptor Encephalitis: An Increasingly Recognized Cause of Unexplained Psychiatric Symptoms

Dr. Ray Purdy

Background: Anti-N-Methyl-D-Aspartate (NMDA) Receptor Encephalitis is an increasingly recognized cause of unexplained psychotic symptoms and warrants early recognition and aggressive treatment, given the significant chance of recurrence.

Objective: The authors present a case of recurrent Anti-NMDA receptor encephalitis in a female initially admitted to a general psychiatry ward with a negative medical work-up.

Method: The patient was diagnosed upon identification of anti-NMDA antibodies in cerebrospinal fluid (CSF). Proton-Emission Tomographic (PET) images of the brain showed several areas of cortical hypometabolism. The patient was treated successfully with plasmapheresis.

Results: The patient showed marked improvement in psychotic symptoms and cognitive deficits. She was treated successfully with plasma exchange when she presented six months later with similar psychotic symptoms, PET findings, and CSF positive for Anti-NMDA antibodies.

Conclusion: Patients who present with unexplained psychotic symptoms, particularly females of reproductive age, should be investigated for Anti-NMDA receptor encephalitis and should be treated aggressively.

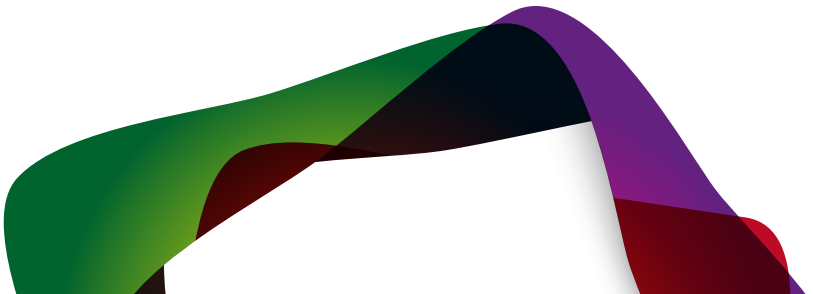
Learning Objectives:

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

- Describe the clinical features of Anti-NMDA Receptor Encephalitis
- Describe laboratory and imaging findings characteristic of Anti-NMDA Receptor Encephalitis
- Describe the management of Anti-NMDA Receptor Encephalitis

Literature References:

1. Wandinger KP, Saschenbrecker S, Stoecker W, Dalmau J: Anti-NMDA-receptor encephalitis: a severe, multistage, treatable disorder presenting with psychosis. Journal of Neuroimmunology 2011; 231: 86-91
2. Dalmau J, Gleichman AJ, Hughes EG, Rossi JE, Peng X, Lai M, et al. Anti-NMDA-receptor encephalitis: case series and analysis of the effects of antibodies. Lancet Neurol 2008; 7: 1091–98



SATURDAY, MARCH 29 | 14:50 | Hawthorn B

Ayahuasca: Amazonian Hallucinogenic Cocktail as Addiction Treatment?!

Dr. Jonathan Hamill

Ayahuasca is a traditional Amazonian decoction with psychoactive properties. The brew is made from the bark of the Banisteriopsis caapi vine, containing MAOI-like compounds called beta-carboline alkaloids, along with leaves from the Psychotria viridis bush which supply the hallucinogenic compound dimethyltryptamine. Originally it was used by indigenous shamans in private ceremonies for the purposes of spirit communication, magical experiences, healing, and religious rituals. Across several South American countries during the last century, Ayahuasca has been incorporated into folk medicine, spiritual healing from addictions and troubled lives, even several of the Brazilian syncretic churches use it routinely in church services to foster a spiritual experience. More recently it is being used in Europe and North American, not only for religious or healing reasons, but also for recreation.

The experience of using Ayahuasca has been described as a deep shift in the experience of consciousness, deeply introspective, mystical, and transcendental. One in which newly gained understandings of life and the universe may be formed, even contact with higher powers. Physiologically, studies show that use is low risk. In fact, when used in a traditional ceremonial manner, it reduces abuse of certain substances including alcohol, nicotine, and cocaine. There are many theories as to why this might be. Ayahuasca affects dopamine in the reward pathway differently than typical addictive substances, particularly with respect to neuroplasticity and the development and maintenance of the addiction. The powerfully introspective hallucinogenic experience allows for personal reflection and growth. It also serves well as a drug substitute--in a similar manner to methadone for opioids, for example--for not just one, but several substances.

Learning Objectives:

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

- Have an awareness of the ancient customs, spread, and increasing popularity of Ayahuasca
- Understand the pharmacology, neurochemical effects, psychoactive properties of Ayahuasca
- Have an awareness of ongoing research into potential use in addictions treatment

Literature References:

1. McKenna, D. J. (2005). Ayahuasca and human destiny. Journal of Psychoactive Drugs, 37(2), |||| 231-234.

2. Callaway, J. C. (Jun 2005). Fast and slow metabolizers of hoasca. Journal of Psychoactive Drugs, 2.

SATURDAY, MARCH 29 | 15:10 | Hawthorn B

Changes in Mental Health with Opioid Analgesia for Chronic Non-Cancer Pain

Dr. Rob Tanguay

Multidisciplinary chronic pain centers are considered to be gold standards for the treatment of chronic non-cancer pain (CNCP). Despite a lack of authorized indications and in some cases, sufficient evidence, opioid analgesia is commonly prescribed for most CNCP conditions. Chronic opioid analgesia is associated with common adverse effects including sleep disturbances, cognitive dulling and sedation. These are symptoms also identified for patients with depression and anxiety. At present, we do not associate chronic opioid analgesia use with adverse mental health outcomes. A prospective analysis of the The Neuropathic Pain Database (NePDAT) cohort, performed at several Canadian multidisciplinary pain centers, was performed.

We hypothesized that chronic use of opioids for CNPC is associated with reduced mental health (MH) and quality of life (QOL). Patients were separated into two groups defined as treatment with or without opioids pre-admission, with further sub-categorization to compare those receiving and not receiving opioid prescriptions post-admission over 12 months of followup. Total Mood Disturbance using the POMS questionnaire was significantly higher in the opioid group ($p=0.0051$), with MH sub-scores of Depression ($p=0.0242$) and Tension ($p=0.0116$) being significantly higher than in the non-opioid group. EQ-50 scores for QOL identified significantly higher disability in the non-opioid group ($p=0.0123$). Scores did not worsen with post-admission opioid use, but rather, they did not improve as identified in the non-opioid group. These results suggest that the use of opioids in the treatment of CNCP may impede or fail to contribute to benefit the treatment for mental health difficulties associated with CNCP at multidisciplinary pain centers.

Learning Objectives:

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

- Understand the effects of opioids in the chronic pain population's quality of life
- Understand the effects of opioids in the chronic pain population's mental health
- Understand some of the interactions of chronic pain treatment and mental health

Literature References:

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4. Chou, R., Ballantyne, J.C., Fanciullo, G.J., Fine, P.G., Adler, J.A., Ballantyne, J.C., Davies, P., Donovan, M.I., Fishbain, D.A., Foley, K.M., Fudin, J., Gilson, A.M., Kelter, A., Mauskop, A., O'Connor P.G., Passik, S.D., Pasternak, G.W., Portenoy, R.K., Rich, B.A., Roberts, R.G., Todd, K.H., & Miaskowski, C. (2009) Clinical guidelines for the use of chronic opioid therapy in chronic noncancer pain. The Journal of Pain, 10(2):113-130
5. Chou, R., Ballantyne, J.C., Fanciullo, G.J., Fine, P.G., & Miaskowski, C. (2009) Research gaps on use of opioids for chronic noncancer pain: Findings from a review of the evidence for an American Pain Society and American Academy of Pain Medicine clinical practice guideline. The Journal of Pain, 10(2):147-159

6. Edlund, M.J., Martin, B.C., Devries, A., Fan, M-Y., Braden, J.B., & Sullivan, M.D. (2010)Trends in use of opioids for chronic non-cancer pain among individuals with mental health and substance use disorders: the TROUP study. Clin J Pain, 26(1):1-8
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2014 APA Conference Exhibitors

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www.albertapsych.org

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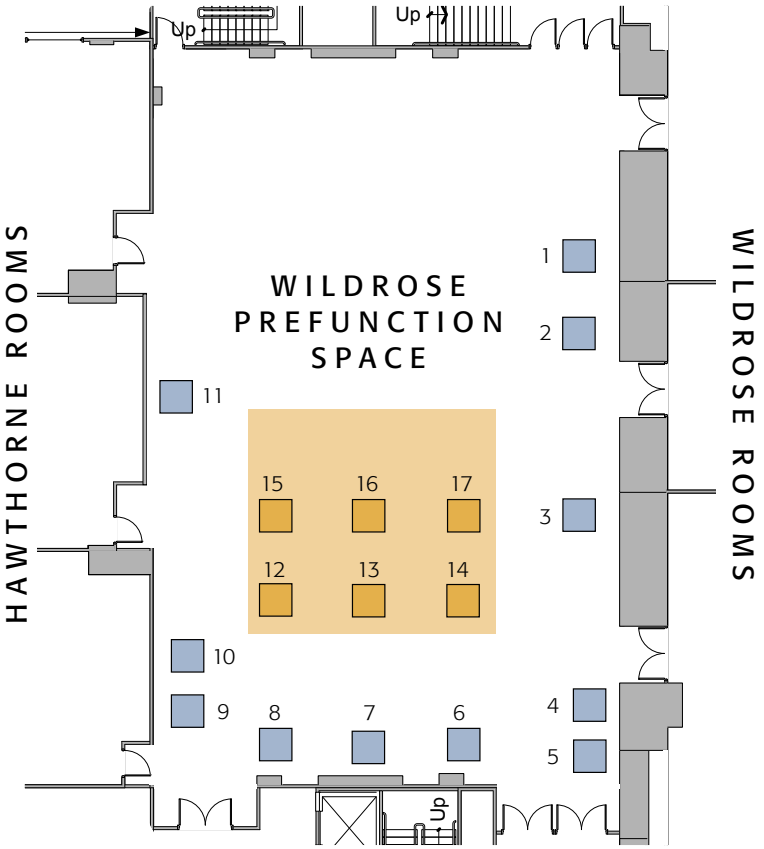

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