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
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.

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.
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](http://www.albertapsych.org)
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:

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:


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:

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)
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:


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:
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:


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 backbone of our daily 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 altogether. 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:


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:
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

22. McHugh P. Striving for coherence: psychiatry’s efforts over classifications. JAMA 2005 293:2526-2528
33. Spitzer RL. Diagnosis and need for treatment are not the same. Archives of General Psychiatry 1998 55: 120
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.
ABOUT OUR KEYNOTE SPEAKERS

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. 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. Catherine Cook
Professor of the Department of Neuroscience, University of Lethbridge

Dr. Bryan Kolb
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 United 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.
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 providing 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.
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:
2. Trauma and the Soul, Donald Kalsched, Routledge, 2013
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:
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:
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:

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:


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

## 2014 Conference Program

### Thursday, March 27, 2014

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<th>Time</th>
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<th>Event</th>
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<td>17:00 - 19:00</td>
<td>SALON C</td>
<td>Registration/Information Desk Open (Wildrose Prefunction)</td>
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<tr>
<td>19:00 - 21:30</td>
<td>HAWTHORN A</td>
<td>Executives' Welcome Reception (Salon A/B)</td>
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<tr>
<td>20:00 - 22:00</td>
<td>HAWTHORN C</td>
<td>Transgender Issues in the Movies: “Albert Hobbs”</td>
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<td></td>
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<td>Dr. Chris Wilkes</td>
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<td>Everyday Mindfulness: Practice and Evidence</td>
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<td>Dr. Vincent Hanlon</td>
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### Friday, March 28, 2014

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<tr>
<td>07:00 - 08:00</td>
<td>SALON A</td>
<td>Hot Breakfast Buffet (Salon A/B)</td>
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<tr>
<td>08:00 - 09:00</td>
<td></td>
<td>Update on the Acute and Maintenance Treatment of Schizophrenia - Dr. Christoph Correll, Zucker Hillside Hospital</td>
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<tr>
<td>09:00 - 10:00</td>
<td></td>
<td>Keynote Speaker (Salon C) The Evidence-Based Psychotherapist: Practical Applications - Dr. Melyn Leszcz, University of Toronto</td>
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<tr>
<td>10:00 - 10:30</td>
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<td>Refreshment Break (Wildrose Prefunction)</td>
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<tr>
<td>10:30 - 11:30</td>
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<td>Living Stories for Hope and Change: Meeting the Challenge of Change through the Arts in Medicine - Cheryl Mclean</td>
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<tr>
<td>11:30 - 13:00</td>
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<td>CPA CPD Institute Lunch Symposium (Salon A/B)</td>
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<tr>
<td></td>
<td></td>
<td>Advances and Controversies in Managing Inadequate Response in Depression - Dr. Roumen Milev</td>
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<tr>
<td>13:00 - 14:00</td>
<td></td>
<td>Keynote Speaker (Salon C) New Therapeutic Mechanisms in Schizophrenia Arising from Neurobiological Research - Dr. Dost Ongur, McLean Hospital</td>
</tr>
<tr>
<td>14:00 - 15:00</td>
<td></td>
<td>CPA CPD Institute: Current and Future Directions in the Diagnosis and Treatment of Alzheimer’s Disease - Dr. Ron Keren</td>
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<tr>
<td>15:00 - 15:30</td>
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<td>CPA Annual General Meeting</td>
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<tr>
<td>15:30 - 17:30</td>
<td></td>
<td>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</td>
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<td></td>
<td>Keynote Speaker (Hawthorn B/C) We Are Not in Kansas Anymore! - Dr. Laura Calhoun</td>
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<tr>
<td>18:30 - 22:00</td>
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<td>Family Fun Night</td>
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<td>22:00 - 24:00</td>
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<td>Residents’ Reception (Yarrow Room)</td>
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<td>Time</td>
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<td>19:00 - 21:30</td>
<td>Executives' Welcome Reception (Salon A/B)</td>
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<td>07:30 - 08:00</td>
<td>Hot Breakfast Buffet (Salon A/B)</td>
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<td>07:30 - 08:00</td>
<td>Breakfast Symposium (Salon A/B)</td>
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<td>08:00 - 09:00</td>
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<tr>
<td>10:30 - 11:30</td>
<td>Keynote Speaker (Salon C)</td>
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<td>11:30 - 13:00</td>
<td>CPA CPD Institute Lunch Symposium (Salon A/B)</td>
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<td>14:00 - 15:00</td>
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<td>15:00 - 15:30</td>
<td>Refreshment Break (Wildrose Prefunction)</td>
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<td>15:30 - 16:30</td>
<td>Brain Development, Experience, and Behaviour</td>
<td>Hawthorn B/C</td>
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<tr>
<td>16:30 - 17:30</td>
<td>Keynote Speaker (Hawthorn B/C)</td>
<td>Hawthorn B/C</td>
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<tr>
<td>18:30 - 22:00</td>
<td>Family Fun Night</td>
<td>Yarrow Room</td>
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<tr>
<td>22:00 - 24:00</td>
<td>Residents' Reception (Yarrow Room)</td>
<td>Yarrow Room</td>
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<tr>
<td>10:30 - 11:30</td>
<td>Measurement Based Care: Can Scales &amp; Structured Interview Change the Course of Treatment? (Dr. Abraham</td>
<td>Hawthorn A</td>
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<td>Nourishment, Denver Health Medical Centre)</td>
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<tr>
<td>11:30 - 13:00</td>
<td>CPA CPD Institute: The Changing Face of SCAP Annual General Current and Future Directions in the</td>
<td>Salon A/B</td>
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<td></td>
<td>Multicultural Healthcare</td>
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<tr>
<td>13:00 - 14:30</td>
<td>Diagnosis and Treatment of Alzheimer's (Dr. Oyedeji Ayonrinde, Dr. Ron Keren)</td>
<td>Hawthorn B/C</td>
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<tr>
<td>14:10 - 15:10</td>
<td>Keynote Speaker (Salon C)</td>
<td>Salon C</td>
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<tr>
<td>14:50 - 15:50</td>
<td>The Suicide Contagion</td>
<td>Hawthorn A</td>
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<tr>
<td>15:30 - 15:50</td>
<td>The Coach Approach to Leading Change Utilizing LEAD in a Falling Environment (Dr. Thomas Stark)</td>
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<tr>
<td>15:00 - 15:30</td>
<td>Keynote Speaker (Salon C)</td>
<td>Salon C</td>
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<tr>
<td>15:30 - 15:50</td>
<td>Development of New Bipolar Scale for Patients</td>
<td>Hawthorn A</td>
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<tr>
<td>15:30 - 16:10</td>
<td>Refreshment Break (Wildrose Prefunction)</td>
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<tr>
<td>16:10 - 17:10</td>
<td>Section of General Psychiatry and APA Annual General Meeting (Salon C)</td>
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<tr>
<td>18:30 - 24:00</td>
<td>President’s Gala (Salon A/B)</td>
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Sunday, March 30, 2014

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

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:

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
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
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:


continued on page 41...
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:

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:

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:
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:

2. Clarke, I C (1973) Public provisions for the mentally ill in Alberta 1907-1936, Master of Arts, University of Calgary

...continued from page 37

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:

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:
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:
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:
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 gut permeability, 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:

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:

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:
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:

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 (Grady 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:

continued on page 51...
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:


...continued from page 50


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.
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:
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 et Biophysica Acta 2009; 1792:470-481
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:
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:

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:

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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