

# MENTAL HEALTH OVER THE LIFE SPAN

Scientific Conference and Annual General Meeting

March 17-20

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2016

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THE RIMROCK RESORT HOTEL  
BANFF, ALBERTA



ALBERTA PSYCHIATRIC ASSOCIATION

# WELCOME TO THE 2016 APA SCIENTIFIC CONFERENCE

The Alberta Psychiatric Association (APA) is the not-for-profit professional organization that represents the psychiatrists of Alberta. The APA 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 APA 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 APA 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 Annual General Meetings are not eligible for CPD credits.

## CONFERENCE LEARNING OBJECTIVES

1. To examine, consider and appraise current and leading clinical practices to enhance patient care.
2. To explore mental health issues during all life cycles and how it has evolved over time.
3. To discuss and bring more awareness to mental health issues in children and the elderly.

Digital downloads of a number of the 2016 presentations will be available via secure login on the APA website.

Go to "<http://albertapsych.org/events/conference/2016>", use login "conf2016" and password "mentalhealth16" 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.

## Family Fun Night

Embrace your inner child at our Family Fun Night on Friday, March 18th - great food, good company and myriads of activity options to keep children and adults alike entertained for hours!

## 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 pleased to present the legendary Dino Martinis! This band has earned their fabulous reputation by consistently putting on a high energy show that appeals to all musical tastes....and will get guests on their feet dancing all night long!

## Residents' 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 9:30 pm on Friday night in Diva's Martini Lounge - with no need to shut down early!

## Bring the 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 tobogganning
- Shopping
- Fine dining
- Hot Springs
- The Banff Centre

# NEW THIS YEAR!

## Poster Sessions

We have incorporated poster sessions into this year's conference so don't forget to visit your colleagues and find out the latest in research efforts.

## Youth Movie Night

In conjunction with Family Fun Night on Friday, March 18th, we'll have a movie night set up for the older kids in Salon C. Pajamas and pillows are encouraged! Join us for the showing of a recent blockbuster release and indulge in some popcorn and candy.

## Meal Option for Families

Want to bring your family to the conference and not have to worry about meals? Add this meal option and get your wristband at the registration desk. Come down for all breakfasts, lunches, and our Thursday reception. Cost is \$50/person (over the age of two).

# ENTERTAINMENT

## The Dino Martinis - President's Gala

The Dino Martinis have been performing together for 23 years. They have released three albums (selling over 30,000 world-wide), made three award-winning videos, and played in front of huge festival crowds touring Canada, United States, Europe and Japan. The band has entertained parties ranging from exclusive private functions with Tom Hanks, Glenn Frey of The Eagles, and members of the Japanese Royal family to outdoor street parties with over 70,000 people in attendance.

These days the Dinos have turned their attention to playing some of their favourite songs - note for note - and having as much fun as legally possible.

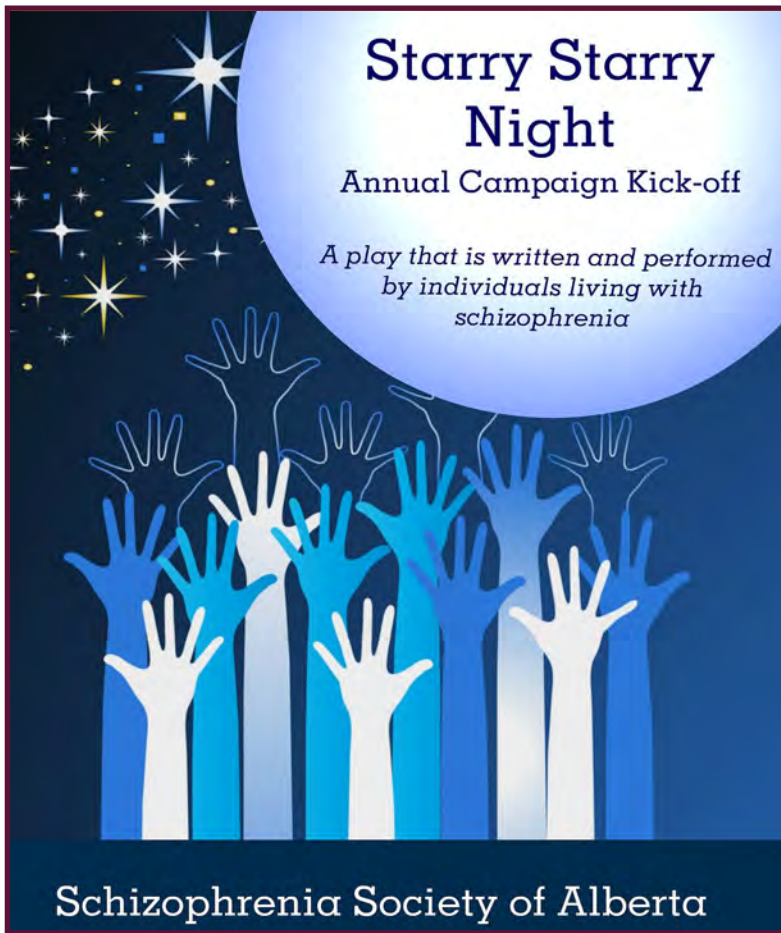


## Albert & Nix - Residents' Night

Albert & Nix have been playing the music scene in Calgary for almost four years together. The two met while taking turns hosting an open jam at The Blind Beggar Pub and quickly became friends through the admiration of each other's music. With over 150 songs they know as a duo, and the diversity they bring to the music, Albert & Nix are sure to play one of your favorite songs. The great harmonies, guitar work and professionalism they bring, along with their song selection and musicianship, Albert & Nix are quickly becoming one of the best duos in the city.



# STARRY STARRY NIGHT



Back in 1998 a group of people living with schizophrenia decided to write a play about their lives. They were all part of the SSA's Partnership Education Program, in which individuals living with the disorder and their family members do public presentations, to educate people about schizophrenia and mental illness.

This group felt that writing a play would help people understand how it feels to live with schizophrenia. They wanted people to know the facts and to pave the path for more empathy and understanding.

Now, hundreds of performances later, *Starry Starry Night* is on a return run in Edmonton.

This play is performed in Reader's Theatre which means cast members will use scripts during the performance. This helps reduce stress, which is a major trigger for symptoms of schizophrenia. When actors are comfortable with performing their role, they can try a new one which helps build confidence. Each person brings a unique twist to his or her role, which means the play morphs with each new cast configuration.

Importantly, *Starry Starry Night* is not just educational and impactful for audiences, it's also part of the healing process. Every performance is truly recovery in action.

*Starry Starry Night* is an extraordinary performance by extraordinary individuals. Each performer, past and present, brings new insight, courage and hope to all who are touched by schizophrenia.

# PRESIDENT'S MESSAGE



Dear Friends and Colleagues,

It is my pleasure to welcome you to the Rimrock Hotel, Banff and to the 2016 Scientific Conference and Annual General Meeting (AGM) of the Alberta Psychiatric Association (APA).

The theme for this year's meeting is "Mental Health over the Life Span" as we continue to expand our understanding of the development and appropriate treatments of mental health problems and disorders. Once again, the Scientific Committee, consisting of Gordon Kelly, Kathy Aitchison, Jordan Cohen, David Crockford, Sarah Tymchuk, Tyler Pirlot and Mike Szymczakowski, have worked hard over the past year, to produce an outstanding programme that includes first rate educational and fun social opportunities. Together with the exceptional organizational and administrative support from Brenda Hong and her team at Associations Plus, this conference again promises to be an exceptional event. Please thank each of them for all their efforts when you see them around the Rimrock!

As in the past, our scientific programme runs from Thursday evening to Saturday afternoon. This year, we have a play on the Thursday evening put on by the Schizophrenia Society of Alberta which promises to be very enlightening and interesting. The rest of the conference features talks and workshops by leading local, national and international speakers. Once again, our conference is supported by the Alberta Medical Association's Physician & Family Support Program (PFSP), the APA Foundation and the Canadian Psychiatric Association Continuing Professional Development (CPA CPD). I would also like to thank the pharmaceutical industry for their ongoing support of our conference.

Please join us on Saturday afternoon for the AGM of the APA and on Sunday morning for the Section of General Psychiatry AGM, both to receive an update of the APA Executive's activities and provide your input.

We are pleased to welcome a couple of special guests to this year's event. Honourable Brandy Payne, Associate Minister of Health will give greetings and welcoming remarks at 16:10 on Saturday. Dr. Padraic Carr, President-Elect of the Alberta Medical Association as well as Dr. Sonu Gaid, President of the Canadian Psychiatric Association will also be attending our meeting.

On Thursday evening, we have continued with the "Executive's Welcome Reception" from 18:00 to 21:00. Come meet the members of the APA executive and enjoy some light refreshments with us. Family Fun night has always been a big hit at our meeting, so please join us on Friday evening. This year we will have a movie night, aimed at the older group, as well. This will be followed by another favourite - the Residents' Reception. Then on Saturday evening there is the President's Gala with entertainment provided by the Dino Martinis. This promises to be a fun evening of good food, music and dancing.

Of course, our meeting is set in beautiful Banff. We often get comments by visiting speakers and delegates of this exceptional setting, which has many shopping, dining and winter sporting activities. Enjoy!

Thank you for joining us at our 2016 APA Conference. I look forward to meeting many of you in the next few days which promise to be informative, interesting and fun.

*Lorella Ambrosano*  
APA President, 2015-2016

# 2016 APA CONFERENCE ORGANIZING COMMITTEE

Dr. Lorella Ambrosano

Dr. Jordan Cohen

Dr. Gordon Kelly

Dr. Katherine Aitchison

Dr. David Crockford

Dr. Tyler Pirlot

Dr. Sarah Tymchuk

Dr. Mike Szymczakowski

APA President

APA President-Elect

Conference Chair

North Scientific Co-Chair

South Scientific Co-Chair

SCAP Representative

Resident Representative

Resident Representative

University of Alberta

University of Calgary

## RECOGNIZING THE 25<sup>TH</sup> YEAR PAST PRESIDENT

### Dr. Avalon Roberts

Over the sixty years since it was founded, the Alberta Psychiatric Association (APA) has become an increasingly important organization. It has developed significant influence within the medical profession as a whole and has become an important voice in the halls of Government. Patients with mental health problems have benefited enormously from the Association's advocacy and the Scientific Meeting has become an important and high quality education event.

Recognizing that the current success of the APA would not have occurred were it not for the leadership of previous presidents, we would like to honour each year, the President from twenty-five years previously.

Please join us in honouring Dr. Avalon Roberts as this year's 25th Year Past President!

# CME POLICY ON FULL DISCLOSURE

The Alberta Psychiatric Association requires disclosure of the existence of ANY AND ALL financial interest(s) or other affiliation(s) a presenter has with commercial supporter(s) of these educational activities, and/or with manufacturer(s) of ANY AND ALL commercial product(s) and/or provider(s) of ANY AND ALL commercial services discussed in the scientific program. The existence of such relationships does not necessarily constitute a conflict of interest, but the prospective audience must be informed of the presenter's affiliation with every commercial sponsor by way of an acknowledgement in the program.

This policy is intended to openly identify any potential conflict(s) so that members of the audience in an educational activity are able to form their own opinions about the presentation. A reasonable test to guide decisions about what to disclose is whether any particular affiliation could cause embarrassment to the individual or institution involved or lead to questions about the presenter's motives if such affiliation(s) were made known to the general public.

The following presenters have indicated a financial interest or other affiliation with a commercial supporter of the session and/or with the manufacturer(s) of a commercial product and/or provider of commercial service(s):

Presenter	Co-Author	Affiliation
<b>Kathy Aitchison</b>	Candice Crocker, Rohit Lodhi, Scot E. Purdon, Hongyan Ren, Philip Tibbo and Yabing Wang	Eli Lilly Canada, Glia Communications, Janssen, Lundbeck Canada, Otsuka, TEA Endiciones
<b>Jessica Bist</b>	Dayan Goodenowe and Thomas Raedler	Boehringer-Ingelheim, Forum, Janssen, Lundbeck, Myelin, Otsuka, Phenomenome Discoveries Inc., Roche, Sunovion, SyneuRX International
<b>Salim Hamid</b>	Emma Hamid	AstraZeneca, Johnson and Johnson, Lundbeck, Shire
<b>John Kane</b>		Eli Lilly, EnVivo Pharmaceuticals (Forum), Forest, Genetech, H. Lundbeck, Intracellular Therapeutics, Janssen Pharmaceutical, Johnson and Johnson, LB Pharmaceuticals Inc., MedAvante Inc., Otsuka, Reviva, Roche, Sunovion, Teva, Vanguard Research Group
<b>Bethany Ostrowerka</b>	Alberto Choy, Tracey Hillier and Hollis Lau	Janssen Ortho
<b>Thomas J. Raedler</b>		Alkermes, Boehringer-Ingelheim, Forum, Janssen, Lundbeck, Myelin, Otsuka, Roche, Sunovion, SyneuRX International
<b>Roger C. Rampling</b>		Alberta Psychiatric Association
<b>Sudhakar Sivapalan</b>	K. J. Aitchison, Brett Granger, Rohit Lodhi and Virginia Newton, Scot E. Purdon	Eli Lilly Canada, Glia Communications, Lundbeck Canada, TEA Endiciones
<b>Sara Taylor</b>	Colin Taylor, Judith K. Ustina, and Rita Watterson-Panelist(s)	Physician and Family Support Program of the Alberta Medical Association
<b>Thomas C.R. Wilkes</b>		Otsuka
<b>Kimberly Williams</b>	Kathryn Fitch, Kyiet Hauli, Mange Manyama, Elias Charles Nyanza and Rita Watterson	Catholic University of Health and Allied Services
<b>Kim Wolff</b>	Mr. F. Igwe	Intelligent Fingerprint Ltd.



# RIMROCK RESORT HOTEL MAP



## MARK YOUR CALENDARS

### 2017 APA SCIENTIFIC CONFERENCE

MARCH 30 - APRIL 3, 2017

THE RIMROCK HOTEL



#### Your Chance To Win!

Two draws will be made at the President's Gala. One random draw will be made for an iPad and a draw from among the exhibitor passport entries for a \$150 Cadillac Fairview gift card. Delegates must be in attendance at the President's Gala in order to claim their prize.

# KEYNOTE PRESENTATIONS

Friday March 18<sup>th</sup>, 2016 - Breakfast Symposium

8:00 - 9:00

Salon A/B

## Parity and Parenting in Methadone Maintenance: Who Looks After the Children?

Dr. Kim Wolff, MD, Kings College, London

Co-Authors: Mr. F. Igwe

### Objectives

To investigate mothers prescribed methadone and their children by exploring a number of factors including methadone dose, illicit drug use, parity, child guardianship and parental lifestyle.

### Methods

A secondary data analysis was performed on the responses of 128 methadone maintained heroin dependent pregnant women receiving treatment from NHS specialist Community Drug Treatment Services (CDTS) in the South East of England using a self-reported questionnaire.

### Results

The women were aged 36 yrs. ( $35.6 \pm 8.2$  years), mainly white ( $n=89$ , 69.5%), unemployed ( $n=89$  69.5%), and prescribed a mean daily dose of  $51.7 \pm 22.6$  methadone/day. Higher methadone doses were prescribed to older women ( $\rho=0.48$ ,  $p<0.005$ ) who had given birth to a greater number of children ( $\rho=0.26$ ,  $p<0.05$ ). The women had a higher average parity (1.95 children) when compared to the national average of 1.91 children and 63% of women had been pregnant a multiple of times and 45% on  $\geq 3$  occasions. Around half (50.6%) of children born to these women lived with a member of their extended family. That family member was most likely to be the grandmother ( $n=26$ , 20.3%) or the child's father ( $n=11$ , 8.6%). Twenty percent of the children lived with their mother, whilst the others had been given up to foster carers or adoption.

### Conclusion

Hectic drug-using lifestyles are linked with parity and whether a mother retains responsibility for her child. We should discuss the importance of parenting as part of treatment plans for drug dependent women.

## Learning Objectives

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

- Comprehend issues concerning parity in Methadone Maintenance populations;
- Understand who looks after infants born to mothers prescribed methadone; and
- Discuss some of the factors that contribute to issues related to parity and parenting in these women.

## Literature References

1. Perez-Montejano R, Finch E, Wolff K. (2013) A National Survey Investigating Methadone Treatment for Pregnant Opioid Dependent International Journal of Mental Health & Addiction. 2013 Online First (DOI) 10.1007/S11469-013-9447-0
2. Wolff K & Perez-Montejano R. (2014) Opioid Neonatal Abstinence Syndrome: Controversies. Current Drug Abuse Rev. 2014;7(1):44-58
3. Ali K, Wolff K, Peakcock J, Hanam S, Rafferty GF, Bhat R, Greenough A. (2014) Ventilatory Response To Hypercarbia In Newborns of Smoking And Substance Misusing Mothers. Annals ATS. First published online 01 Jul 2014 as DOI: 10.1513/AnnalsATS.201403-124OC

# KEYNOTE PRESENTATIONS

Friday March 18<sup>th</sup>, 2016

9:00 - 10:00

Salon C

## The Social Determinants of Mental Health Over the Lifespan: Lessons from Mitigating the Impacts of Disasters

Professor Richard Williams

"People know what to do in a disaster". [But] "... loss of power [is] the disaster in the modern sense ... [though] ... solidarity, altruism, and improvisation are within most of us and reappear at these times. This is the paradise entered through hell" [1]. Despite support for these opinions from narrative and research, myths remain powerfully held about people's experiences and needs in the face of adversity.

Our mental health is affected by many social factors that include the circumstances into which we are born, grow up, live, work and become old. Each is shaped by a wider set of forces including economics, social policies and politics [2]. These social determinants influence outcomes many years later and require attention because they are, potentially, modifiable. Horizontal epidemiology shows that the quality of people's recovery from mental illness turns on attention to their social circumstances [3]. The costs of ignoring them are staggering.

Arguably, six features of the human condition (embodiment, finiteness, sociability, cognition, evaluation, agency) are core to health. Social science shows the importance of social networks for our well-being and mental health and our social identities provide us with resources that can impact our human condition and enable us to confront adversity [4-6]. Similarly, research shows that social support is one of the few psychosocial interventions in the aftermath of disasters for which there is substantial evidence.

Richard Williams takes a longitudinal, lifespan approach to resilience and recovery to illustrate social processes that mediate, modify and mitigate the impacts of untoward events on our mental health [7-10].

### Learning Objectives

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

- Draw together a social philosophical understanding of the human condition with the impacts of social determinants on mental health and evidence from social science about the importance of social networks for how people cope with, and recover after, life events and illness;
- Summarize recent work on psychosocial resilience and longitudinal trajectories of how people of all ages cope over time with adversity and major events; and
- Understand disasters as a microcosm of life that provide valuable lessons for wider mental health care interventions.

### Literature References

1. Solnit R. A Paradise Built in Hell: The Extraordinary Communities that Arise in Disaster. New York: Penguin Books, 2010.
2. World Health Organization and Calouste Gulbenkian Foundation. Social Determinants of Mental Health. Geneva: World Health Organization, 2014.
3. Bailey S, Williams R. Towards Partnerships in Mental Health Care. *Advances in Psychiatric Treatment* 2014; 20:48-51.
4. Smith SS. Six Features of the Human Condition: A Conceptual Analysis of Well-Being and the Implications for Health and Mental Health Care. In: Williams R, Bailey S, Bhui K, Haslam C, Haslam SA, Kemp V (eds). *Social Scaffolding. A book in the process of being edited.*
5. Jetten J, Haslam C, Haslam SA (eds). *The Social Cure: Identity, Health and Well-Being.* Hove: The Psychology Press, 2012.
6. Greenaway KH, Cruwys T, Haslam SA, Jetten J. Social Identities Promote Well-Being because they Satisfy Global Psychological

# KEYNOTE PRESENTATIONS

- Needs. *European Journal of Social Psychology*. Early view version.
- Southwick SM, Litz BT, Charney D, Friedman MJ (eds). *Resilience and Mental Health: Challenges Across the Lifespan*. New York: Cambridge University Press, 2011.
  - Bonanno GA, Mancini AD, Horton JL, Powell TM, LeardMann CA, Boyko EJ, Wells TS, Hooper TI, Gackstetter GD, Smith TC for the Milenium Cohort Study. *British Journal of Psychiatry* 2012; 200:317-323.
  - Bryant RA, Nickerson A, Creamer M, O'Donnell M, Forbes D, Galatzer-Levy I, McFarlane AC, Silov D. Trajectory of Post-Traumatic Stress Following Traumatic Injury: 6-year Follow-Up. *British Journal of Psychiatry* 2015; 206: 5:417-423;
  - Osofsky JD, Osofsky HJ, Weems CF, King LS, Hansel TC. Trajectories of Post-Traumatic Stress Disorder Symptoms Among Youth Exposed to both Natural and Technological Disasters. *Journal of Child Psychology and Psychiatry* 2015, 56; 12:1347-1355.

**Friday March 18<sup>th</sup>, 2016**

**10:30 - 11:30**

**Salon C**

## **Genetics of Obsessive-Compulsive Disorder: Recent Advances and Prospects for Translation**

Dr. Paul Arnold, MD, University of Calgary

In recent years, we have seen major progress towards identifying risk factors for common psychiatric disorders. However, there remains a significant gap between gene discovery and translation into the clinic. Like many other psychiatric disorders, we know from family and twin studies that genetic factors play a major role in the risk for obsessive-compulsive disorder (OCD). Results from linkage, candidate gene and genome-wide association studies implicate genetic variants involved in neurodevelopment and glutamate signaling pathways in OCD, although replication of these findings in larger sample sizes is required. Our group and others are also investigating intermediate phenotypes (quantitative biological traits) based on neuroimaging, electrophysiological and neurocognitive information in order to facilitate gene discovery and help clarify mechanisms for OCD. It is hoped that combining information from genetic studies with detailed clinical assessments and intermediate phenotypes will help in achieving the goal of precision medicine – treating the right patient with the right treatment at the right time. In the last part of this presentation I will present a “roadmap” for precision medicine in OCD and other psychiatric disorders considering both recent advances in psychiatric genetics and potential barriers to implementation of targeted treatments.

### **Learning Objectives**

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

- Learn about recent advances in gene discovery for obsessive-compulsive disorder (OCD);
- Understand the importance of intermediate phenotypes for gene discovery; and
- Appreciate how gene discovery may translate into better, more precise treatments.

### **Literature References**

- Pauls DL et al. Obsessive-Compulsive Disorder: An Integrated Genetic and Neurobiological Perspective.
- Flint J et al. Assessing the Utility of Intermediate Phenotypes for Genetic Mapping of Psychiatric Disease. *Trends Neurosci* 2014 Dec 37(12): 733-741.
- Insel TR. The NIMH Research Domain Criteria (RDoC) Project: Precision Medicine for Psychiatry. *Am J Psychiatry* 2014 Apr 171 (4): 395-7.

# KEYNOTE PRESENTATIONS

Friday March 18<sup>th</sup>, 2016

13:00 - 14:00

Salon C

## Trauma, Resilience and Survival: Clinical Service Provision with Forced Migrants

Dr. Adeyinka M. Akinsulure-Smith, MD, Ph.D. - The City College of New York & the Graduate Center, City University of New York & The Bellevue/NYU Program for Survivors of Torture

With mass movements of individuals, families and communities, combined with a level of human suffering not seen since World War II, we are in the midst of a global crisis. By the end of 2014, the United Nations High Commission for Refugees (UNHCR) estimated that there were 59.9 million forcibly displaced people around the world. During their flight from armed conflict, terror, torture, and human rights abuses, many forced migrants encounter extensive trauma and stressors. They arrive in their host countries with multifaceted needs.

Given this escalating disaster, mental health professionals must be prepared to address the complex clinical needs of this diverse population, who are often severely traumatized, yet profoundly resilient. While discussing key factors that can serve as barriers to care, Dr. Akinsulure-Smith will highlight how an integrative approach to care can play a critical role along the road to wellness. Specific considerations for therapeutic interventions and key lessons learned will be discussed.

### Learning Objectives

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

- Understand the multifaceted challenges facing forced migrants;
- Identify key challenges of working with forced migrants and best practices for therapeutic interventions; and
- Recognize signs of vicarious trauma and compassion fatigue.

### Literature References

1. Akinsulure-Smith, A.M., Keatley, E. & Rasmussen, A. (2012). Responding to Secondary Traumatic Stress: A Pilot Study of Torture Treatment Programs in the United States. *Journal of Traumatic Stress, 25*, 232-235. DOI: 10.1002/jts.21684
2. Akinsulure-Smith, A.M. (2012). Using Group Work to Rebuild Family and Community Ties among Displaced African Men, *Journal for Specialists in Group Work, 37*(2), 95-112. DOI: 10.1080/01933922.2011.646086
3. Akinsulure-Smith, A.M. & O'Hara, M. (2012). Working with Forced Migrants: Therapeutic Issues and Considerations for Mental Health Counselors. *Journal of Mental Health Counseling, 34*, 38-55.
4. Akinsulure-Smith, A.M. (2012). Responding to the Trauma of Sexual Violence in Asylum Seekers: A Clinical Case Study. *Clinical Case Studies, 11*(4), 285-298. DOI: 10.1002/jts.21684
5. Smith, H.E. & Akinsulure-Smith, A.M. (2011). Needed - Not Just Needy: Empowerment as a Therapeutic Tool in the Treatment of Survivors of Torture and Refugee Trauma. *African Journal of Traumatic Stress, 2*, 17-31.
6. O'Hara, M. & Akinsulure-Smith, A.M. (2011). Working with Interpreters: Tools for Clinicians Conducting Psychotherapy with Forced Immigrants, *International Journal of Migration, Health, and Social Care, 7*, 33-43. DOI: 10.1108/17479891111176287
7. Akinsulure-Smith, A.M. & Jones, W. L. (2011). Nah We Yone - A Grassroots Community Based Organization in New York City: Successes, Challenges, and Lessons Learned, *International Journal of Migration, Health, and Social Care, 7*, 44-57. DOI: 10.1108/17479891111176296
8. Akinsulure-Smith, A.M., Ghiglione, J. & Wollmershauser, C. (2009). Healing in the Midst of Chaos: Nah We Yone's African women's wellness group, *Women & Therapy, 32*, 105-120. DOI: 10.1080/02703140802384602

# KEYNOTE PRESENTATIONS

Friday March 18<sup>th</sup>, 2016

14:00 - 15:00

Salon C

## Practising Child & Adolescent Psychiatry in Rural Alberta with Treaty 7

Dr. Chris Wilkes - B.Sc., M.B., ChB., M. Phil., D.C.H., F.R.C.P. (Edin), F.R.C. Psych., F.R.C.P.(C), F.A.P.A., I.A.A.P.

Throughout the world for about 100 years, mental health workers have known of the needs of children of indigenous communities. However, various barriers have frustrated meaningful contact with this population. In Canada, we have had a shameful national government policy of assimilation, forcefully removing indigenous children from their families and communities to be placed in white foster homes. In many countries across the globe, dominating groups and cultures has perpetrated atrocities in asserting supremacy, if not genocide, in order to dispossess indigenous peoples. Sometimes atrocities have been supported by some health workers and welfare professionals, including mental health workers objections being squashed. When the silence has been broken and atrocities recognized and the dominating culture may try to make amends, traumas continue to reverberate, along with the rankling knowledge of dispossession. The reverberation ripples through indigenous and non-indigenous people communities' alike. For indigenous people, the transgenerational effects can be dramatic, for example, as reflected in the high rates of substance abuse and youth imprisonment. Indigenous communities can, therefore, be highly protective of their children and youth, possibly suspicious of contact with mental health practitioners. Hence, mental health promotion in these communities can seem impossible.

### Learning Objectives

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

- Become familiar with the impact on ownership, control, access and possession on the First Nations of Treaty 7 by the use of the term Aboriginal Mental Health Services used by the Alberta Health Services;
- Learn about the central role of integrating spirituality and ritual with modern Psychiatry;
- Learn about the importance of the conceptualization of a complex and partial post traumatic stress disorder in the aetiology of mental health disorders in the peoples of Treaty 7.

### Literature References

1. Olga Oulanova and Roy Moodley. Navigating Two Worlds: Experience of Counsellors who Integrate Aboriginal Traditional Healing Practices. *Canadian Journal of Counselling and Psychotherapy*. Vol 44 No 4. 2010. Pages 346-362.
2. Ingrid Sochting PhD, Raymond Corrado PhD, Irwin Cohen PhD, Robert Ley PhD and Charles Brasfield MD, PhD, FRCPC. Traumatic pasts in Canadian Aboriginal People: Further Support for a Complex Trauma Conceptualization. *BC Medical Journal* ; Vol 49. No 6. July/Aug 2007.
3. Katz LY, Elias B, O'Neil J, Enns M, Cox BJ, Belik SL, Sareen J. Aboriginal Suicidal Behaviour Research: From Risk Factors to Culturally-Sensitive Interventions. *Journal of the Canadian Academy of Child and Adolescent Psychiatry* 2006;15:159-167.
4. Isack C, Campeau M, Katz LY, Enns MW, Elias B, Sareen J and the Swampy Cree Suicide Prevention Team. Community-Based Suicide Prevention Research in Remote On-Reserve First Nations Communities. *International Journal of Mental Health and Addiction* 2009 DOI 10.1007/s11469-009-9250-0.
5. Finlay J, Hardy M, Morris D, Nagy A: Mamow Ki-ken-da-ma-win: A Partnership Approach to Child, Youth, Family and Community Wellbeing: *Int J Ment Health Addictions* (2010) 8:245-257.
6. Pignatiello A, Teshima J, Boydell KM, Minden D, Volpe T, Braunberger P. 2011. Child and Youth Telepsychiatry in Rural and Remote Primary Care. *Child Adolesc Psychiatric Clin N Am* 20:13-28.
7. John Ralston Saul. *The Comeback*. Penguin Books 2014
8. John Reilly. *Bad Medicine*. Rocky Mountain Books. 2011

# KEYNOTE PRESENTATIONS

Friday March 18<sup>th</sup>, 2016

14:00 - 15:00

Hawthorn A

## Towards Developing a System-wide Strategy for Pediatric Somatization

Dr. Claire De Souza, MD, FRCP(C)

Children and adolescents who experience distressing and impairing physical symptoms may be diagnosed as having Conversion disorder, Somatic Symptom disorder, Illness Anxiety disorder, a chronic pain condition, and/or may be viewed as having somatization or medically unexplained symptoms. They have complex needs and may present to multiple health care providers in various settings. There can be significant morbidity and costs from unnecessary investigations and hospitalizations. They can be a challenging population for mental health and non-mental health clinicians alike and require a consistent, coordinated and collaborative interdisciplinary approach to care at a system-wide level. Evidence based and/or evidence informed approaches include psychoeducation, cognitive behavioural therapy, and rehabilitation. Services provided may include individual therapy, family therapy, group therapy, medical monitoring and rehabilitation. There is interest in system-wide interventions which can be made possible through new and established collaborations. This presentation provides an overview of the issues facing this population as well as health care staff working with them. A biopsychosocial approach to understanding and managing symptoms is highlighted. A system-wide approach is reviewed, including progress made in protocol development through collaborations within hospital, community and country.

### Learning Objectives

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

- Recognize the complex nature of pediatric somatization with an eye to relevant developmental, family, community and medical system factors;
- Appreciate experiences of patients, families and staff working with this population;
- Review a system-wide strategy for pediatric somatization involving collaborations within hospital, community and country;
- Utilize relevant resources; and
- Consider local applications.

### Literature References

1. Campo JV and G Fritz. A Management Model for Pediatric Somatization. *Psychosomatics* 2001; 42:467-476.
2. DeMaso DR, Martini D, Cahen L et al. Practice Parameter for the Psychiatric Assessment and Management of Physically Ill Children and Adolescents. *JAACAP* 2009; 48(2):212-233.
3. <http://keltymentalhealth.ca/> (search word: somatization)
4. Kreipe A. Biopsychosocial Approach to Adolescents with Somatoform Disorders. *Adolesc Med* 2006; 17:1-24.
5. Maisami M and JM Freeman. Conversion Reactions in Children as Body Language: A Combined Child Psychiatry/Neurology Team Approach to the Management of Functional Neurologic Disorders in Children. *Pediatrics* 1987;80:46-52.

# KEYNOTE PRESENTATIONS

Saturday March 19<sup>th</sup>, 2016 - Breakfast Symposium

8:00 - 9:00

Salon A/B

## Treatment Considerations for Schizophrenia in the Younger Adult Patient

Dr. John Kane, MD

Schizophrenia is associated with enormous personal suffering, disability, family burden, premature death, and societal cost. Since psychosis usually begins in late adolescence or early adulthood, early detection and intervention poses special challenges. Comprehensive first episode psychosis programs that emphasize low-dose antipsychotic medications, cognitive behavioral psychotherapy, family education/support, and vocational/educational recovery have been implemented in a number of settings around the world, but few randomized controlled trials have compared multimodal, multidisciplinary team approaches to usual care in such young patients. Appropriate programs can be easier to implement in settings with a national health care system, perhaps why a multi-site study of first episode psychosis treatment has never been conducted in the U.S. in non-academic, community clinics under existing reimbursement mechanisms. Despite the fact that academic centers play a key role in developing and testing new treatment strategies, such strategies must be implemented in typical "real world" settings.

The Recovery After an Initial Schizophrenia Episode-Early Treatment Program (RAISE-ETP) is an NIMH-funded study designed to address these challenges. We engaged 34 clinics in 21 states across the U.S. in a cluster randomized, controlled trial comparing NAVIGATE, a comprehensive specialty care intervention, to usual community care in 404 first episode patients whose average age was 23. Those patients receiving the comprehensive specialty care had superior outcomes on retention in treatment, quality of life, psychopathology, and days in work or school. Duration of untreated psychosis was a significant moderator of response.

### Learning Objectives

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

- Discuss and define the treatment goals of the younger schizophrenia patient;
- Explain the evidence for early intervention and quality of life goals in the schizophrenia patient; and
- Better appreciate the evidence for LAIs in the different phases of schizophrenia.

### Literature References

1. Kane JM, Robinson DG, Schooler NR, Mueser KT, Penn DL, Rosenheck RA, Addington A, Brunette MF, Correll CU, Estroff SE, Marcy P, Robinson J, Meyer-Kalos PS, Gottlieb JD, Glynn SM, Lynde DW, Pipes R, Kurian BT, Miller AL, Azrin ST, Goldstein AB, Severe JB, Lin H, Sint KJ, John M, Heinssen RK. Comprehensive Versus Usual Community Care For First Episode Psychosis: Two-Year Outcomes From The NIMH RAISE Early Treatment Program. *Amer J Psychiatry* 2015 Oct 20:appiajp201515050632. [Epub ahead of print]
2. Correll CU, Robinson DG, Schooler NR, Brunette MF, Mueser KT, Rosenheck RA, Marcy P, Addington J, Estroff SE, Robinson J, Penn D, Azrin S, Goldstein A, Severe J, Heinssen R, Kane JM. Cardiometabolic Risk in First Episode Schizophrenia-Spectrum Disorder Patients: Baseline results from the Recovery After an Initial Schizophrenia Episode Early Treatment Program (RAISE-ETP) Study. *JAMA Psychiatry*. 71(12):1350-63, 2014
3. Robinson DR, Schooler NR, John M, Correll CU, Marcy P, Addington J, Brunette MF, Estroff SE, Mueser KT, Penn D, Robinson J, Rosenheck RA, Severe J, Goldstein A, Azrin S, Heinssen R, Kane JM, Medication Prescription Practices for the Treatment of First Episode Schizophrenia-Spectrum Disorders: Data from the National RAISE-ETP Study. *Am J Psych*. 172(3):237-48, 2015



# KEYNOTE PRESENTATIONS

Saturday March 19<sup>th</sup>, 2016

9:00 - 10:00

Salon C

## Complexities of Collaboration in Physician Health: Unique Controversies (and Opportunities) for Psychiatrists

Dr. Derek Puddester, MD, Med, FRCPC, ACC

Physician health is an increasingly complex area of education, practice, policy, regulation, and oversight. Psychiatrists have had, and will continue to have, a major and complex role in physician health given the high degree of psychiatric and substance use issues that affect physicians in Canada. This keynote will review the landscape of physician health in 2016 and describe established and emerging best practices. In addition, it will explore how psychiatry can continue to provide leadership, compassion, and innovation in collaboration with other stakeholders.

### Learning Objectives

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

- Describe the landscape of stakeholders in physician health;
- Consider the multiplicity of roles and responsibilities amongst stakeholders; and
- Consider how emerging controversies may apply to their practices and patients.

### Literature References

1. Roman, S., and Prevost, C. Physician Health: State of Knowledge and Preventative Approaches Program D'Aide aux Medecins du Quebec Montreal: 2015
2. Shanafelt, T., et al Impact of Organizational Leadership on Physician Burnout and Satisfaction Mayo Clinic Proceedings 2015;90 (4) 432-440
3. Physicians with Health Conditions University of Alberta: Edmonton, 2012

# KEYNOTE SPEAKER BIOGRAPHIES



## Dr. Kim Wolff, MD

Kim is a Professor in Addiction Science and Academic Director for Higher Education Review, at King's College London. Kim took up a lectureship at King's based at the National Addiction Centre, Institute of Psychiatry, Psychology and Neuroscience (IoPPN) in 1997 and moved to the Department of Pharmacy & Forensic Science, Faculty of Life Science & Medicine in 2010. As an Addiction Scientist, Kim has three main areas of research, all concerned with the study of biomarkers of substance misuse (in those receiving methadone treatment for heroin dependence during pregnancy, in high risk drink drivers and in those using MDMA).

Kim has investigated the use and misuse of methadone by drug addicts throughout her career. Seminal work on the pharmacokinetics of methadone in pregnancy, with colleagues at the University of Sheffield, demonstrated a need for maintenance dosing in pregnancy, rather than reduction of dosing, as has been usual practice (Wolff et al, 2005: one of only four publications worldwide). Further work in the area has been assisted by three doctoral students who are exploring the relationship between treatment status and

attendance at antenatal clinics for opioid dependent women; neonatal abstinence syndrome in opioid exposed neonates and assessment of the effect of opioids during pregnancy on children aged 0-3 years. Finally, in collaboration with King's College Hospital (Professor Anne Greenough), Kim has completed a study to explore the effects of methadone in pregnancy on ventilatory responsiveness and arousals in infants.

Her research has led to advancement in the area of biomarkers of alcohol misuse. For instance, in 2006 Carbohydrate Deficient Transferrin (%CDT) was shown to be a useful marker of long-term chronic alcohol use, indicating excess consumption over a sustained period. As the research continued, Kim's research group was able to demonstrate the clinical efficacy of this biomarker for the identification of problematic drinking in drink-drivers. This research has shown that CDT concentrations in blood are superior for assessing drink drivers compared to other biomarkers. When %CDT was compared with other biomarker tests of alcohol consumption, the overall sensitivity and specificity of this tool was superior, retaining good diagnostic power in individuals with conditions including obesity, diabetes and non-alcoholic liver disease, known to confound the results of more common clinical tests.

In 2012, Kim's research was formally adopted by the Driver Vehicle Licensing Agency (DVLA). There are approximately 40,000 drivers on the High-Risk Offender (drink-driver) scheme in the UK who require a medical examination before relicensing. The DVLA revised their national policy to make CDT the sole biomarker for use by medical practitioners to aid decision-making with regard to relicensing high risk drink drivers. Research has continued with a pilot study collecting samples from suspended drivers to examine different CDT thresholds to further enhance the assessment process in relicensing decisions. The findings were presented to the Secretary of State for Transport's Honorary Medical Advisory Panel on Alcohol, Drugs and Substance Misuse & Driving in October 2013.

Between April 2012 and March 2013, Kim chaired the Department for Transport expert panel on drug-driving, following a government decision to introduce drug-driving legislation. The report made recommendations about which drugs should be included in regulations for the purposes of the new offence of driving with a specified controlled drug in the body. <https://www.gov.uk/government/publications/driving-under-the-influence-of-drugs--2>. The new legislation came in to being March 2nd, 2015, and took up many of the recommendations laid down in the expert panel report. Kim was delighted to be made a member of the Most Excellent Order of the British Empire (MBE) in the 2016 New Year's Honours list for services to road safety.

Kim also has a long standing research interest in the characterization of the adverse effects of ecstasy (MDMA), initially publishing concerns in the Lancet in 1996 (Wolff K et al, 1996, Lancet 346: 1100-1101). Her research team has conducted field work in Malta to help characterize ecstasy tablets and have used different biomarkers (vasopressin and oxytocin) with colleagues Professor Kathy Aitchison (University of Alberta) and Dr. Eva E.M. Tsapakis (from Greece) to demonstrate the adverse impact of MDMA on water homeostasis: the first group to show MDMA driven oxytocin release in man (Wolff et al, 2006). More recent work using plasma cortisol concentration as an indirect biomarker of hypothalamic-pituitary-adrenal (HPA) axis functionality has shown that MDMA consumption brings about HPA axis dysfunction (Wolff et al, 2012). They have also shown that MDMA metabolizer status, which is genetically determined, may be an important risk factor: poor metabolizer status for enzymes CYP2D6 and COMT were found to be significantly linked to biochemical events that trigger neuroendocrine abnormality, water intoxication and HPA dysfunction in vulnerable individuals. Further work centres on excipients in ecstasy tablets.

# KEYNOTE SPEAKER BIOGRAPHIES



## **Professor Richard Williams, OBE TD Frcpsych (Hon) DMCC**

Professor Richard Williams is Emeritus Professor of Mental Health Strategy in the Welsh Institute for Health and Social Care in the University of South Wales and Convener for the Diploma in the Medical Care of Catastrophes for the Worshipful Society of Apothecaries of the City of London. He is an active academic.

Until his retirement from the National Health Service in the UK in 2014, Richard had been a child and adolescent psychiatrist for 38 years, and an international and NHS strategic leader and manager for 25 years.

In the past, he has been: Scientific Adviser on Psychosocial and Mental Healthcare for People Affected by Disasters to the Department of Health in England; Presidential Lead Officer for Disaster Management in the Royal College of Psychiatrists; Special Professional Adviser on Child & Adolescent Mental Health to Welsh Government; Vice Chair of the Mental Health Act Commission for England and Wales; and Director of the NHS and Drugs Advisory Services for England and Wales.

Presently, he is working on the experiences and needs of first professional responders to emergencies, major incidents, and disasters. He is a member of inter-agency groups that are researching psychosocial resilience and the psychosocial and mental health impacts of flooding and CBRNe incidents. He is the senior editor of a book in creation that explores the significance for practice and policy of the social sciences. His past writing was on health care policy and strategy, service development, clinical governance, professionalism, user and carer participation in service design, and continuing professional education.



## **Dr. Paul Arnold, MD**

Dr. Arnold is the inaugural Director of the Mathison Centre for Mental Health & Education and an Associate Professor in the Departments of Psychiatry and Medical Genetics. He holds the AIHS Translational Health Chair in Child and Youth Mental Health. His medical and graduate training took place at the University of Toronto, and subsequent to this, he was a faculty member at the University of Toronto and the Hospital for Sick Children from 2006 to 2015. Dr. Arnold's research focuses on the genetics and neurobiology of childhood OCD and related neuropsychiatric disorders. His work has been funded by major external grants from the Canadian Institutes of Health Research (CIHR), the National Institutes of Health (NIH) and the Ontario Brain Institute.

# KEYNOTE SPEAKER BIOGRAPHIES



## **Dr. Adeyinka M. Akinsulure-Smith, MD, Ph.D.**

Adeyinka M. Akinsulure-Smith, Ph.D. is a licensed psychologist who is from Sierra Leone. She is an Associate Professor in the Department of Psychology at City College of the City University of New York (CUNY) and at the Graduate Center, CUNY. She has extensive clinical experience working diverse populations. Dr. Akinsulure-Smith has cared for forced migrants and survivors of torture from around the world at the Bellevue/ NYU Program for Survivors of Torture since 1999.

A proud co-founder of Nah We Yone Inc., a non-profit organization (1997-2010) created to proactively respond to war victims from the African Diaspora, Dr. Akinsulure-Smith and her co-founders at Nah We Yone were among the 2003 recipients of New York City's prestigious Union Square Awards. In 2005, she received Teachers College, Columbia University's "Early Career Award." From 2008-2010, Dr. Akinsulure-Smith served on the American Psychological Association's Task Force on the psychological effect of war on children and families who are refugees from armed conflicts residing in the United States (PEWCF).

Dr. Akinsulure-Smith's extensive clinical work at the Bellevue/NYU Program for Survivors of Torture provides her with rich clinical insight and guidance that informs her research and teaching. Dr. Akinsulure-Smith completed an NIMH Fellowship in 2012 in which she explored and documented HIV risk and protective factors, as well as issues pertaining to Female Genital Cutting among forced West African immigrants. Dr. Akinsulure-Smith is a founding member of the West African Families Project, a multi-site community research collaboration committed to developing psychosocial supports for West African immigrants in New York City. Her research highlights the role of disciplinary practices among West African families, intimate partner conflict, and the significance of community within this immigrant population. On the international front, her research has developed and examined mental health interventions in Sierra Leone and Nigeria.

In addition to her research, teaching and scholarly publications, Dr. Akinsulure-Smith participated in human rights investigations in Sierra Leone with Physicians for Human Rights and the United Nations Mission in Sierra Leone, Human Rights Division. She has served as a joint expert on gender crimes and Post Traumatic Stress Disorder in a case before the International Criminal Court. Over the years, her work has taught her the importance of self-care and she has conducted workshops and training addressing the importance of self-care for mental health service providers nationally and internationally.

Dr. Akinsulure-Smith is a recipient of a 2014-2015 Fulbright Africa Regional Research Program award.



## **Dr. Chris Wilkes, B.Sc., M.B., ChB., M. Phil., D.C.H., F.R.C.P. (Edin), F.R.C. Psych., F.R.C.P.(C), F.A.P.A., I.A.A.P.**

Dr. Wilkes is a medical graduate of Birmingham, England (1976). After completing a pediatric and then psychiatry residency, including a fellowship in Affective Disorders in Dallas, he moved to Canada in 1987. He worked initially at Children's Mental Health Services in Lethbridge and in 1990 moved to Calgary to join the Department of Psychiatry as the Director of the Young Adult Program.

Dr. Wilkes is currently Section Chief of Outpatients of the Child and Adolescent Mental Health and Addictions Service, Calgary Zone, AHS. He is also the University of Calgary/Alberta Health Services Division Chief of Child and Adolescent Psychiatry and a member of the Pediatric and Psychiatry faculties. He is an Associate Professor at the University of Calgary and Consulting Psychiatrist at the Young Adult Outpatient Service. He is President of the Canadian Academy of Child and Adolescent Psychiatry, a member of the Advocacy Committee and is Chair of the Global Psychiatry Committee for the promotion of global children's mental

health. He is also Chair of the CACAP Conference Organizing Committee and Local Chair of the International Association of Child and Adolescent Psychiatrists and Allied Professionals (IACAPAP) Meeting in 2016 in Calgary.

# KEYNOTE SPEAKER BIOGRAPHIES

Dr. Wilkes is a Distinguished Fellow of the American Psychiatric Association. He is also a Fellow of the Royal College of Physicians of Edinburgh and a Fellow of the Royal College of Psychiatrists U.K. He was a founding member of the Calgary Jungian Association and founding member of the Academy of Cognitive Therapy. Dr. Wilkes completed training in hypnosis with the Society of Medical and Dental Hypnosis in Edinburgh and later recertified in Alberta with the Canadian Federation of Clinical Hypnosis. Dr. Wilkes also completed training in Jungian Analysis whilst in Canada and is a member of the International Association of Analytic Psychology. He has presented locally and internationally on a variety of mental health issues, including the role of hypnosis for treatment of psychiatric disorders. Dr. Wilkes' research and publications have been in the area of cognitive behavioral treatment of youth depression, suicide, affective disorders, post traumatic stress disorder, psychotherapy and mental health economics. Most recently, he has been researching the role of adverse child events on mental health outcomes and the role of transcranial stimulation for depression in youth.



## Dr. Claire De Souza, MD, FRCP (C)

Dr. De Souza has been a Staff Psychiatrist at the Hospital for Sick Children in Toronto since 2002. She is the Medical Director of the Consultation-Liaison Psychiatry Program in the Department of Psychiatry at SickKids. She is a Project Investigator with the SickKids Research Institute and an Assistant Professor at the University of Toronto. As of January 22, 2016, she is President of the Medical Staff Association at SickKids.

Dr. De Souza completed her studies at the University of Toronto, where she earned a Bachelor of Science degree with High Distinction, graduated from Medicine with Honours, and graduated from the Psychiatry Residency with a special focus on Child and Adolescent Psychiatry. She has subspecialty certification in Child and Adolescent Psychiatry with the Royal College of Physicians & Surgeons of Canada. Through the University of Toronto, she completed the Stepping Stones Teacher Training Certificate Program, the Project Planning and Management Course, and the Physician Leadership Course.

Dr. De Souza sees children and adolescents with a variety of medical conditions. She has been involved with optimizing service delivery and care through programmatic changes and protocol development with an eye to improving care for children and adolescents with complex co-morbid medical and psychiatric conditions, including those with distressing and impairing physical symptoms.

Her areas of interest include the psychiatric needs of the medically ill, education, and clinician well-being. Dr. De Souza has collaborated on courses in communication, clinician well-being, and working with families. She is actively involved in education, supervising and teaching medical students and psychiatry and pediatric residents. She chairs a national group on Pediatric Consultation-Liaison Psychiatry in Canada and has presented at national and international conferences and at family education days.



## Dr. John M. Kane, MD

John M. Kane, MD, is Senior Vice President for Behavioral Health Services at North Shore-Long Island Jewish Health System in New Hyde Park, New York. He is Chairman of the Department of Psychiatry at The Zucker Hillside Hospital in Glen Oaks, New York. Additionally, he is Professor and Chairman of Psychiatry at The Hofstra North Shore-LIJ School of Medicine. Dr. Kane earned his medical degree from New York University in New York, and completed his internship and residency in Psychiatry at The Zucker Hillside Hospital. He is a Diplomate of the American Board of Psychiatry and Neurology.

Dr. Kane is the recipient of many awards, including the Lieber Prize, The APA's Kempf Award and Foundations Prize, the New York State Office of Mental Health Lifetime Achievement Award, The Dean Award from the American College of Psychiatrists. He has served as President of the American Society of Clinical Psychopharmacology, the Psychiatry Research Society and the Schizophrenia International Research

Society. Dr. Kane has been the principal investigator for research projects focusing on schizophrenia, psychobiology and treatment, recovery, and improving quality and cost of care. He is the author of over 400 peer-reviewed papers and serves on the editorial boards of numerous journals.

# KEYNOTE SPEAKER BIOGRAPHIES



## **Dr. Derek Puddester, MD, Med, FRCPC, ACC**

Dr. Puddester is an Associate Medical Director at the Ontario Medical Association's Physician Health Program, and was previously Director of Physician Health at the Canadian Medical Association.

He is the Special Project Lead for Innovation/Evaluation in the Postgraduate Medical Education Office at the University of Ottawa where he is an Associate Professor in the Department of Psychiatry.

Dr. Puddester specializes in pediatric telepsychiatry. Previously, he was the Director of the Behavioural Neurosciences and Consultation-Liaison team at the Children's Hospital of Eastern Ontario.

He is a certified executive coach and exclusively coaches physicians and other health care leaders. Finally, he teaches internationally on physician health, time management, inter-professional education, conflict management and medical education.

Dr. Puddester obtained his B.A., B. Med. Sc., and M.D. from Memorial University of Newfoundland. He completed a residency in psychiatry at McMaster University, and a fellowship in child/adolescent psychiatry at University of Ottawa. In 2008, he completed a M. Ed. at the University of Ottawa. In 2011, he completed the Graduate Program in Executive Coaching at Royal Roads University.

Dr. Puddester is the lead editor of the RCPSC's CanMEDS Physician Health Guide and co-author of the RCPSC's Time Management Guide. He also produced Carpe Diem (a physician resiliency documentary) and was the project lead for ePhysicianHealth.com and eWorkplaceHealth.com.

# CPA CPD INSTITUTE SESSIONS

Friday March 18<sup>th</sup>, 2016

11:30 - 13:00

Salon A/B

## CPA CPD Institute: The Neural Crossroads of Psychiatric Illness: An Emerging Target for Brain Stimulation

Dr. Jonathan Downar, MD, PhD, FRCPC

Recent meta-analyses of structural and functional neuroimaging studies are converging on a collective core of brain regions affected across most psychiatric disorders, centred on the dorsal anterior cingulate cortex (dACC) and anterior insula. These nodes correspond well to an anterior cingulo-insular (aCIN) or "salience" network, and stand at a crossroads within the functional architecture of the brain, acting as a switch to deploy other major functional networks according to motivational demands and environmental constraints. Therefore, disruption of these "linchpin" areas may be disproportionately disabling, even when other networks remain intact. These regions may represent promising targets for a new generation of anatomically directed brain stimulation treatments. Here, we review the potential of the psychiatric core areas as targets for therapeutic brain stimulation in psychiatric disease.

### Learning Objectives

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

- Consider recent evidence for a common neural substrate across most psychiatric disorders;
- Situate these regions within the larger functional neuroanatomy of the brain; and
- Describe how these regions may present new targets for brain stimulation treatment across multiple forms of psychiatric illness.

### Literature References

1. Dunlop K, Hanlon CA, Downar J. Noninvasive Brain Stimulation Treatments for Addiction and Major Depression. *Ann N Y Acad Sci.* 2016;5 Feb: doi: 10.1111/nyas.12985.
2. Downar J, Blumberger DM, Daskalakis ZJ. The Neural Crossroads of Psychiatric Illness: An Emerging Target for Brain Stimulation. *Trends Cogn Sci.* 2016;20(2):107-20.

# CPA CPD INSTITUTE SESSIONS

Friday March 18<sup>th</sup>, 2016

15:30 - 16:30

Salon C

## CPA CPD Institute: Improving Mental Health Outcomes Through Understanding Antipsychotics

Ric Procyshyn, BSc (Pharm.), MSc, PharmD, PhD

This lecture will briefly present original research data that have clinical implications for treating individuals with schizophrenia.

### Topic 1: Smoking and Schizophrenia

The prevalence of smoking in schizophrenia has reliably been reported as being higher than for any other psychiatric disorder. While a number of theories have been proposed to account for such high rates of smoking, little is known about the subjective motivation for why individuals with schizophrenia smoke. This presentation will evaluate and compare smoking motivation in control subjects and individuals with schizophrenia, and determine if factors such as type of medication or access to cigarettes could contribute to self-reported motivations for smoking.

### Topic 2: Serum Lipids and Treatment Response to Clozapine

Investigators have reported that weight gain attributed to clozapine is associated with its clinical response. However, weight gain is a non-specific physiological variable that, in and of itself, does not explain the mechanism underlying this relationship. Alternatively, other biological variables that are often associated with weight gain such as serum lipids, may assist in explaining this observation. This presentation will explore the relationship between serum lipids and clinical response to clozapine, as well as the impact of exercise on serum lipids and clinical response.

### Topic 3: When Off-Label Prescribing may be Better than On-Label Prescribing

Product monographs provide essential information to ensure the safe and effective use of a drug. The clinical and scientific information found within these documents, forming the basis of decision making, are presumed to be derived from well-designed studies. In many cases, the pharmacokinetic information presented in product monographs is of limited use to clinicians wishing to optimize the effectiveness and tolerability of second-generation long acting injectable antipsychotics. This presentation will discuss when off-label prescribing may actually produce better clinical outcomes than if decisions were made based on the product monographs alone.

## Learning Objectives

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

- Evaluate if antipsychotics contribute to self-reported motivation for smoking;
- Understand the relationship between clozapine, serum lipids, exercise, and the symptoms of schizophrenia; and
- Examine source and validity of pharmacokinetic data in product monographs for second generation long acting injectable antipsychotics.

## Literature References

1. Procyshyn RM, Wasan KM, Thornton AE, Barr AM, Chen EYH, Stip Em, Williams R, MacEwan W, Birmingham CL, Honer WG. Changes in Serum Lipids, Independent of Weight, are Associated with Changes in Symptoms during Long-Term Clozapine Treatment. *J Psychiatry Neurosci*. 2007;32(5):331-8.
2. Lee LHN, Choi C, Collier AC, Barr AM, Honer WG, Procyshyn RM. The Pharmacokinetics of Second-Generation Long-Acting Injectable Antipsychotics: Limitation of Monograph Values. *CNS Drugs*. 2015;29(12):975-983.
3. Yin J, Collier AC, Barr AM, Honer WG, Procyshyn RM. Paliperidone Palmitate Long-Acting Injectable Given Intramuscularly in the Deltoid Versus the Gluteal Muscle: Are they Therapeutically Equivalent? *J Clin Psychopharmacol*. 2015;35(4):447-9



# CPA CPD INSTITUTE SESSIONS

Saturday March 19<sup>th</sup>, 2016

12:00 - 13:30

Salon A/B

## CPA CPD Institute: Violence Risk Assessment for the General Psychiatrist

Professor Gary Chaimowitz, MB, ChB, FRCPC

This session will provide an overview of key violence risk factors and a risk prediction protocol for everyday practice, including clinical risk assessment tools that use structured professional judgement to help attendees understand the changing expectations about risk.

### Learning Objectives

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

- List and describe key violence risk factors;
- Integrate a risk prediction protocol into daily practice; and
- Name key risk assessment tools.

### Literature References

1. Douglas KS, Hart SD, Webster CD, et al. HCR 20: Assessing Risk for Violence—User Guide. Burnaby, BC (Canada): Mental Health, Law and Policy Institute, Simon Fraser University; 2013.
2. Skeem JL, Monahan J. Current Directions in Violence Risk Assessment. *Curr Dir Psychol Sci.* 2011;20(1):38-42.

# CPA CPD INSTITUTE BIOGRAPHIES



## Dr. Jonathan Downar, MD, PhD, FRCPC

Dr. Jonathan Downar serves as the Director of the MRI-Guided rTMS Clinic at University Health Network (UHN) and also holds the position of Scientist at the Toronto Western Research Institute. He completed a BSc in biology at McGill University, followed by a PhD in neuroimaging at the University of Toronto with Dr. Karen Davis before obtaining his medical degree from the University of Calgary in 2005. He then returned to Toronto for his psychiatry residency training, during which he also completed a research fellowship in neuroeconomics with Dr. Read Montague at Baylor College of Medicine.

Dr. Downar joined the Department of Psychiatry at UHN upon completion of his residency in 2010. Shortly thereafter, he established the MRI-Guided rTMS Clinic, with a mandate to accept referrals from the community as a clinical resource, while simultaneously conducting translational research into improving the efficacy, cost, access, and range of indications for non-invasive brain stimulation in psychiatric illness. The UHN clinic now includes four treatment suites, treats volumes of 50 to 60 patients daily, and receives more

than 500 referrals a year. The UHN clinic works in close collaboration with Drs. Daskalakis and Blumberger at the Temerty Centre at the Centre for Addiction and Mental Health.

Dr. Downar's research work focuses on translating advances in basic neuroimaging and neuroscience research into improvements in efficacy, capacity and cost of rTMS. His lab also seeks to identify better targets for rTMS across a wider range of conditions, and to identify neuroimaging biomarkers to predict the best treatment parameters for individual patients presenting for treatment. He currently holds an operating grant from CIHR as well as peer-reviewed funding from the Brain Canada, the Klarman Foundation and the Edgestone Foundation. His work has been published in biological psychiatry, neuropsychopharmacology, brain stimulation and nature neuroscience.



## Dr. Ric Procyshyn, BSc (Pharm.), MSc, PharmD, PhD

Dr. Ric Procyshyn is a Clinical Professor in the Department of Psychiatry, UBC. He also holds the position of clinical research psychopharmacologist at the BC Mental Health and Addictions Research Institute and acts as a consultant for the BC Psychosis Program. Along with his Doctor of Pharmacy degree, Dr. Procyshyn possesses a PhD in medicinal chemistry. Dr. Procyshyn's research interests include smoking and schizophrenia, antipsychotic polypharmacy, antipsychotic associated metabolic disorders, mechanism of antipsychotic action and drug utilization evaluations. Dr. Procyshyn has authored several articles in peer-reviewed journals, is the principal editor of the Clinical Handbook of Psychotropic Drugs and is the co-developer of the SWITCHRX website. Dr. Procyshyn enjoys teaching and has been awarded seven teaching awards from the Faculty of Pharmaceutical Sciences, University of British Columbia.

# CPA CPD INSTITUTE BIOGRAPHIES



## **Professor Gary Chaimowitz, MB, ChB, FRCPC**

Gary Chaimowitz is Professor in the Department of Psychiatry and Behavioural Neurosciences at McMaster University in Hamilton, Canada. He is Head of Service, Forensic Psychiatry, at St. Joseph's Healthcare and Forensic Division Head, McMaster University.

He has a MBA from the University of Toronto and is a Certified Physician Executive (American College of Physician Executives). Recent positions of note he has held include President of the Ontario Psychiatric Association (2014-2015), President of the Medical Staff Association of St. Joseph's Healthcare Hamilton (2013-2014) and President of the Canadian Academy of Psychiatry and the Law (2008-2012).

Gary currently chairs the Forensic Psychiatry Specialty Committee of the Royal College of Physicians and Surgeons of Canada, and has been granted Forensic Psychiatry Founder Status. He is also Vice Chair of the Ontario Medical Association's Psychiatry Section, Co-Chair of the Ontario Forensic Directors Group, and sits on the Board of the International Association of Forensic Mental Health Services and Council of the American

Academy of Psychiatry and the Law.

He organizes the CPA ICPD, the McMaster Muskoka Seminars and the Risk and Recovery Conference. He is a Distinguished Fellow of the Canadian Psychiatric Association and American Psychiatric Association, member of the Ontario and Nunavut Review Boards, and Vice-Chair of the Ontario Consent and Capacity Board.

# WORKSHOPS & PRESENTATIONS



Friday March 18<sup>th</sup>, 2016

13:00 - 13:30

Hawthorn C

## Marijuana and the Development of the Brain

Dr. Diana Dow-Edwards

Marijuana is the most highly abused illegal substance during pregnancy and in adolescent and yet, many people are not aware that it is addicting to the user and toxic to the developing nervous system. This talk will present the scope of the problem, an outline of the role of cannabinoids in normal brain function and illustrate how marijuana causes chaotic neuronal growth early in development. I will review the longitudinal human studies, from both maternal and adolescent smoking, and show some data on the effects of early stress on marijuana responses in animal models. Lastly, I will illustrate the role of natural cannabinoids in stress

responses. The goal is to better understand the role of cannabinoids in development and how smoking marijuana during sensitive periods can permanently alter the developmental trajectory of important neuronal circuits.

### Learning Objectives

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

- Discuss role of cannabinoids in brain development;
- Discuss range of effects of adolescent marijuana smoking; and
- Understanding the relationship between perceived risk and marijuana smoking among youth.

### Literature References

1. Lubman D, et al, 2015 Cannabis and Adolescent Brain Development. *Pharmacology & Therapeutics* 148: 1-16.
2. Morris C, et al, 2011 Molecular Mechanisms of Maternal Cannabis and Cigarette use on Human Neurodevelopment. *Europ J Neurosci* 34:1574-1583.



Friday March 18<sup>th</sup>, 2016

13:30 - 14:00

Hawthorn C

## Gene-Cannabis Interactions in the Genesis of Psychosis and Cardiovascular Effects of Cannabis

Dr. Katherine Aitchison

### Background

Cannabis use has been associated with an earlier age of onset of psychosis (AOP)<sup>1</sup> and variations in genes, such as COMT, may affect this relationship<sup>2</sup>. The effect of cannabis on metabolic syndrome and cardiac conduction is unclear. We present our findings from one clinical study and two literature reviews, to understand the effect of cannabis use on AOP and metabolic dysfunction in patients with psychosis and on cardiac conduction in the general population respectively.

# WORKSHOPS & PRESENTATIONS

## Method

182 patients for whom AOP, cannabis use and COMT and BDNF genotyping data were available were studied using Kaplan Meier survival analysis. Pubmed and EMBASE searches were conducted to collate studies on cannabis use and measures of metabolic dysfunction and cardiac conduction.

## Results

Males, cannabis initiators before 19 years, regular cannabis users before 19 years, and recent (12-month) cannabis users all had an earlier AOP in contrast to their respective comparison groups. In cannabis initiators before 19 years, COMT Val/Val genotype was associated with an earlier AOP. In regular cannabis users after 19 years, BDNF Met/Met genotype individuals had an earlier AOP. Literature suggests that, although cannabis is associated with a lower body mass index and a lower risk of metabolic dysfunction including diabetes mellitus<sup>3</sup>, more importantly, it may be associated with adverse effects on intracardiac conduction<sup>4</sup>.

## Conclusion

Cannabis use reduces AOP, with COMT and BDNF affecting this relationship. Although some beneficial effects on some aspects of metabolic dysfunction may be possible after cannabis use, deleterious effects on cardiac conduction have been found.

## Learning Objectives

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

- Understand that cannabis may interact with specific genetic variants in psychosis;
- Understand potential effects of cannabis on metabolic dysfunction; and
- Review the effects of cannabis on cardiac conduction.

## Literature References

1. Large, M., Sharma, S., Compton, M.T., Slade, T., Nielsen, O. (2011). Cannabis Use and Earlier Onset of Psychosis: A systematic Meta-analysis. *Arch Gen Psychiatry* 68(6), 555-561.
2. Caspi, A., Moffitt, T.E., Cannon, M., McClay, J., Murray, R., Harrington, H., Taylor, A., Arseneault, L., Williams, B., Braithwaite, A., Poulton, R., Craig, I.W. (2005). Moderation of the Effect of Adolescent-Onset Cannabis Use on Adult Psychosis by a Functional Polymorphism in the Catechol-O-Methyltransferase Gene: Longitudinal Evidence of a Gene X Environment Interaction. *Biol Psychiatry* 57(10), 1117-1127
3. Alshaarawy, O. and Anthony, J.C. (2015). Cannabis Smoking and Diabetes Mellitus: Results from Meta-analysis with Eight Independent Replication Samples. *Epidemiology*. 26(4): p. 597-600
4. Fisher, B. A., Ghuran, A., Vadamalai, V., & Antonios, T. F. (2005). Cardiovascular Complications Induced by Cannabis Smoking: A Case Report and Review of the Literature. *Emerg Med J*, 22(9), 679-680.

# WORKSHOPS & PRESENTATIONS

Friday March 18<sup>th</sup>, 2016

16:30 - 18:00

Salon C

## Billing for Alberta Health Care Services - How to Bill Effectively

Marilyn Kroon & Dr. Roger Rampling, MD, FRCPC

Psychiatrists in Alberta are largely paid by submitting claims for fee codes from the Schedule of Medical Benefits. In the six months from April to September 2015, they received payment for 809K claims, for 1.48M services representing 112.8% of the prior year figure. The amount paid for the 6-month interval was \$78.9M, up 16.2%. There are general codes available to all physicians and codes specific to psychiatric care. Their definitions both support and constrain elements of care that are compensable in Alberta. Billing appropriately provides financial incentives for psychiatrists but there are other implications, including improved availability to patients, providing data on out-of-hours care, geographical service differences, length of usual services and even identifying unmet needs. Attendees can expect to learn and discuss aspects of the fee schedule of which they had little or limited knowledge.

### Learning Objectives

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

- Understand the general and the specific fee codes pertinent to psychiatric practice;
- Understand the nature of care involved in each of the relevant fee items; and
- Submit appropriate claims for psychiatric services provided.

### Literature References

1. Alberta Health Schedule of Medical Benefits

2. Alberta Health Statistical Supplement



Saturday March 19<sup>th</sup>, 2016

10:30 - 12:00

Salon C

## Mindfulness Medication: A Physician's Prescription for Stress Relief

Dr. Philip Blustein

Explore how mindfulness changes our relationship with the present moment so that we can make wiser and more compassionate choices in our life.

# WORKSHOPS & PRESENTATIONS

## Learning Objectives

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

- Understand what mindfulness is and how to use it;
- How to meditate; and
- What is a body scan.



**Saturday March 19<sup>th</sup>, 2016**  
**10:30 - 12:00**  
**Hawthorn A**

## Panel Discussion: The Emotional Wellness of Physicians Across Their Career

Dr. Sara Taylor

Co-Authors: Dr. Colin Taylor, Dr. Judy Ustina & Dr. Rita Watterson

In keeping with this year's APA conference theme, "Mental Health over the Lifespan", this panel discussion will incorporate a message about physician health. The panel will consist of a resident physician (Psychiatry), a mid-career physician (Radiology) and a late-career physician (Psychiatry) to allow for a cross-sectional look at both the commonalities and differences in emotional wellness of physicians across their career. The mid-career panelist will not only offer a perspective from a physician specializing in an area of medicine other than

psychiatry, but also a personal history of experience with burnout. Ultimately, the discussion will allow for an exploration of strategies and tools to cope with stressors as a physician.

## Learning Objectives

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

- Discuss the challenges physicians face to their emotional wellness;
- Learn from the experiences of other physicians sharing their stories about their challenges and stressors; and
- Develop ways to manage stress as a physician.

## Literature References

1. Lemaire, J. and Wallace, J. Not all Coping Strategies are Created Equal: A Mixed Methods Study Exploring Physicians' Self-Reported Coping Strategies. *BMC Health Services Research*. 2010;10 (208).
2. Wallace, J. and Lemaire, J. Physician Wellness: A Missing Quality Indicator. *Lancet*. 2009; 374:1714-21.
3. Nedrow, A. Steckler, N. and Hardman, J. Physician Resilience and Burnout: Can you Make the Switch? *Family Practice Management*. 2013; 20(1):25-30.
4. Shanafelt, T. et al. Burnout and Satisfaction with Work-Life Balance among US Physicians Relative to the General US Population. *Archive of Internal Medicine*, (2012); 172(18):1377-1385.

# SCHEDULE

## THURSDAY, MARCH 17

	Salon A/B	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
17:00 - 19:00	<b>Registration/Information Desk Open (Wildrose Prefunction Area)</b>					
18:00 - 19:00	<b>President's Welcome Reception (Wildrose Prefunction Area)</b> 18:00 - 21:00					APA Executive Meeting
18:30 - 20:00	Schizophrenia Society of Alberta "Starry Starry Night" Play					
20:00 - 22:00						APA Executive Meeting

## FRIDAY, MARCH 18

	Salon A/B	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
7:00 - 17:00	<b>Registration/Information Desk Open (Wildrose Prefunction Area)</b>					
7:30 - 8:00	Hot Buffet Breakfast					
8:00 - 9:00	<b>Breakfast Symposium</b> - "Parity and Parenting in Methadone Maintenance: Who Looks After the Children" - Dr. Kim Wolff					
9:00 - 10:00	<b>Keynote Speaker</b> - "The Social Determinants of Mental Health Over the Lifespan: Lessons from Mitigating the Impacts of Disasters" - Professor Richard Williams					
10:00 - 10:30	<b>Refreshment Break (Wildrose Prefunction Area)</b>					
10:30 - 11:30	<b>Keynote Speaker</b> - "Genetics of Obsessive-Compulsive Disorder: Recent Advances and Prospects for Translation" - Dr. Paul Arnold					
11:30 - 13:00	<b>CPA CPD Institute:</b> "The Neural Crossroads of Psychiatric Illness: An Emerging Target for Brain Stimulation" - Dr. Jonathan Downar					
13:00 - 14:00	<b>Keynote Speaker</b> - "Trauma, Resilience and Survival: Clinical Service Provision with Forced Migrants" - Dr. Adeyinka Akinsulure-Smith			<b>Keynote Speaker</b> - "Marijuana and the Development of the Brain" - Dr. Diana Dow-Edwards		
14:00 - 15:00	<b>Keynote Speaker</b> - "Practising Child & Adolescent Psychiatry in Rural Alberta with Treaty 7" - Dr. Chris Wilkes		<b>Keynote Speaker</b> - "Towards Developing a System-Wide Strategy for Pediatric Somatization" - Dr. Claire De Souza			
15:00 - 15:30	<b>Refreshment Break (Wildrose Prefunction Area)</b>					SCAP Meet 'N' Greet
15:30 - 16:30	<b>CPA CPD Institute:</b> "Improving Mental Health Outcomes Through Understanding Antipsychotics" - Dr. Ric Procyshyn					SCAP AGM
16:30 - 18:00	"Billing for Alberta Health Services - How to Bill Effectively" - Marilyn Kroon and Dr. Roger Rampling					
18:30 - 22:00	Family Fun Night	Youth Movie Night				
21:30 - 24:00	<b>Residents' Reception (Diva's Martini Lounge)</b>					



# SCHEDULE

## SATURDAY, MARCH 19

	Salon A/B	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
<b>7:00 - 16:00</b>	<b>Registration/Information Desk Open (Wildrose Prefunction Area)</b>					
<b>7:30 - 8:00</b>	Hot Buffet Breakfast					
<b>8:00 - 9:00</b>	<b>Breakfast Symposium</b> - "Treatment Considerations for Schizophrenia in the Younger Adult Patient" - Dr. John Kane					
<b>9:00 - 10:00</b>	<b>Keynote Speaker</b> - "Complexities of Collaboration in Physician Health: Unique Controversies (and Opportunities) for Psychiatrists" - Dr. Derek Puddester					
<b>10:00 - 10:30</b>	<b>Refreshment Break (Wildrose Prefunction Area)</b>					
<b>10:30 - 12:00</b>	"Mindfulness Medication: A Physician's Prescription for Stress Relief" - Dr. Philip Blustein	<b>Panel Discussion</b> - "The Emotional Wellness of Physicians Across Their Career" - Dr. Colin Taylor, Dr. Judy Ustina, Dr. Rita Watterson, Dr. Sara Taylor		"Order in Chaos: Learning to Manage Your Time More Effectively" - Dr. Derek Puddester		
<b>12:00 - 13:30</b>	<b>CPA CPD Institute Lunch Symposium</b> - "Violence Risk Assessment for the General Psychiatrist" - Professor Gary Chaimowitz					
	<b>RESIDENT PRESENTATIONS</b>			<b>WORKSHOPS</b>		
<b>13:30 - 13:50</b>	"A Simplified Intervention to Modify Physical Activity, Lifestyle, and Eating Behavior in Obese Patients with Stable Psychotic Disorders" - Dr. Vera Krejcik	"An Overview of Admission Ledgers from Two Saskatchewan Mental Hospitals 1914-1948: Historical and Clinical Perspectives" - Dr. Alexander Dyck	"Physician Assisted Death and Psychiatry" - Dr. Doug Urness		"Dynamic Therapy in Unexpected Places: Working with an 85-year-old man with Cognitive Decline" - Dr. Elizabeth Wallace	"Stepped Care for Borderline Spectrum Disorder" - Dr. Richard Hibbard
<b>13:50 - 14:00</b> <b>14:00 - 14:10</b>	"Understanding Stigma: Collaboration Between the University of Calgary and Catholic University of Health and Allied Sciences (CUHAS) in Tanzania" - Dr. Kimberly Williams	"Alexithymia, Intimate Partner Violence and Oxytocin: Preliminary Analysis" - Dr. Kaitlin Chivers-Wilson			"Update on the Clinical Utilization of ECT and Functional Neuroimaging Studies Comparing ECT with rTMS and Antidepressants" - Dr. Kevin Morin and Dr. George Vozar	"Plasmalogens as a Cognitive Biomarker of Schizophrenia" - Jessica Bist

# SCHEDULE

## SATURDAY, MARCH 19

	Salon A/B	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
		<b>RESIDENT PRESENTATIONS</b>		<b>WORKSHOPS</b>		
<b>14:10 - 14:30</b>		"Rapid Efficacy and Anti-Suicidal Actions of Ketamine for Treatment-Resistant and Ultra-Resistant Depression: A Critical Appraisal of the Literature" - Dr. Rejish Thomas	"Adult Attachment and Mental Health Stigma: Working with Mothers to Improve Future Outcomes" - Dr. Karen Harrison	"Physician Assisted Death and Psychiatry" - Dr. Doug Urness <i>(continued)</i>	"Update on the Clinical Utilization of ECT and Functional Neuroimaging Studies Comparing ECT with rTMS and Antidepressants" <i>(continued)</i>	"Economic Hardship and Suicide" - Dr. Salim Hamid
<b>14:30 - 14:50</b>		"Clinical Utility of the ACE Study and Human Communities" - Gerard Halpin	"Non-Verbal Skills Positively Associated with Mildly Elevated Fasting Blood" - Dr. Sudhakar Sivapalan	"Play Therapy: Reducing the Impact of Stress and Homelessness on Children" - Alma Fourie	"Featuring 'Philomena' in Psychiatry at the Movies" - Dr. Chris Wilkes	"Thriving Through Times of Change" - Dr. George Ayee
<b>14:50 - 15:10</b>			"Choosing Wisely in Psychiatry" - Dr. Doug Urness			
<b>15:10 - 15:30</b>				15:00 "Psycho-pharmacology 2016 - What is New, What is Coming?" - Dr. Thomas Raedler		15:00 "Clinical Presentation Patterns for Parent Referrals from ADHD Clinic to Parent Consultation Clinic" - Dr. Abdul Rahman
<b>15:30 - 16:10</b>		<b>Refreshment Break (Wildrose Prefunction Room)</b>				
<b>16:10 - 17:10</b>		APA Annual General Meeting				
<b>18:30 - 20:00</b>		President's Gala (Salon A/B)				

# SCHEDULE

## SUNDAY, MARCH 20

	Salon A/B	Salon C	Hawthorn A	Hawthorn B	Hawthorn C	Bluebell
<b>7:00 - 12:00</b>	<b>Registration/Information Desk Open (Wildrose Prefunction Area)</b>					
<b>8:00 - 8:30</b>	Continental Breakfast					
<b>8:30 - 10:30</b>	APA and Section of General Psychiatry Annual General Meeting					
<b>10:30 - 11:00</b>	<b>Refreshment Break (Wildrose Prefunction Area)</b>					
<b>11:00 - 12:00</b>	APA and Section of General Psychiatry Annual General Meeting					

*\*Subject to Change*

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016 - Panel Discussion  
10:30 - 12:00  
Hawthorn C

## Order in Chaos: Learning to Manage Your Time More Effectively

Dr. Derek Puddester, MD, Med, FRCPC, ACC

Are you feeling time-pressured? Are you often late for meetings? Are you scrambling to find time to catch up on reading articles and completing paperwork? Might you be wondering where you will find time for your own personal and professional development? Do you wish you had more time to invest in friends and family? You are not alone.

The RCPSC developed this highly interactive workshop to complement its best-selling Time Management Guide. This workshop will allow participants to explore their personal approaches to time management, learn best practices from each other and the literature, and consider how simple and practical modifications can make meaningful differences in their busy lives. In addition, best practices in time management will be shared, including tips on information management and storage (like email and paper), meeting planning and effectiveness, and managing procrastination.

### Learning Objectives

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

- Provide a framework for effective time management for physicians;
- Consider the multiplicity of roles and responsibilities amongst stakeholders; and
- Encourage ongoing self-reflection on time management behavior.

### Literature References

1. Puddester, D., & Patel, H. The Time Management Guide: A Practical Handbook for Physicians by Physicians RCPSC: Ottawa, 2012.

# WORKSHOPS & PRESENTATIONS



Saturday March 19th, 2016

13:30 - 14:30

Hawthorn B

## Physician Assisted Death and Psychiatry

Dr. Doug Urness

Co-Authors: Dr. Michael Trew, Dr. Suparna Madan

On February 6, 2015, the Supreme Court of Canada struck down the provision in the Criminal Code of Canada prohibiting physician assisted death. Its effect is to allow competent, consenting adults with a grievous and irremediable medical condition causing enduring and intolerable suffering the right to undergo physician assisted death. Physician assisted death has been legal in other countries for roughly 15 years and has a history at least to the ancient Greeks. This session will discuss the implications of the Supreme Court decision with particular reference to psychiatry.

### Learning Objectives

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

- Be aware of the Supreme Court of Canada decision regarding PAD;
- Be aware of the current state of PAD in Alberta; and
- Discuss the relevance of PAD for psychiatry.

### Literature References

1. Carter v. Canada (Attorney General), 2015 SCC 5, [2015] 1 S.C.R. 331
2. Sumner, LW, Assisted Death: A Study in Ethics and Law, Oxford University Press, 2011
3. College of Physicians and Surgeons of Alberta Advice to the Profession – Physician-Assisted Death, December 2015

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

13:30 - 14:00

Hawthorn C

## Dynamic Therapy in Unexpected Places: Working with an 85-year-old man with Cognitive Decline

Dr. Elizabeth Wallace, MD, FRCPC

Co-Authors: Dr. Victoria Lee, MD

The authors discuss the case of an 85-year-old man who developed symptoms of anxiety related to awareness of mild cognitive impairment and who sought psychotherapy. While such patients have traditionally been thought to benefit from supportive approaches and steer away from dynamic work, this case illustrates the value of understanding the meaning of the cognitive decline to this individual, with his own long-standing and unique psychic conflicts and fantasies about his brain. The timelessness of the unconscious and the value of reconstructing internal history in old age is considered. The authors argue that dynamic concepts make a valuable contribution to formulation and treatment at all stages of life, even in unexpected scenarios.

### Learning Objectives

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

- Identify dynamic conflicts precipitated by aging;
- Appreciate the value of reconstructing internal history in old age;
- Challenge biases against psychotherapy with older adults.

### Literature References

1. Quinodoz, D. (2010) *Growing Old: A Journey of Self-discovery*. New York: Routledge.
2. Segal, H. (1958) *Fear of death: Notes on the Analysis of an Old Man*. *International Journal of Psychoanalysis* 39: 178-181.
3. Green, L. (2010) *You Could Live a Long Time: Are You Ready?* Toronto: Thomas Allen Publishers.

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

13:30 - 13:50

Bluebell

## Stepped Care for Borderline Spectrum Disorder

Dr. Richard Hibbard

Outcome of treatment for borderline personality disorder is variable; some improve rapidly while others have a longer, more difficult course. Many borderline patients do well with short-term or intermittent treatment, and many recover early. Treatment benefit tends to plateau by about six months, and there is no evidence that long-term treatment is superior to briefer interventions of BPD. What is needed is ready access to short-term treatment, extended care, intermittent care, or rehabilitation, depending on need: a system that allows patients to move among these alternatives, starting with the least costly. A stepped care model can be used

to limit the use of expensive treatments and reduce wait lists, while still providing more intensive treatments for those who do not respond initially. This presentation offers an approach for outpatient treatment based on a five-tier stepped care model. Patients entering the system are offered short-term, lower intensity treatments, and move within the system depending on their progress.

### Learning Objectives

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

- Appreciate the urgent need to improve access to care for suicidal and self-harming individuals;
- Describe a stepped care approach to the treatment of borderline personality disorder and related disorders; and
- Understand the need for research on effectiveness of less intensive models of care for BPD in order to make informed decisions about allocation of scarce resources.

### Literature References

1. Paris J: Stepped Care: An Alternative to Routine Extended Treatment for Patients with Borderline Personality Disorder. *Psychiatric Services* 64:1035-1037, 2013
2. Gratz KL, Gunderson JG: Preliminary Data on an Acceptance-Based Emotion Regulation Group Intervention for Deliberate Self-Harm among Women with Borderline Personality Disorder. *Behaviour Therapy* 37, 25-25, 2006

# WORKSHOPS & PRESENTATIONS

Saturday March 19<sup>th</sup>, 2016

14:00 - 14:30

Hawthorn C

## Update on the Clinical Utilization of ECT and Functional Neuroimaging Studies Comparing ECT with rTMS and Antidepressants

Dr. Kevin Morin & Dr. George Vozar

The current Canadian Network for Mood and Anxiety Treatments (CANMAT) guideline recommends Electroconvulsive Therapy (ECT) as first-line therapy for major depressive episode with psychosis or suicide ideation. The current evidence supports the conclusion that it is an antidepressant treatment modality with superior clinical efficacy. However, many authorities suggest that ECT is underutilized due to fear, misunderstanding and stigmatization among the general public, patients and the medical community. Risks associated with the ECT procedure and anesthesia are low and on par with dental anesthesia and are estimated to be lower than pharmacotherapy. The most recent large multi-site clinical trials support the idea that ECT is very effective for rapid relief of suicidal intent. Some recent functional NMR neuroimaging studies have provided insights into ECT similar to those seen with rTMS and antidepressant treatment. The demystification of the mechanisms of action of ECT and objective presentation of the Level-I evidence of clinical efficacy at conferences and in psychiatry residency training programs may help to increase awareness of the value of ECT as a treatment modality and decrease stigma.

### Learning Objectives

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

- Have a better understanding of the current role of ECT;
- Understand how the stigma and misunderstanding of ECT by the general public, patients and some medical professionals may influence the use of this highly effective modality; and
- Understand how the current evidence from clinical trials and functional neuroimaging supports the recommendations for ECT use by the latest CANMAT guidelines.

### Literature References

1. Kennedy SH, Milev R, Giacobbe P, et al. Canadian Network for Mood and Anxiety Treatments (CANMAT). IV. Neuro Stimulation Therapies, *Journal of Affective Disorders* 2009 544-53.
2. Kellner CH, Fink M, Knapp R, et al. Relief of Expressed Suicidal Intent by ECT: A Consortium for Research in ECT Study, *AM J Psychiatry*. 2005; 162: 977-82.
3. Patry S, Graf P, Delva NJ, et al. Electroconvulsive Therapy Teaching in Canada: Cause for Concern. *J ECT* 2013 Jun; 29 (2): 109-12.



# WORKSHOPS & PRESENTATIONS

Saturday March 19<sup>th</sup>, 2016

13:50 - 14:10

Bluebell

## Plasmalogens as a Cognitive Biomarker of Schizophrenia

Jessica Bist

Co-Authors: Dr. Dayan Goodenowe, Dr. Thomas Raedler

Schizophrenia (SCZ) is one of the world's most severe mental illnesses<sup>1</sup>. SCZ has historically been defined by psychotic symptoms; however, focus has now turned to cognitive underperformance as a therapeutic challenge for SCZ patients<sup>2</sup>. Cognitive deficits such as lack of attention, slower processing speed, and impaired social cognition are persistent and difficult to treat with antipsychotics. It is known that the concentrations of lipid biomarkers, called plasmalogens, are lower in people suffering from Alzheimer's Disease and SCZ<sup>1</sup>. Plasmalogens are important components of plasma membranes and are found in high concentrations in the brain<sup>1</sup>. Plasmalogens are also responsible for membrane fusion, ion transport, and intracellular cholesterol transportation<sup>1</sup>. Additionally, plasmalogens are not directly affected by antipsychotics; the decrease in serum plasmalogens is thought to be the result of the illness itself. To date, plasmalogens have not been studied in relation to the decline in cognition. This research project will identify plasmalogens in the blood of first episode psychosis (FEP) patients and observe the degree of cognitive decline. We hypothesize that a decreased concentration of plasmalogens in the blood corresponds to increased cognitive difficulties. Participants will be recruited from the Early Psychosis Intervention Program at Foothills Medical Hospital in Calgary, Alberta, Canada. Demographic details and Measurement and Treatment Research to Improve Cognition in Schizophrenia (MATRICS) testing is obtained for participants that choose to be a part of the study, and this information is taken in the first few months upon entry to the program. Future studies could use these results for studies to improve functional outcomes.

### Learning Objectives

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

- Understand the role of plasmalogens in relation to schizophrenia;
- Recognize cognitive impairment as an important risk factor for schizophrenia patients; and
- Learn about MATRICS testing to measure cognition in schizophrenia.

### Literature References

1. Kaddurah-Daouk, R., McEvoy, J., Baillie, R., Zhu, H., K Yao, J., Nimgaonkar, V. L., . . . Nasrallah, H. A. (2012). Impaired Plasmalogens in Patients with Schizophrenia. *Psychiatry Research*, 198(3), 347-352. doi:10.1016/j.psychres.2012.02.019 [doi]
2. Kahn RS, K. R. (2013). Schizophrenia is a Cognitive Illness: Time for a Change in Focus. *JAMA Psychiatry*, 70(10), 1107-1112. doi:10.1001/jamapsychiatry.2013.155
3. Marder, S. R., & Fenton, W. (2004). Measurement and Treatment Research to Improve Cognition in Schizophrenia: NIMH MATRICS Initiative to Support the Development of Agents for Improving Cognition in Schizophrenia. *Schizophrenia Research*, 72(1), 5-9. doi:S0920-9964(04)00345-7 [pii]

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:10 - 14:30

Bluebell

## Economic Hardship and Suicide

Dr. Salim Hamid

Co-Authors: Emma Hamid

Previous to the recession, men were more likely to commit suicide than women. Following the economic crisis, the gap grew even further. While suicide rates increased for both genders, the increase for men was four times greater than women. During 2007-2010, almost 10,000 suicides occurred in the U.S., Canada and European Union. These suicides may be attributable to the great recession that has occurred and is still a major issue in society. The aim of our presentation is to discuss the possibility of implementing educational programs for health care professionals, including family physicians. By implementing interventions such as increased education to improve the awareness of primary care physicians, we hope to help physicians aid their patients through the hardships associated with economic downturn. The desired outcome is reduced suicide risk in at risk populations.

## Learning Objectives

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

- Become aware of potential for suicide risk following economic hardship;
- Recognize and possibly prevent actual suicide; and
- Observe historical data pertaining to economic state versus suicide rate.

## Literature References

1. Langlois S, Morrison P. Suicide Deaths and Attempts. Canadian Social Trends (Statistics Canada, Catalogue 11-008) 2002; 66 (Autumn): 20 -5
2. Br J Psychiatry 2015 Feb;206(2): 169. Andrasen, Ole [correction to Andreassen, Ole.]
3. Reeves, Aaron; Mckee, Martin; Struckler, David. British Journal of Psychiatry, 2014. DOI: 10.1192; bjp.dp.144766

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:30 - 15:30

Salon C

## Clinical Utility of the ACE Study and Human Communities

Gerard Halpin, RSW

Co-Authors: Alma Fourie, PhD.

The province of Alberta has adopted a 10-year plan to end homelessness. Although this plan comes to an end in 2018, there continues to be a growing number of individuals experiencing homelessness (Homeless Hub, 2015). Approximately 3,600 Calgarians lived on the streets when the Calgary Homeless Foundation, a partnership between private and public stakeholders to enable people to leave the streets permanently, launched its 10-year homelessness reduction plan in 2008. That number dropped to 3,190 during the last count in 2012, but Calgary has continued to grow at a breakneck pace ever since. According to the October 2014 homeless count of the province's 6,600 homeless people, 3,555 were living in Calgary. Of those surveyed, 18.4% of Calgary's homeless were new to Calgary, slightly higher than the provincial average of 18.1% (Krecsy 2015).

The Adverse Childhood Experience (ACE) study is a long term, in-depth analysis of over 17,000 adult Americans, matching their current health status against adverse childhood experiences that occurred on average a half-century earlier (Felitti, 2002). A 2011 study from the Calgary Health Zone (Cawthorpe, 2011) validated the findings of the ACE study, finding that having a mental health problem is related to greater somatic health-related expenditures. Consistent with the findings of Felitti (Felitti 2009), higher levels of physical disorder and morbidity were related to psychiatric disorders, which according to developmental psychopathology are, in part, consequences of early adversity (Cicchetti, 2011). This workshop will explore the practical utilization of the Adverse Childhood Experience study in mental health services, health care and support services for the homeless population within the context of creating self-healing communities.

## Learning Objectives

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

- Develop a better understanding of the correlation between adverse childhood experiences, mental health and addictions, and individuals experiencing homelessness;
- Develop a better understanding of Trauma Informed Practices; and
- Develop a better understanding of how the ACE study and questionnaire can be utilized clinically in mental health services, and to facilitate self-healing communities within the homeless population and community at large.

## Literature References

1. Canadian Observatory on Homelessness (2015) Homelessness is Only One Piece of my Puzzle, Canada: Homeless Hub
2. Krecsy, D. (2015) Calgary Homeless Foundation
3. Waegemakers Schiff, J., (2015) Working with Homeless and Vulnerable People: Basic Skills and Practice, Chicago: Lyceum Books.
4. Poole, N., Greaves, L., (2012) Becoming Trauma Informed, Canada: Centre for Addiction and Mental Health
5. Felitti V. J., The Relationship of Adverse Childhood Experiences To Adult Health: Turning Gold Into Lead, *Z. Psychosom Med Psychother* 2002;48(4):359-369
6. Cawthorpe, D., Wilkes, T., Guyn, L., Li, B., Lu, M., (2011) Association of Mental Health with Health Care Utilization

# WORKSHOPS & PRESENTATIONS

7. Cost: A Population Study. *Canadian Psychiatric Journal*, 56, 8:49-494.
8. Felitti V.J., Adverse Childhood Experiences and Adult Health. *Acad. Pediatr.*, 2009;9(3):131-2
9. Cicchetti, D., (2011) Development Psychopathology Across the Lifespan. In R.M. Lerner, A.M. Freund, & M. E. Lamb (Eds.) *Lifespan Development*, Vol. 2 (511-589). Hoboken: Wiley & Sons V



**Saturday March 19<sup>th</sup>, 2016**

**14:30 - 15:00**

**Hawthorn B**

## **Play Therapy: Reducing the Impact of Stress and Homelessness on Children**

Alma Fourie, PhD

Children who are homeless are usually very embarrassed by the fact that they do not have a place to stay. Some children are fortunate to be able to stay in shelters, while others sleep in cars or live on the street with or without their parents. Poverty has been found to be directly associated with children who experience homelessness. Poverty is considered a social condition and has been related to many different kinds of problems such as crime, physical abuse, learning problems, behavior problems, and emotional problems<sup>1</sup>.

Being homeless is a traumatic experience for a child. More than often these children also experience other kinds of trauma. These adverse experiences can eventually lead to mental health and addiction problems<sup>2</sup>.

Play therapy has grown out of a need to provide intervention to children with problem behaviors<sup>3</sup>. Because of the language development of children, traditional therapies, which require verbalization of emotions and events, have had limited application. Play therapy has grown beyond the simple use of toys for communication to include other expressive forms of therapy such as art, music and drama<sup>4</sup>. Play therapy provides children with skills and experiences that will assist them in overcoming behavior difficulties, adjustment problems and reducing trauma<sup>5</sup>. Group play therapy in educational settings help create awareness of challenges children face. Early identification of these challenges contribute to early intervention for building resilience and prevention of homelessness later in life<sup>6</sup>. This workshop promises to be interactive and make use of experiential learning techniques.

### **Learning Objectives**

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

- Develop a better understanding of early childhood experiences and toxic stress;
- Learn about the impact stress and homelessness has on a child's learning abilities and behavior;
- Discuss considerations for working with children who are experiencing homelessness and stress;
- Learn about play therapy as an intervention for working with children who are homeless and experiencing stress;
- Learn about group play therapy as an early intervention to build resilience and prevent possible homelessness; and
- Learn about effective ways to involve the family in the intervention programs.

### **Literature References**

1. Smith, T.E.C; Polloway, E.A; Patton, J.R; Dowdy, C.A & McIntyre, L.J (2012): *Teaching Students With Special Needs in Inclusive Settings*, Toronto: Pearson
2. Mate, G (2009): *In the Realm of Hungry Ghosts*. Canada: Vintage Canada

# WORKSHOPS & PRESENTATIONS

3. Carmichael, K.D (2006): Play Therapy an Introduction. Ohio: Pearson
4. O'Connor, K.J & Braverman. L.D (2009): Play Therapy Theory and Practice, New Jersey: John Wiley & Sons
5. Carmichael, K.D (2006): Play Therapy an Introduction. Ohio: Pearson
6. Fourie, A (2005): A Gestalt Program for Establishing a Contact Making Process of Inclusion Between Educators and Learners in the Foundation Phase, Cape Town: UNISA



**Saturday March 19<sup>th</sup>, 2016**

**14:30 - 15:30  
Hawthorn C**

## **Featuring "Philomena" in Psychiatry at the Movies**

Dr. Chris Wilkes

In 2013, the movie *Philomena* was released featuring Judi Dench and Steve Coogan playing the real life drama of Philomena Lee, an elderly retired nurse, looking (with Martin Sixsmith, an unemployed BBC reporter) for her long lost child Anthony. This controversial true story of love, grief and loss in the context of the abuse of power reveals the tenacious quality of human attachment. Anthony had been born out of wedlock some 50 years previously to his shunned and shamed teenage mother in rural Ireland. Teenage mothers at

the time were given help and shelter providing they signed a document giving up all parental rights to access after a 4 year period of service to the church. What was then revealed was a shocking practice of the Irish Nuns selling these Irish babies for adoption to American parents for approximately 1,000 pounds each. Despite *Philomena* running into denials and lost records, she travels to America, where her failing motivation finds assistance with the symbol of the "Harp" and finally returns back to Ireland to find the secret of her son is to be found hidden at the convent of the Sisters of the Sacred Heart.

## **Learning Objectives**

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

- Understand the personal and distressing power of the maternal/child attachment bond;
- Recognize the collective and dangerous repressive pressures from the church on human sexuality; and
- Appreciate the archetypal symbol of the "Harp" with it's potential healing properties as the transcendent function.

## **Literature References**

1. *The Lost Child of Philomena Lee; A mother, Her Son and a 50 year Search.* By Martin Sixsmith. 2009, Publisher by Pan MacMillan.
2. *Voltaire's Bastards.* John Ralston Saul. Published in Penguin Books in 1992. Chapter 2. *The Theology of Power.*
3. *The Transcendent Function,* Collective Works of C.G.Jung. Vol 8. par. 145.
4. *Two Essays on Analytic Psychology,* Collective Works of C.G.Jung. Vol 7. par. 78.

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:30 - 15:00

Bluebell

## Thriving Through Times of Change

Dr. George Ayee

Change is our greatest ally and yet so many people resist and fight change. If change is not going away and the pace of change continues to increase, it will be in our best interest to learn how to go through change successfully. Personal change is mandatory for extraordinary results. The organizations of tomorrow will be the ones that can anticipate, embrace and navigate through change successfully. It is time to deconstruct the conversation around change and help individuals and organizations work through change in the most effective and efficient manner. The meanings we give to change is what makes change good or bad. In my presentation, I intend to bring the audience to begin to see change differently - as their greatest ally; precondition for success and embrace change to go to the next level.

### Learning Objectives

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

- Appreciate change as a precondition to achieve personal and organizational success;
- Learn how to thrive through change; and
- Make change your greatest ally.

### Literature References

1. Leading Change: John Kotter
2. Change Management: Jeffery M. Hiatt and Timothy J. Creasey
3. Employee Survival Guide to Change: Jeffery M. Hiatt
4. Beyond Change Management: Dean Anderson and Linda Ackerman Anderson
5. Switch: How to Change Things When Change Is Hard, by Chip Heath
6. Managing Transitions: Making the Most of Change, by William Bridges and Susan Bridges

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:50 - 15:30

Hawthorn A

## Choosing Wisely in Psychiatry

Dr. Doug Urness

The Institute of Medicine in the United States has estimated that up to 30% of health care interventions may be unnecessary. Choosing Wisely is an initiative directed to all fields of medicine with the purpose of promoting conversations between physicians and patients about what care is truly necessary. The initiative began in 2012 in the United States and has been adopted internationally by 15 countries. Choosing Wisely Canada has been supported by all provinces and major medical regulatory bodies. Intended outcomes are to reduce the use of unnecessary and potentially harmful investigations and treatments. The application of Choosing Wisely to psychiatry will be discussed in this presentation. Examples and discussions of psychiatry Choosing Wisely recommendations which have been approved are listed on the Choosing Wisely Canada website.

### Learning Objectives

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

- Understand what Choosing Wisely is about;
- Understand the relevance of Choosing Wisely to psychiatry; and
- Understand the psychiatric recommendations of Choosing Wisely Canada.

### Literature References

1. Institute of Medicine. (2013) Variation in Health Care: Target Decision Making Not Geography
2. Paris, J. (2013) Why is Psychiatry Prone to Fads? Canadian Journal of Psychiatry, 560-565
3. American Board of Internal Medicine Foundation, American College of Physicians, European Federation of Internal Medicine. (2002). Professionalism in the New Millennium: A Physician Charter
4. <http://www.choosingwiselycanada.org/about/what-is-cwc/>

# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

15:00 - 15:30

Hawthorn B

## Psychopharmacology 2016 - What is New, What is Coming?

Dr. Thomas Raedler, MD

Multiple pharmaceutical companies have discontinued their drug-development programs for CNS disorders. Despite this worrisome trend, several new pharmacological agents, as well as modifications/new formulations of previously approved medications, have been approved by Health Canada over the past two years. Other medications have received new indications by Health Canada. Additional CNS medications have been newly approved by the FDA; other CNS medications have received novel indications by the FDA.

### New approvals by Health Canada:

1. Trintillex™ (vortioxetine - approved October 2014) and Fetzima™ (levomilnacipran - approved November 2015) are novel antidepressants.
2. Abilify Maintena™ (aripiprazole for prolonged release injection - approved March 2014) is a long-acting injectable formulation of a previously approved oral medication

### New indications by Health Canada:

1. Latuda™ (lurasidone) received an additional indication for treatment of depressive episodes associated with bipolar I disorder in July 2014.

### New approvals by FDA:

1. Rexulti® (brexpiprazole - approved July 2015) and Vraylar™ (cariprazine - approved September 2015) are two novel antipsychotics.
2. Invega Trinza™ (paliperidone palmitate - approved May 2015) is an extended release formulation of a previously approved long-acting injectable antipsychotic.
3. Aristada (aripiprazole lauroxil - approved October 2015) is a different formulation of a previously approved long-acting injectable antipsychotic.
4. Addyi (flibanserin) was approved in August 2015 for the treatment of premenopausal women with acquired, generalized hypoactive sexual desire disorder (HSDD) through a restricted (ADDYI REMS) program.

### New indications by FDA:

1. Vyvanse® (lisdexamfetamine) was approved in January 2015 for treatment of binge eating disorder.

This presentation will review these new pharmacological treatment options

## Learning Objectives

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

- Better understand newly approved psychotropic medications;
- Better understand new indications for previously approved psychotropic medications; and
- Better understand existing pharmacological treatment-challenges.

## Literature References

1. <http://webprod5.hc-sc.gc.ca/dpd-bdpp/newSearch-nouvelleRecherche.do?lang=eng>
2. [http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Search\\_Drug\\_Name](http://www.accessdata.fda.gov/scripts/cder/drugsatfda/index.cfm?fuseaction=Search.Search_Drug_Name)



# WORKSHOPS & PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

15:00 - 15:30

Bluebell

## Clinical Presentation Patterns for Parent Referrals from ADHD Clinic to Parent Consultation Clinic

Dr. Abdul Rahman

Co-Authors: Suzanne Blackwell and David Cawthorpe

### Introduction

It is a well-known but little researched fact that parental

mental health is one of the key determinants of child mental health. The parent consultation clinic was created to address this issue in Child and Adolescent Addictions and Mental Health Program in Calgary. Referrals were solicited from the parent population of our active pediatric patients. This presentation reviews the parents that were referred from Treatment Resistant ADHD Clinic (TRADHDC) to PCC, the reasons for those referrals and the outcomes for children and the parents.

### Method

We will review the referrals of all parent patients over last three years, track the reasons for referrals, present data on the diagnostic and clinical outcome of these patients, as well as that of the index children who were treated at the Treatment Resistant ADHD Clinic.

### Results

Outcomes of children with "Treatment Resistant ADHD" whose parents were treated for mental health issues were as good as children of parents whose parents did not have a mental health issue.

### Conclusions

Active and timely treatment of parents.

## Learning Objectives

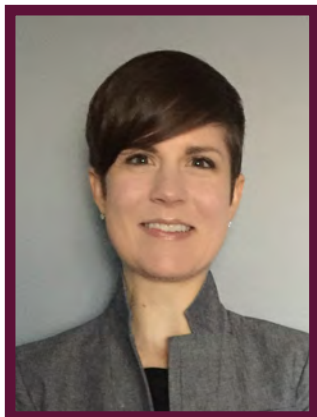
At the end of this session, participants will be able to:

- Learn about the epidemiology of ADHD;
- Learn about the pattern of diagnostic outcome for patients referred from ADHD Clinic to Parent Consultation Clinic; and
- Learn about the parent treatment interventions from Parent Consultation Clinic.

## Literature References

1. Mental Health of Parents as Caregivers of Children with Disabilities: Based on Japanese Nationwide Survey; Yui Yamaoka, Nanako Tamiya, Yoko Moriyama, Felipe Alfonso Sandoval Garrido, Ryo Sumazaki, Haruko Noguchi; Published: December 21, 2015, DOI: 10.1371/journal.pone.0145200
2. Improving Care for Families where Children and Parents have Concurrent Mental Health Problems; Julia Robson; Kate Gingell; Child and Adolescent Mental Health Volume 17, No. 3, 2012, pp. 166-172
3. Parental Symptoms of Common Mental Disorders and Children's Social, Motor, and Language Development in sub-Saharan Africa; CRAIG HADLEY, AYALEW TEGEGN, FASIL TESSEMA,
4. MAKONNEN ASEFA, & SANDRO GALEA; Annals of Human Biology, May-June 2008; 35(3): 259-275
5. Familial Clustering of Suicidal Behaviour and Psychopathology in Young Suicide Attempters; Ellenor Mittendorfer-Rutz, Finn Rasmussen, Danuta Wasserman; Soc Psychiatry Epidemiol (2008) 43:28-36

# RESIDENT PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

13:30 - 13:50

Salon C

## A Simplified Intervention to Modify Physical Activity, Lifestyle, and Eating Behavior in Obese Patients with Stable Psychotic Disorders

Dr. Vera Krejcik

### Background

Individuals with severe mental illness are disproportionately affected by obesity and its cardio-metabolic sequelae. This leads to markedly reduced longevity and increased health care costs. Most new antipsychotic medications, largely credited for significant advances in patients' quality of life, also appear to induce further weight gain, compounding the problem of obesity and related medical morbidity and mortality. In 2012, De Hert and colleagues developed the SIMPLE program, a 16-week week lifestyle modification program to mitigate this weight gain. This study aimed to apply a version of the SIMPLE program to assess feasibility and generalizability to Canada.

### Methods

After partnering with Pathways to Housing, we recruited nine obese adult patients with stable schizophrenia or schizoaffective disorder. Baseline height, weight, and waist circumference were recorded prior to each of the 16 weekly sessions. These sessions focused on nutrition, behavior modification, and exercise. Upon completing the intervention, feedback was solicited from participants and staff for program improvement.

### Results

We successfully delivered a version of the SIMPLE program at Pathways to Housing with positive written feedback from participants. The mean weight change was 1.74 kg, SD 4.24, but was not significant,  $p=0.32$ .

### Conclusions

The SIMPLE program could be successfully implemented at Pathways to Housing at low cost and with positive patient and staff feedback. Although the weight change was not significant, the study may have lacked power to detect changes. As feasibility and acceptability to patients has now been demonstrated, future studies should explore effectiveness in larger samples.

## Learning Objectives

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

- Better appreciate the burden of obesity in patients with stable psychotic disorders;
- Learn about a simple behavioral weight loss program designed for patients with stable psychotic disorders; and
- Gauge feasibility of program implementation at a given mental health delivery centre.

## Literature References

1. Brownell, K.D. (2004). The Learn® Program for Weight Management, 10th edition. American Health Publishing Company, Dallas, TX.
2. De Hert, M., Detraux, J., van Winkel, R., Yu, W., Correll, C.U. (2012). Metabolic and Cardiovascular Adverse Effects Associated with Antipsychotic drugs. *Nature Reviews Endocrinology*. 8, 114-126.

# RESIDENT PRESENTATIONS

- Jean-Baptiste, M., Tek, C., Liskov, E., Chakunta, U.R., Nicholls, S., Hassan, A.Q., Brownell, K.D., Wexler, B.E. (2007). A Pilot Study of a Weight Management Program with Food Provision in Schizophrenia. *Schizophrenia research*. 96, 198-205.
- Ringen, P.A., Engh, J.A., Birkenaes, A.B., Dieset, I.M., Andreassen, O.A., 2014. Increased Mortality in Schizophrenia due to Cardiovascular Disease – a Non-Systematic Review of Epidemiology, Possible Causes, and Interventions. *Frontiers and*

Psychiatry. 5:137. doi: 10.3389/fpsyt.2014.00137.

- Tek, C., Ratliff, J.C., Palmese, L.B., Barber, J. A., Reutenauer, E.L., Grilo, C., Guloksuz, S., Kucukgoncu, S., A Randomized Controlled Trial of Lifestyle Management for Weight Loss in Schizophrenia Patients on Antipsychotics: The SIMPLE Study. 167th annual meeting, American Psychiatric Association. May 2014. New York, New York, USA.



**Saturday March 19<sup>th</sup>, 2016**

**13:30 - 13:50**

**Hawthorn A**

## **An Overview of Admission Ledgers from Two Saskatchewan Mental Hospitals 1914-1948: Historical and Clinical Perspectives**

Dr. Alexander Dyck, MD

Psychiatric terminology and classification evolved considerably prior to the first Diagnostic and Statistical Manual in 1952. An important milestone was the Statistical Manual for the Use of Institutions for the Insane, published by the American Medico-Psychological Association in 1918.

This workshop portrays the inpatient population admitted to the mental hospitals at Weyburn (n=9,038) and North Battleford (n=11,489) during the heyday of psychiatric institutionalization in Saskatchewan: 1914-1948. Each patient's admitting diagnosis was reviewed with respect to the 1918 model. Surprisingly, the two institutions were not the restorative and pastoral settings of mental well-being in popular memory, but demonstrated intentionally blurred boundaries with the medical model. This gave way to a dramatic rise in "social" admissions and unsustainable overcapacities, underpinned by changing perceptions of the role of psychiatric institutions.

In the absence of most biological interventions, the patient population was initially densely psychotic or manic-depressive. However, as prairie demography expanded, the hospitals quickly became warehouses of young and elderly patients with mental deficiency or dementia. In response, the typical length of admission shortened from years to weeks. Snapshots of the patient population suggest particular markers heralding the shifting social and political fabric of wartime and post-war life.

Taking stock of the history of our neighbour institutions and the evolution of psychiatric diagnosis and classification positions us better in contemporary debate around the definition of medical and mental illness, as well as the use of psychiatric institutions and institutionalization, and informing avenues for new inquiry into the history of analogous facilities in Alberta.

### **Learning Objectives**

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

- Review the precursor classifications and trends that led to the Diagnostic and Statistical Manual; and
- Appreciate some of the ongoing dynamics of psychiatric institutionalization on the prairies and their historical context.

# RESIDENT PRESENTATIONS

## Literature References

1. American Medico-Psychological Association. Statistical Manual for the Use of Institutions for the Insane. New York: American Medico-Psychological Association, 1918.
2. American Psychiatric Association. Diagnostic and Statistical Manual of Mental Disorders (1st ed). Washington, DC: American Psychiatric Association, 1952.
3. Fischer, Bernard. "A Review of American Psychiatry Through Its Diagnoses: The History and Development of the Diagnostic and Statistical Manual of Mental Disorders." *Journal of Nervous and Mental Disease* 200 (2012): 1022-1030.
4. Grob, Gerald. *Mental Illness and American Society, 1875-1940* (Princeton: Princeton University Press, 1985).
5. Grob, Gerald. "Origins of DSM-I: A Study In Appearance and Reality." *American Journal of Psychiatry* 148 (April 1991).
6. Shorter, Edward. *A History of Psychiatry: From the Era of the Asylum to the Age of Prozac* (New York: John Wiley & Sons, 1997).



**Saturday March 19<sup>th</sup>, 2016**

**13:50 - 14:10**

**Salon C**

## **Understanding Stigma: Collaboration Between the University of Calgary and Catholic University of Health and Allied Sciences (CUHAS) in Tanzania**

Dr. Kimberly Williams

*Co-Authors: Rita Watterson, Dr. Katherine Fitch, Mange Manyama, Elias Charles Nyanza & Kyiet Hauli*

### **Rational**

CUHAS has identified gaps and reached out to the University of Calgary to help develop curriculum in the area of mental illness. It important that the curriculum developed will reduce stigma.

### **Objectives**

To describe the current perceptions of medical and masters students of those with mental illness and to recognize the factors which reduce stigma against those with mental illness.

### **Methods**

This study was a cross-sectional design with qualitative data collection. Data collection included interviews with key stakeholders and focus groups with students. The qualitative data was analyzed using thematic analysis.

### **Results**

The major theme to emerge was that stigma has a large impact on the diagnosis and treatment. There are many barriers to patients seeking treatment, including opportunity cost, use of traditional healers, lack of knowledge, and stigma. Stigma even extends towards those who work with patients. Solutions included: increasing the knowledge of health care providers and the community, putting more resources into mental illness and sharing stories of resiliency.

### **Discussion**

Studies from West Africa found that an overwhelming majority of people believe those with mental illness are dangerous. This was consistent with what was found in Tanzania. Participants confirmed that the way mental illness is described creates stigma. Participants noted that a lack of knowledge and a belief in traditional healers are primary causes to stigma.

# RESIDENT PRESENTATIONS

## Conclusion

It is imperative that reducing stigma is considered as a part of curriculum development as it is perceived to be a large barrier to current treatment of patients with mental illness.

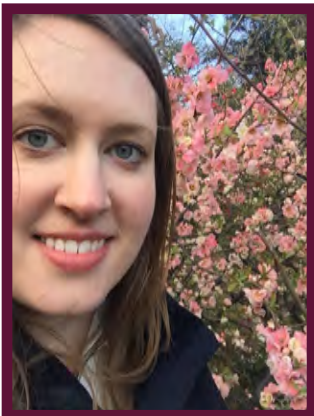
## Learning Objectives

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

- Describe the global burden of mental illness;
- Recognize the diversity of ways in which mental illness can present; and
- Understand the impact of stigma on mental illness in a Tanzanian context.

## Literature References

1. Patel, V., Simon, G., Chowdhary, N., Kaaya, S., & Araya, R. (2009). Packages of Care for Depression in Low and Middle Income Countries. *PLoS Medicine*, 6 (10), e1000159.
2. Mbatia, J., Jenkins R., (2010). Development of a Mental Health Policy and System in Tanzania: An Integrated Approach to Achieve Equity. *Psychiatric Services* 61 (10) 1028-1031.
3. Corrigan, P & Watson, A. (2002). Understanding the Impact of Stigma on People with Mental Illness. *World Psychiatry*, 1(1), 16-



Saturday March 19<sup>th</sup>, 2016

13:50 - 14:10  
Hawthorn A

## Alexithymia, Intimate Partner Violence and Oxytocin: Preliminary Analysis

Dr. Kaitlin Chivers-Wilson

Oxytocin is a neuropeptide implicated in biobehavioural stress responses in women. Evidence suggests oxytocin system dysfunction may be related to the impact of interpersonal violence (IPV), including alexithymia; however, there is limited gender-specific data and significant gaps in our knowledge of mechanistic factors that influence the well-recognized relationship between alexithymia and IPV. This exploratory study examines the relationship between IPV and alexithymia within the context of evaluating potential mediators of this relationship.

## Methods

An observational-cohort design will explore relationships among alexithymia, plasma oxytocin levels, trust scores and IPV in a cohort of 400 premenopausal women. Psychological measures include the Toronto Alexithymia Scale, Adverse Childhood Events survey, Conflict Tactics Scale, Statistics Canada Abuse Questionnaire, the Trust Inventory, Hospital Mood and Anxiety Scale, and the Mini-International Neuropsychiatric Interview. Neuroendocrine data include analysis of plasma oxytocin, CRH, cortisol, estradiol and progesterone, using ELISA.

## Results

Recruitment is ongoing (current N=142). Univariate data analysis revealed significant relationships between IPV, trust domain scores, and alexithymia. Further multivariate analysis allows delineation of the interactions among the variables and their strength to predict alexithymia.

# RESIDENT PRESENTATIONS

## Conclusions

The psychosocial and psychiatric sequelae associated with alexithymia and IPV can be pervasive; however, potential underlying mechanisms (trust, oxytocin system dysfunction) are poorly understood. This study investigates the role of trust and differences in plasma oxytocin levels in the relationship between alexithymia and IPV. These data lay the groundwork for future testing of oxytocin in the treatment of women who experience IPV and develop significant psychological sequelae.

## Learning Objectives

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

- Recognize oxytocin's role in biobehavioural stress responses in women;
- Understand relationships among IPV experiences, plasma oxytocin and measures of trust and alexithymia; and
- Explore the possible clinical implications of this data.

## Literature References

1. Samur, D., Tops, M., Schlinkert, C., Quirin, M., Cuijpers, P., Coole, S.L. (2013) Four Decades of Research on Alexithymia: Moving Towards Clinical Applications. *Frontiers in Psychology*. 4(161):1-4
2. Luminet, O., Grynberg, D., Ruzette, N., Mikolajczak, M. (2011) Personality-Dependent Effects of Oxytocin: Greater Social Benefits for High Alexithymia Scorers. *Biological Psychiatry*. 87:401-406
3. Taylor, S.E., Klein, L.C., Lewis, B.P., Gruenewald, T.L., Gurung, R.A.R., Updegraff, J.A. (2000) Biobehavioral Responses to Stress in Females: Tend-and-Befriend, not Fight-or-Flight. *Psychology Review*.107(3):411-429
4. Frye-Cox, N.E., Hesse, C.R. (2013) Alexithymia and Marital Quality: The Mediating Roles of Loneliness and Intimate Communication. *Journal of Family Psychology*. 27(2):203-211
5. Swannell, S.S., Martin, G., Page, A., Hasking, P., Hazell, P., Taylor, A., Protrani, M. (2012) Child Maltreatment, Subsequent Non-Suicidal Self-Injury and the Mediating Roles of Dissociation, Alexithymia and Self-Blame. *Child Abuse and Neglect*. 36:572-584
6. Crapero, G., Gori, A., Petrucci, I., Canella, V., Simonelli, C. (2014) Intimate Partner Violence: Relationships between Alexithymia, Depression, Attachment Styles, and Coping Strategies of Battered Women. *Journal of Sexual Medicine*. (in press)

# RESIDENT PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:10 - 14:30

Salon C

## Rapid Efficacy and Anti-Suicidal Actions of Ketamine for Treatment-Resistant and Ultra-Resistant Depression: A Critical Appraisal of the Literature

Dr. Rejish Thomas

Treatment-resistant depression carries a large burden of illness and affects over 35% of depressed patients. Further, remission rates with ECT are 44.9%, leaving a large, underserved, suboptimally treated population with unsatisfactory and tragic outcomes. Ketamine is a glutamate receptor (N-methyl-D-aspartate) antagonist that has demonstrated rapid antidepressant and anti-suicidal efficacy that is sustained beyond its half life when used at subanaesthetic doses intravenously. First demonstrated in 2000, growing evidence lends optimism to ketamine as a treatment for depression with a novel mechanism of action. This critical appraisal will focus on the hypothesized antidepressant and antisuicidal mechanisms of action related to the efficacy of ketamine in treatment resistant and ultra-resistant depression (URD). This will serve as a preamble to a future retrospective study on clinical use currently underway at the Grey Nuns Community Hospital Ketamine for URD Clinic.

### Learning Objectives

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

- Identify the hypothesized mechanism of action of ketamine's antidepressant and antisuicidal effects;
- Critically appraise the available literature in regards to ketamine's antidepressant and antisuicidal effects; and
- Gain awareness of the Grey Nuns Community Hospital Ketamine for URD Clinic.

### Literature References

1. Caoimhe, M.C and Laws, K.R. The Use of Ketamine as an Antidepressant: A Systematic Review and Meta-Analysis. Hum. Psychopharmacol Clin Exp 2015;30:152-163.

# RESIDENT PRESENTATIONS

Saturday March 19<sup>th</sup>, 2016

14:10 - 14:30

Hawthorn A

## Adult Attachment and Mental Health Stigma: Working with Mothers to Improve Future Outcomes

Dr. Karen Harrison

In recent years, the understanding and interest in attachment has grown exponentially. Much has been written regarding how childhood upbringing influences adult internal working models and the impact this has on self-perception, behavior and relationship dynamics. This presentation reviews the current literature and explores how various attachment styles in adults and parents impact the next generation, as well as influence current societal perceptions of mental health practitioners and consumers. Finally, we will explore how we, as clinicians, can utilize insights from attachment literature to reduce stigma and improve future outcomes for our patients.

### Learning Objectives

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

- Identify effective means of assessing adult attachment styles;
- Discuss the links between adult attachment, bonding, and parenting, and describe foreseeable sequelae; and
- Utilize attachment principals to combat mental health stigma.

### Literature References

1. Alhusen, J. L., Hayat, M. J., & Gross, D. (2013). A Longitudinal Study of Maternal Attachment and Infant Developmental Outcomes. *Archives of Women's Mental Health*, 16(6), 521-529.
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# RESIDENT PRESENTATIONS

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# RESIDENT PRESENTATIONS



Saturday March 19<sup>th</sup>, 2016

14:30 - 14:50

Hawthorn A

## Non-Verbal Skills Positively Associated with Mildly Elevated Fasting Blood Glucose in Individuals Presenting with a Psychotic Illness

Dr. Sudhakar Sivapalan

The metabolic syndrome (MetS) is a cluster of symptoms identified as significant risk factors in the development of cardiovascular disease and is very relevant to the psychiatric population. This study explored the relationship between MetS and cognitive functioning in a younger population presenting with early psychosis (having less than one year of treatment) to the Edmonton Early Psychosis Intervention Clinic. Clinical assessment included an evaluation with the MATRICS Consensus Cognitive Battery and MetS factors as defined by the NCEP ATP-III criteria. We hypothesized that individuals with a psychotic illness and having MetS would have increased cognitive dysfunction in one or more domains, relative to having a psychotic illness alone. Additionally, we expected impairment in glucose regulation to be associated with impairment of attention and processing speed.

Our findings demonstrated that fasting blood glucose values were generally within the normal range in this population. These values were not associated with measures of sustained attention or processing speed; however, they were directly associated with performance on several non-verbal tasks sensitive to spatial working memory, learning and memory of designs, and executive skills related to reasoning and problem solving with spatial materials. This relationship was not predicted but the consistency across non-verbal instruments suggests a potentially reliable result that may implicate relatively circumscribed cerebral effects of glucose in relation to relevant neuroanatomy. Although provocative, replication will be necessary to gain confidence in the stability of this finding and the validity of inferences regarding potential mechanisms possibly underlying this association.

### Learning Objectives

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

- Identify the cognitive deficits experienced by individuals with a psychotic illness;
- Appreciate the role of glucose regulation in cognitive functioning; and
- Understand the neuroanatomical structures potentially relevant to these associations.

### Literature References

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2. Nasrallah HA. Linkage of Cognitive Impairments with Metabolic Disorders in Schizophrenia. The American Journal of Psychiatry. 2010;167(10):1155-1157.
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## Meet Bethany during Friday and Saturday's refreshment breaks in the Wildrose Prefunction Area Curriculum Mapping to Inform Program Evaluation of a Psychiatry Clerkship

Dr. Bethany Ostrowerka

Co-Authors: Dr. Hollis Lai, Dr. Tracey Hillier, Dr. Alberto Choy

### Background

Curriculum mapping and program evaluation are essential requirements for an accredited undergraduate medical education program. The mapping of delivered curriculum can be used to investigate alignment with session, course, and program level objectives. This information serves as a source of validation on the organization and delivery of an isolated course, or a longitudinal curriculum. However, as curriculum maps become further specified and complex, more refined mapping of course content is needed to validate achievement of educational outcomes.

### Methods

A first year psychiatry resident mapped the educational seminar series in a six-week psychiatry clerkship from the year three curriculum of the MD program at the University of Alberta. Each educational task; i.e., lecture delivered, was mapped to three sets of objectives: defined by the program, professional and licensing bodies, and additional external stakeholders.

### Results

A total of 132 tags were amassed during the mapping of the 16 lectures from the course's seminar series. Data collected was used to: a) determine the coverage of course and session objectives by seminars; b) identify gaps and redundancies in curricular content; and c) evaluate alignment between curriculum, standards, and student performance.

### Conclusions

The alignment of the objectives and curriculum of a course will facilitate the achievement of educational outcomes. Examination of the pedagogical objectives guiding a course, and those covered by its content, enables the identification of congruity and incongruity between the two. We look forward to presenting on this investigation and on the actions of curricular change that such a process will encourage.

## Learning Objectives

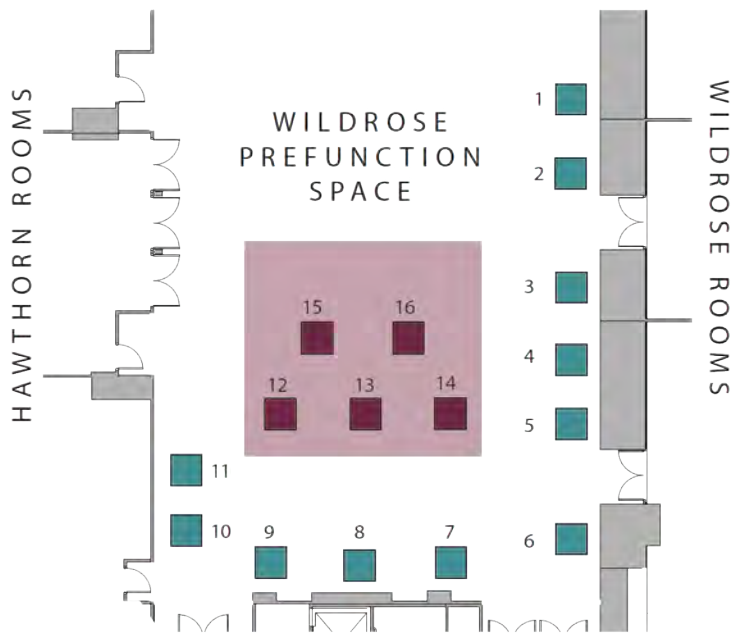
At the end of this session, participants will be able to:

- Gain an understanding of the process of curriculum mapping and its value in program evaluation;
- Appreciate how the mapping of delivered curriculum can be used to investigate alignment with session, clerkship, and program level objectives; and
- Recognize the actions of curricular change that the process of curriculum mapping has the potential to encourage.

## Literature References

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# EXHIBITOR LIST



## Registration 6

### Alberta Psychiatric Association Foundation 5

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

The APA Foundation was created in 2008 to raise funds for education and research in the field of mental health. Your donations will help the APA Foundation bring noted speakers to present at future APA Conferences while still keeping registration fees low so as to encourage full industry participation and education.

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Otsuka Canada Pharmaceutical Inc. (OCPI) is an innovative, fast-growing health care company that commercializes Otsuka medicines in Canada, with a focus on commitment to neuroscience, cardiovascular, and oncology. OCPI is dedicated to improving patients' health and the quality of human life. OCPI is part of the Otsuka Group and was established in 2010, with headquarters in Saint-Laurent Quebec.

Bristol-Myers Squibb is a global BioPharma company firmly focused on its mission to discover, develop and deliver innovative medicines to patients with serious diseases. Our BioPharma strategy uniquely combines the reach and resources of a major pharma company with the entrepreneurial spirit and agility of a successful biotech company. The work of our Canadian employees - over 300 across the country - is bound together by one thing: the desire to help patients prevail over serious diseases. Our team is dedicated to researching, developing and delivering innovative life-saving and life-enhancing medicines for serious diseases to Canadian patients.

### Janssen Inc. 14

### Janssen Pharmaceutical Companies 13

#### Janssen Description

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Committed to finding the best treatments for unmet medical needs.

At Janssen, we are dedicated to addressing and solving some of the most important unmet medical needs of our time in oncology, immunology, neuroscience, infectious diseases and vaccines, metabolic and chronic diseases and women's health. Driven by our commitment to patients, we bring innovative products, services and solutions to people throughout the world.

The Janssen Pharmaceutical Companies work together as one team on behalf of patients every day. Although we come from many different organizations located throughout the world, we share a commitment to creating safe, effective treatments that give hope and health to patients and their loved ones. As a leader in neuroscience, Janssen is focused on developing medicines in cognition, mood, psychosis and moderate-to-severe chronic pain. With core strength and infrastructure in discovery, development, and outcomes research, we continue to build on our expertise through internal research and external collaborations.

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## Lundbeck Canada Inc.

7

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Lundbeck Canada is a subsidiary of H. Lundbeck A/S, an international research-based pharmaceutical company which focuses on diseases of the central nervous system and most recently, oncology. Based in Montreal, Lundbeck Canada has been part of the Canadian pharmaceutical industry for two decades and markets products for the treatment of depression, anxiety, Alzheimer's Disease, schizophrenia, bipolar disorders, and a product for the treatment of chronic lymphocytic leukemia and non-Hodgkin lymphoma. Through original research and development, as well as in-licensing agreements with other companies, we are fulfilling our mission to improve the quality of life for those suffering from psychiatric and neurological disorders and cancer.

## MD Financial Management Inc.

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Owned by the Canadian Medical Association, MD Financial Management has an unrivalled understanding of the financial needs of Canadian physicians. MD uses this unique insight to deliver unbiased advice and solutions and help doctors achieve their personal and professional financial goals.

Propriété de l'Association médicale canadienne, Gestion financière MD comprend mieux que quiconque les besoins financiers des médecins canadiens. Cet atout incontestable permet à MD d'offrir des solutions et des conseils objectifs afin d'aider les médecins à atteindre leurs objectifs financiers personnels et professionnels.

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In 2007, Mylan became one of the largest generics and specialty pharmaceutical companies in the world with the acquisition of Matrix Laboratories, Genpharm and Merck KGaA's generics business. As the operator of the GenCAN Access Network (GenCAN) patient registry and supplier of Gen-Clozapine, Mylan Canada has a portfolio of products and a dedicated Canadian team supporting the community of addictions and mental health.

At Mylan, we are committed to setting new standards in health care. Working together around the world to provide 7 billion people access to high quality medicine, we innovate to satisfy unmet needs, make

reliability and service excellence a habit, do what's right - not what's easy, and impact the future through passionate global leadership.

## Otsuka and Lundbeck Global Alliance

4

Otsuka and Lundbeck established a global alliance in November 2011 to bring to bear their considerable experience and resources in the CNS area to introduce next-generation treatments for conditions such as schizophrenia, depression, and Alzheimer's disease.

Otsuka Canada Pharmaceutical Inc. (OCPI) is an innovative, fast-growing health care company that commercializes Otsuka medicines in Canada, with a focus on commitment to neuroscience, cardiovascular, and oncology. OCPI is dedicated to improving patients' health and the quality of human life. OCPI is part of the Otsuka Group, and was established in 2010, with headquarters in Saint-Laurent, Quebec.

A division of Denmark-based H. Lundbeck A/S, Lundbeck Canada Inc. has been a trusted source of innovative new treatments for Canadians since 1995 with headquarters in Montreal. Originally focused on providing products for the treatment of diseases such as depression, anxiety, Alzheimer's disease and schizophrenia, Lundbeck Canada now offers new cancer therapies for the treatment of chronic lymphocytic leukemia and non-Hodgkin lymphoma. A patient-focused partner in Canadian health care, Lundbeck Canada's mission is to improve the quality of life for people living with brain diseases and cancer.

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11

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# EXHIBITOR LIST

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## Physician Learning Program (PLP) 2

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[www.albertaplp.ca](http://www.albertaplp.ca)

The Physician Learning Program (PLP), an AMA-sponsored program, uses provincial health care databases to create confidential, individual reports on clinical questions of interest to physicians. These "snapshots" of their practice, along with comparisons to provincial data, facilitate reflection to improve patient outcomes. PLP projects are eligible for continuing professional development credits.

## Purdue Pharma 10

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Purdue Pharma is dedicated to developing and providing innovative medicines for patients and health care professionals and to supporting quality education for the safe use of its products.

## Shire Pharma Canada ULC. 8

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[www.shirecanada.com](http://www.shirecanada.com)

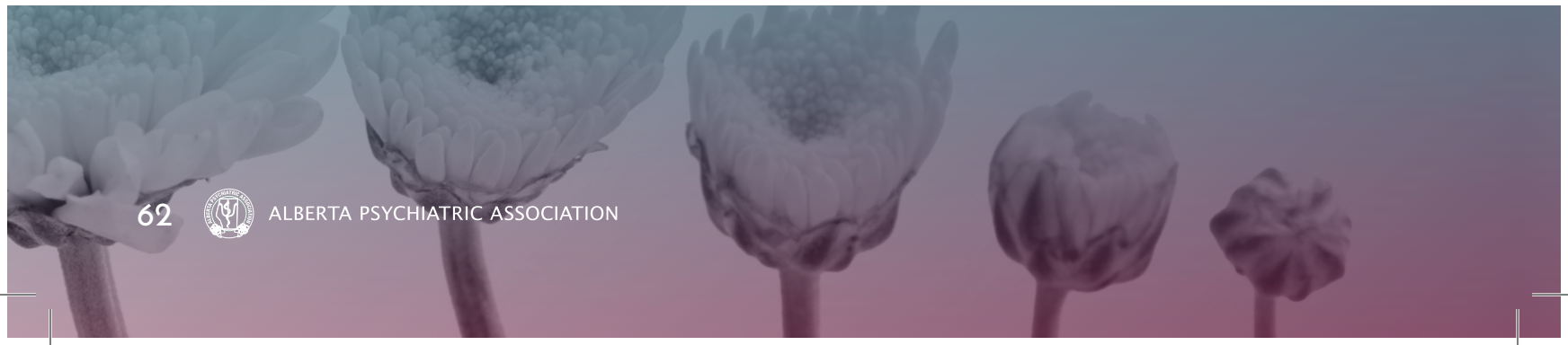
Shire is a biopharmaceutical company that enables people with life-altering conditions to lead better lives, with ADHD being one of our main areas of focus. Shire Canada Inc. is headquartered in Montreal, Quebec.

## Sunovion Pharmaceuticals Canada Inc. 15

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